

SNP and MMP Development

A National Profile and Key Issues for the Future

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Introduction and Overview

- **October 2015 Dual Eligible Special Needs Plan (D-SNP) enrollment, by state**
 - Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP) enrollment
 - Preview of D-SNP new entries and departures in 2016
- **Medicare-Medicaid Plan (MMP) enrollment, by state and by plan, October 2014 to October 2015**
- **PACE enrollment, by state and by plan**
- **Some key issues going forward**
 - SNP Alliance plan perspectives

D-SNP and MMP Enrollment Growth

- **D-SNP growth***
 - **October 2014**
 - 1,705,849 enrollees in 353 plans in 38 states, DC, and PR
 - **October 2015**
 - 1,732,200 enrollees in 336 plans in 38 states, DC, and PR
 - Two-thirds of enrollment is in 11 states (FL, NY, CA, TX, PA, AZ, TN, AL, GA, MA, and MN)
- **MMP growth****
 - **October 2014**
 - 166,580 enrollees in 27 plans in 5 states (CA, IL, MA, OH, and VA)
 - **October 2015**
 - 383,895 enrollees in 66 plans in 9 states (CA, IL, MA, MI, NY, OH, SC, TX, and VA)
 - NY, SC, MI, and TX began enrollment in 2015
- **No additional dual demos planned, but D-SNP contracting remains an option as long as statutory authorization continues**

*From monthly CMS SNP Comprehensive Reports, available at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special-Needs-Plan-SNP-Data.html>

** ICRC analysis of CMS Monthly Enrollment by Contract reports, available at: <http://www.chcs.org/media/ICRC-MMP-Enroll-by-State-October-2015.pdf>

FIDE SNPs – October 2015

- **37 FIDE SNPs in seven states**
 - AZ, CA, ID, MA, MN, NY, and WI
- **Total enrollment of 112,378**
 - 79 percent of total enrollment is in MN (36,416), MA (36,591), and NY (16,141)

Preview of D-SNP New Entries and Departures in 2016

- **In CY 2016:**
 - 21 new Medicare Advantage contracts will include D-SNPs
 - D-SNPs in 16 existing contracts will be departing
 - 19 existing contracts with D-SNPs will be consolidated into other contracts operated by the same company
 - Large (affecting more than 50 enrollees) D-SNP service area reductions will occur in 12 contracts
- **3 percent of 1.7 million September 2015 D-SNP enrollees will be affected by 2016 departures, and another 1 percent by service area reductions**
 - Impacts will be concentrated in CO, CT, IA, MI, MO, PR, and WA
- **Details by state and by plan will be posted shortly on the ICRC web site**
(<http://www.integratedcareresourcecenter.com/>)

D-SNP Enrollment by State, October 2015

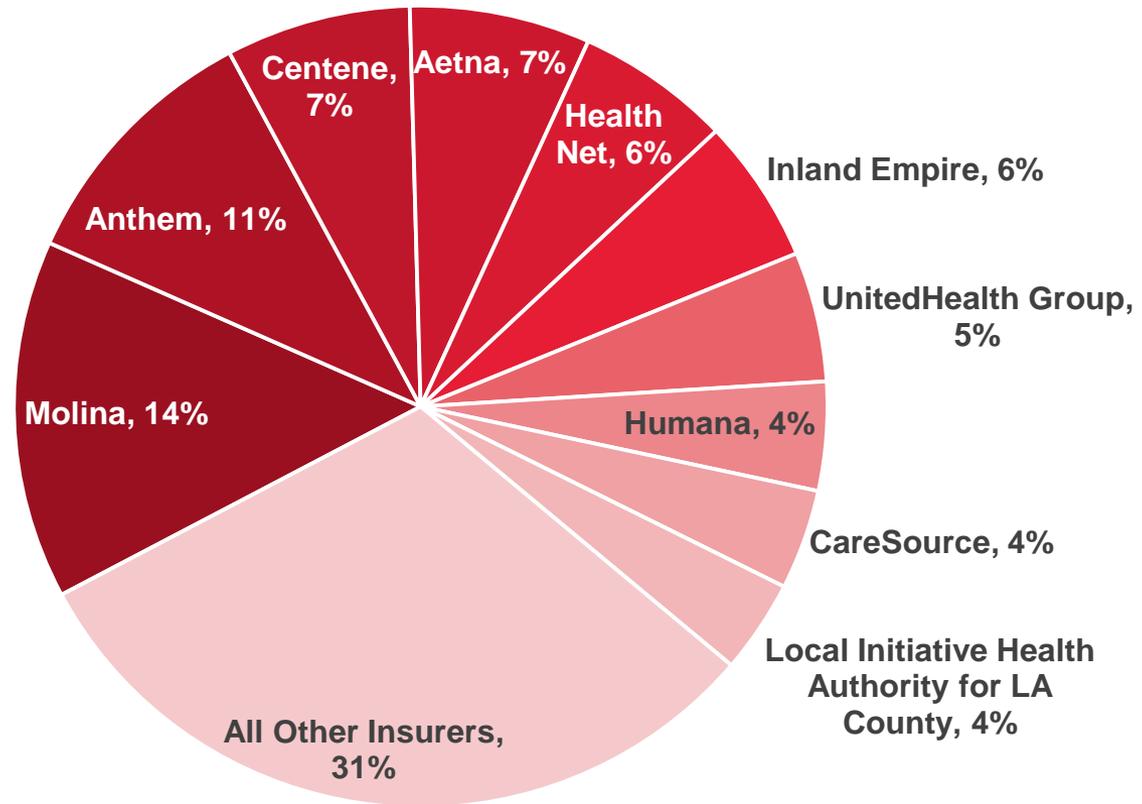
State	Number of D-SNP Plans	Total D-SNP Enrollment
Puerto Rico	12	278,556
Florida	45	224,637
New York	41	190,049
California	30	166,073
Texas	21	123,082
Pennsylvania	10	109,207
Arizona	22	79,712
Tennessee	6	76,309
Alabama	4	51,002
Georgia	10	46,889
Massachusetts	6	36,591
Minnesota	9	36,416
Louisiana	10	29,249
Washington	5	25,145
South Carolina	3	23,622
Oregon	7	22,311
Wisconsin	15	20,662
Hawaii	4	19,842
North Carolina	6	18,733
Ohio	11	14,544
Mississippi	6	13,769
Arkansas	5	13,547

D-SNP Enrollment by State, October 2015

State	Number of D-SNP Plans	Total D-SNP Enrollment
Michigan	7	12,485
Missouri	4	12,326
New Mexico	4	12,243
New Jersey	2	12,077
Connecticut	2	11,544
Colorado	4	10,908
Illinois	6	10,727
Utah	2	8,330
Washington DC	3	5,393
Kentucky	6	4,887
Maryland	2	2,339
Maine	3	2,164
Delaware	1	2,027
Idaho	1	1,676
Virginia	2	1,618
Indiana	3	1,119
West Virginia	1	215
Iowa	1	145
TOTAL¹	342	1,732,169

¹ 5 Plans spanned across multiple states. In this table, we divided the number of enrollees in those plans evenly across the states and added the plan to each state's total number of D-SNP Plans. The total excludes 31 enrollees in plans with fewer than 11 enrollees.

MMP Enrollment, by Firm or Affiliate, Oct 2015



Total MMP Enrollment, Oct 2015 = 383,895

PACE Enrollment, by State and by Plan, September 2015

- **117 PACE organizations operating in 32 states had a total of 33,003 enrollees in September 2015**
- **States most active in PACE are:**
 - PA (4,976 enrollees in 19 organizations)
 - NY (4,858 enrollees in 9 organizations)
 - CA (4,354 enrollees in 11 organizations)
- **State-by-state details are in a table on the ICRC web site at: <http://www.chcs.org/media/ICRC-PACE-program-enrollment-September-2015.pdf>**
 - ICRC web site also has other PACE background materials at this link:
<http://www.integratedcareresourcecenter.net/optionsForMMIntegration/PACE.aspx>

***Key Issues Going Forward for Dual
Integration and Specialty Care:
SNP Alliance Plan Perspectives***

Benefits Covered and Not Covered in Integrated Programs

- **September 2015 MACPAC report summarizes expanded Medicaid benefits and carved-out benefits in capitated financial alignment demonstrations (Table 6, pp. 15-16)**
 - <https://www.macpac.gov/wp-content/uploads/2015/09/Overview-of-Financial-Alignment-Initiative.pdf>
- **What are implications for management, care coordination, and communication when benefits are carved out or excluded from capitated benefit package?**
 - **LTSS**
 - Medicaid nursing facility services
 - HCBS waiver and related services and/or populations
 - IDD services/populations are commonly carved out
 - **Behavioral health**
 - Role of behavioral health managed care organizations
 - FFS coverage
 - Serious mental illness
 - Substance abuse
 - **Hospice**
- **What are some “work around” approaches that can overcome obstacles to coordination and communication?**

Linkages to Medicaid Managed LTSS Plans

- **D-SNPs and MMPs**

- **How firm are the linkages between Medicare and Medicaid?**

- **What do they entail?**

- Organizational structure

- Leaderships, management and reporting relationships
- Legal ownership and governance
- Impact of mergers and acquisitions

- Staffing

- Interdisciplinary care teams

- IT and communication systems

- Performance and quality monitoring and measurement

- **How can states tell how firm the linkages are?**

- **What are the major challenges for plans?**

Other Issues for Discussion

- **Growing and maintaining enrollment in MMPs and integrated D-SNPs**
 - Requires effective marketing, work with providers, and quality care for enrollees
 - What are the major challenges for plans?
 - How can states and CMS help?
- **Developing effective interdisciplinary care teams**
 - Including expertise in LTSS and behavioral health
 - Developing effective communication
 - Incorporating enrollee perspective (person-centered)
 - Medical vs. social care needs and services
- **Developing in-depth expertise in both Medicare and Medicaid managed care**
 - Make, buy, or rent?
 - Cross-train existing staff?
 - Hire new staff?
- **Developing effective performance and quality measures, especially for LTSS**
- **Firming up statutory and regulatory support for D-SNPs and MMPs**

For More Information

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- ***Integrated Care Resource Center***

- Web site: <http://www.integratedcareresourcecenter.net/>

- ***Medicare-Medicaid Coordination Office***

- Web site: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index.html>