

Connecting SNPs with State Medicaid Programs

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Coordination could improve care and outcomes.

- Coordinate (Medicare) hospital discharge planning with (Medicaid) community-based supports and services to avoid unnecessary languishing in nursing facilities
- Monitor quality of care in nursing facilities to prevent falls, pressure ulcers and other causes of avoidable hospitalizations
- Coordinate Medicare home health, physician and Rx services with Medicaid attendant care, transportation and HCBS waiver services for a well-designed community-based plan of care



Despite growth in SNPs, only about 10 percent of dual eligibles are in a dual eligible SNP . . .

Special Needs Plans: Number of Plans and Enrollment United States, 2004 to 2007

Year	All SNPs*		Dual Eligible SNPs	
	Number of SNPs	Enrollment	Number of SNPs	Enrollment
2004	11	Not available	Not available	Not available
2005	125	Not available	42	N/A
September 2006	276	602,881	256	491,877
September 2007	477	1,021,800	320	722,286

* Includes all types of SNPs.

Source: Centers for Medicare and Medicaid Services



. . . but the largest state Medicaid-designed programs for dual eligibles are even smaller.

Dual Eligible Enrollment in Largest Medicaid Managed Care Programs Targeting Dual Eligibles January 2007

State	Enrollment
Minnesota	35,000 (23,000 passively enrolled)
Arizona	24,000 (8,000 passively enrolled)
Texas	20,000 (16,000 passively enrolled)

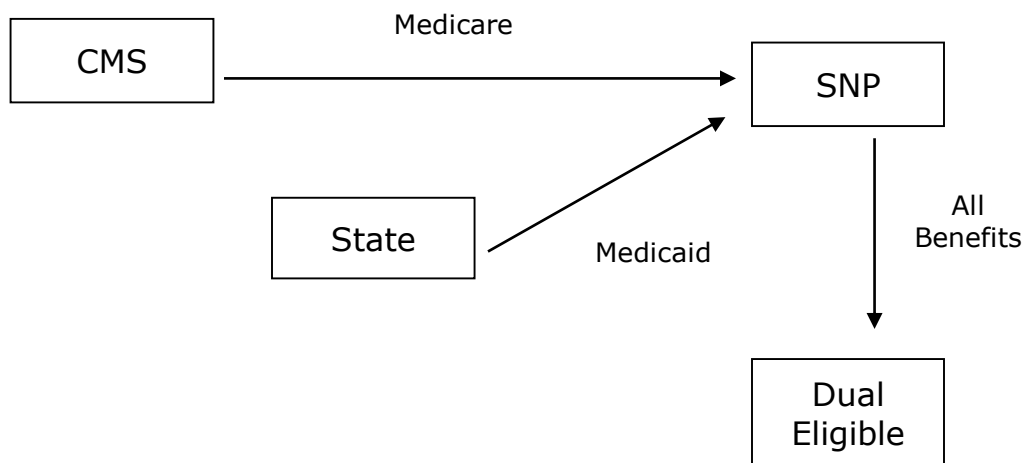
Source: Saucier, Paul and Burwell, Brian: "The Impact of Special Needs Plans on State Procurement Strategies for Dually Eligible Beneficiaries in Long-Term Care," January 2007, accessed at www.hcbs.org



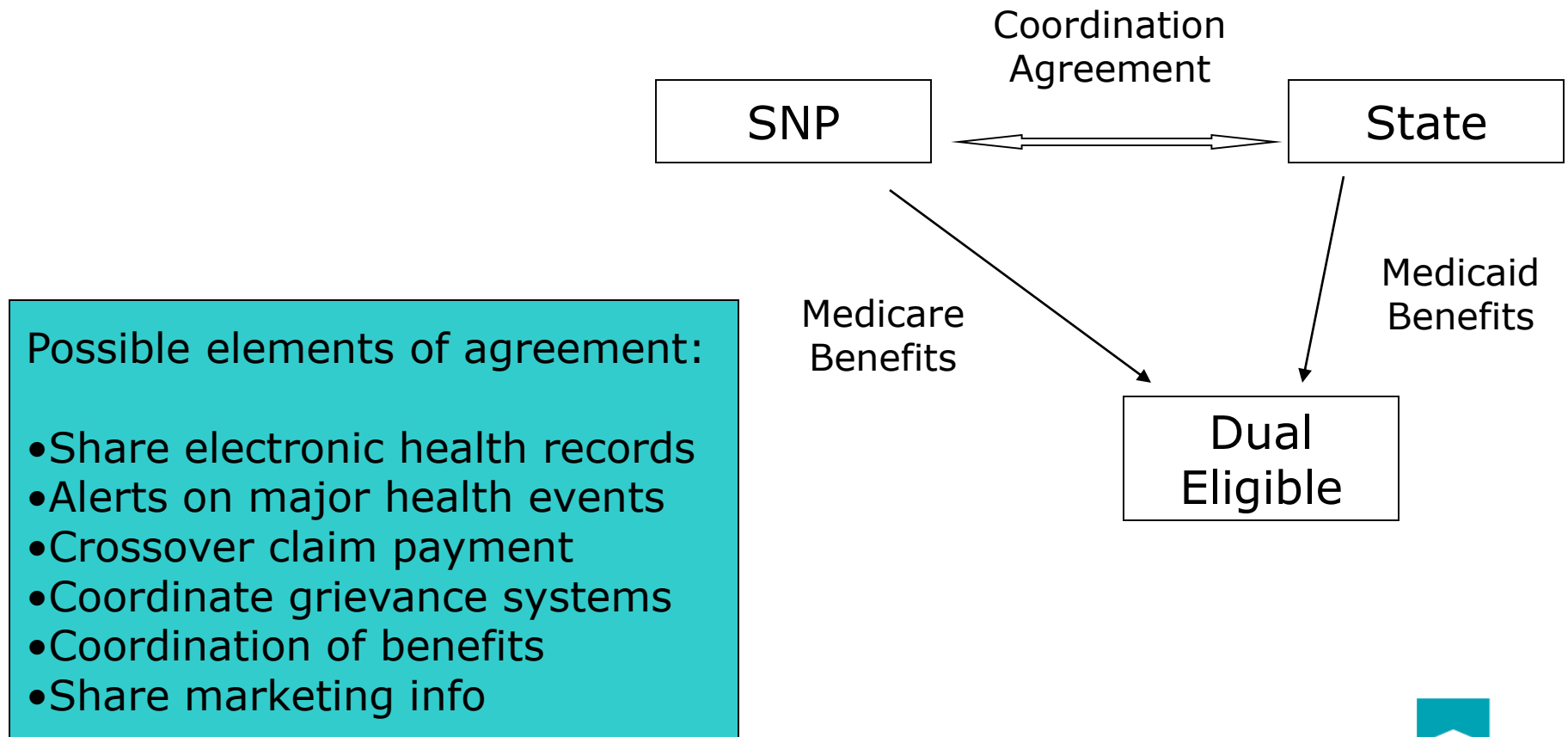
One form of connection between SNPs and states is a voluntary managed care system in Medicaid . . .

States with voluntary programs:
MN, MA, NY, WI, WA

Figure 1
Voluntary Integrated Program



... and another form is a contractual coordination arrangement.



Discussion

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