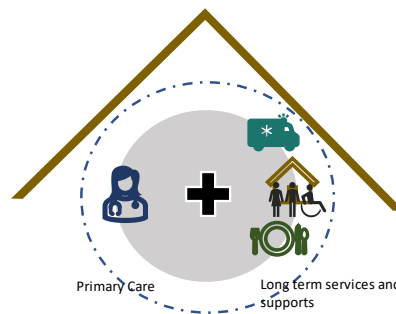


# Long Term Care Provider-Led Special Needs Plans: *A Solution for Accountable Care*

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Medicare Advantage (MA) Special Needs Plan (SNPs) are disproportionately sponsored by large insurers, limiting choice and competition for Medicare beneficiaries. However, a growing number of long term care (LTC) providers, nursing facilities, and assisted living are forming their own SNPs as a platform to finance on-site enhanced primary care models and benefit flexibility. These new SNPs are typically limited in geographic scope emphasizing commitment to the local community and a specialization in caring for the most medically complex and frail population. This population includes beneficiaries residing in nursing facilities, assisted living communities, or needing a nursing facility level of care in their home. Through Institutional Special Needs Plans (I-SNPs), LTC providers are assuming risk for quality and cost outcomes by committing to meeting the full scope of unique-health care needs of this medically frail population. A 2020 [case study](#) analysis, highlights the value that LTC provider-led SNPs offer vulnerable and medically complex beneficiaries.

**LTC provider-led SNPs integrate enhanced primary care and long term services and supports on-site.**



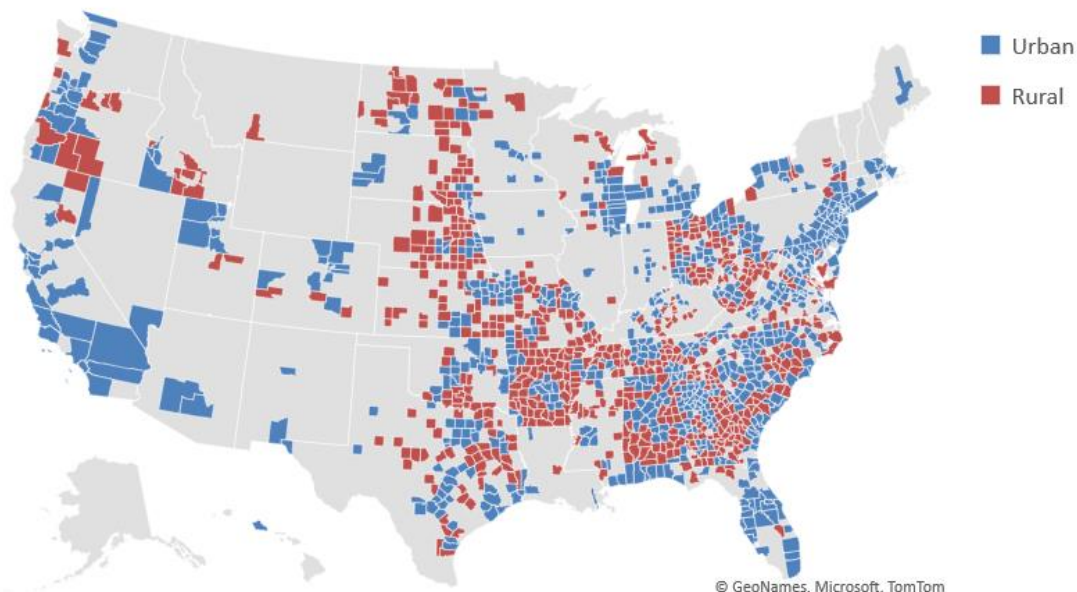
Through the development of an I-SNP, LTC providers are able to integrate primary care and long term services and make investments in technology and care management to improve outcomes. Integration occurs by aligning the goals of on-site primary care practitioners (physicians, nurse practitioners, physician assistants) and nursing facility staff to proactively manage care. As a result, these integrated care teams are able to reduce unnecessary emergency room utilization, avoidable inpatient hospitalizations, and increase access to responsive primary care. LTC provider-led I-SNPs grew to 36 percent of all I-SNPs in 2022, with almost one-third of the total number of I-SNP beneficiaries in LTC provider-led plans.

**LTC provider-led SNPs play an important role in rural health communities.**

Forty-seven percent of LTC provider-led SNPs serve rural populations contributing to MA plan access and enhanced primary care in underserved areas. Without these SNPs, beneficiaries

have fewer options, less access to proactive, preventative care, and are at higher risk of unnecessary hospitalizations.

### 2022 Provider-Led SNP Plans



**LTC provider-led SNPs serve a higher proportion of vulnerable and underserved populations.**

Twenty-five percent of LTC provider-led I-SNP beneficiaries are black, 10 percent higher than the general nursing facility population. Beneficiaries residing in LTC facilities have more complex care needs, most have multiple chronic conditions, require assistance with three or more activities of daily living, and have higher rates of dementia. Nursing facilities with provider-led SNPs have a higher Medicaid population and have a higher proportion of enrollees with immune-compromising conditions, serious mental illness, and respiratory and neurological diagnoses.

**LTC provider-led SNPs achieve the triple aim by providing the right care, at the right time, in the right place.**

LTC provider-led SNPs are good policy. The integration of enhanced primary care and long term services and supports provides for proactive and timely intervention that leads to more positive health outcomes and reduced avoidable hospitalizations and emergency department visits.



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