

# Advancing Non-Medical Supplemental Benefits in Medicare Advantage

## Part 2

February 2, 2021

# Overview

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  - Andy Friedell, healthAlign
  - April Golenor, UPMC Health Plan
  - Lucy Theilheimer, Meals on Wheels America
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# Opening Remarks by The SCAN Foundation

*Kali Peterson, Program Officer*

- This body of work is supported by a grant from The SCAN Foundation, advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.
- The SCAN Foundation is an independent public charity devoted to transforming care for older adults in ways that preserve dignity and encourage independence.
- For more information, visit [www.TheSCANFoundation.org](http://www.TheSCANFoundation.org).

# About The Long-Term Quality Alliance

- LTQA is a 501(c)3 membership organization aimed at improving outcomes and quality of life for persons who are managing functional limitations, and their families.
- LTQA advances person- and family-centered, integrated long-term services and supports (LTSS) through research, education, and advocacy.
- For more information, visit [www.ltqa.org](http://www.ltqa.org).

# About ATI Advisory

*Research and advisory services firm changing how businesses, communities, and public programs serve frail older adults*



## What we do

We help organizations transform the delivery of healthcare and aging services for the nation's highest need older adults



## Why the time is right

Policymakers are shifting liability for health and long-term care spending to providers and insurers. Local delivery systems are integrating care; breaking down traditional care silos; and building new partnerships to manage the needs of high-cost populations



## How we do it

We stand by research and data as the foundation of quality and believe that collaboration with our clients inspires new ideas

For more, visit <https://atiadvisory.com/>

# Background and Landscape for New, Non-Medical Supplemental Benefits

# Both CMS and Congress Provided New Authorities for MA Supplemental Benefits

- In 2018 guidance, CMS expanded the definition of Primarily Health-Related Benefits and allowed for benefit uniformity flexibility for clinical diagnoses
- In 2018 legislation, Congress created Special Supplemental Benefits for the Chronically Ill targeted to those with chronic conditions, can consider SDOH (but not as only factor)

	Expansion of Definition of 'Primarily Health-Related' Supplemental Benefits	Special Supplemental Benefits for the Chronically Ill (SSBCI)
Must be primarily health related?	Yes	No
Examples of Benefits (Not all-inclusive)	<ul style="list-style-type: none"> <li>• Adult Day Care Services</li> <li>• Home-Based Palliative Care</li> <li>• In-Home Support Services</li> <li>• Support for Caregivers of Enrollees</li> <li>• Medically-Non-Opioid Pain Management</li> </ul>	<ul style="list-style-type: none"> <li>• Extended Meals</li> <li>• Food and Produce</li> <li>• Transportation for Nonmedical Needs</li> <li>• Pest Control</li> <li>• Indoor Air Quality Equipment and Services</li> <li>• Social Needs Benefits</li> <li>• Complementary Therapies</li> <li>• Services Supporting Self-Direction</li> <li>• Structural Home Modifications</li> <li>• General Supports for Living</li> </ul>

- All Supplemental Benefits financed through rebates and premium dollars – average rebate \$122 pmpm in 2020.

Source(s): CMS' [Memo](#) 'Reinterpretation of "Primarily Health Related" for Supplemental Benefits' (April 2018) and CMS' [Memo](#) 'Implementing Supplemental Benefits for Chronically Ill Enrollees' (April 2019). ATI Advisory analysis of CMS PBP files, includes D-SNPs, excludes Prescription Drug Plans (PDPs) and PACE.

# New Supplemental Benefits in Medicare Advantage

	Benefit	Number of Plans Offering in 2020:	Number of Plans Offering in 2021:
New Primarily Health-Related Supplemental Benefits	In-Home Support Services	223	429
	Adult Day Health Services	84	127
	Home-Based Palliative Care	61	134
	Support for Caregivers of Enrollees	125	95
	Therapeutic Massage	230	176
	<b>TOTAL (offering at least 1 new primarily health-related supplemental benefit):</b>	<b>499</b>	<b>737</b>
Special Supplemental Benefits for the Chronically Ill (SSBCI)	Food and Produce	101	347
	Meals (beyond limited basis)	71	387
	Pest Control	118	208
	Transportation for Non-Medical Needs	88	177
	Indoor Air Quality Equipment and Services	52	140
	Social Needs Benefit	34	227
	Complementary Therapies	1	0
	Services Supporting Self-Direction	20	96
	Structural Home Modifications	44	42
	General Supports for Living	67	150
	"Other" Non-Primarily Health-Related SSBCI (See SSBCI section for other SSBCI)	51	208
	<b>TOTAL (offering Non-Primarily Health-Related SSBCI):</b>	<b>245</b>	<b>831</b>
	Primarily Health-Related SSBCI	22	111
	<b>TOTAL (offering any SSBCI):</b>	<b>267</b>	<b>942</b>
	<b>TOTAL: Plans Offering New Primarily Health-Related Supplemental Benefit and/or SSBCI</b>	<b>635</b>	<b>1,351</b>

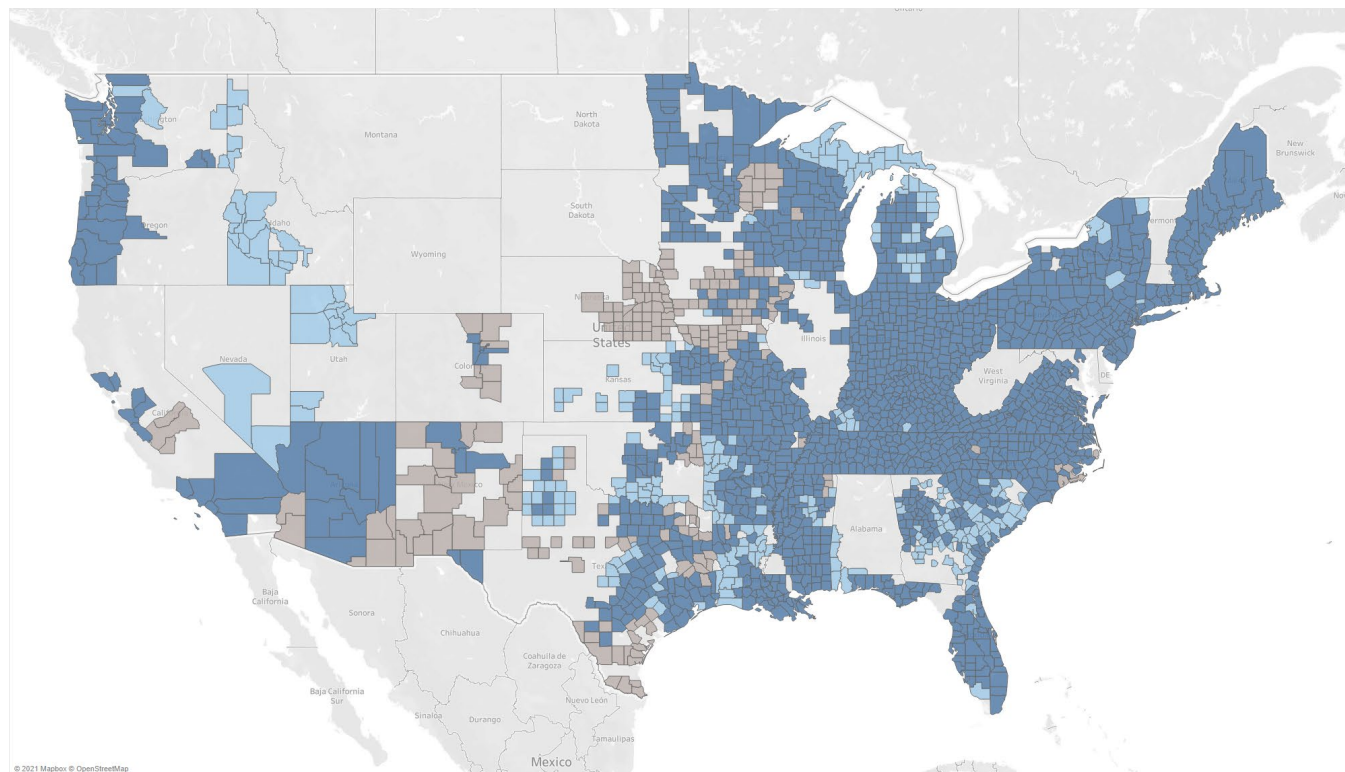
Note: For all analyses, a plan is defined as the combination of a Contract Number, Plan Identifier, and Segment ID.

Source: ATI Advisory analysis of CMS PBP files, excludes Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMP), and PACE.



# Coverage of New Primarily Health-Related Benefits for Plan Year 2021

*These benefits are seeing greater coverage in certain geographies*



## Legend:

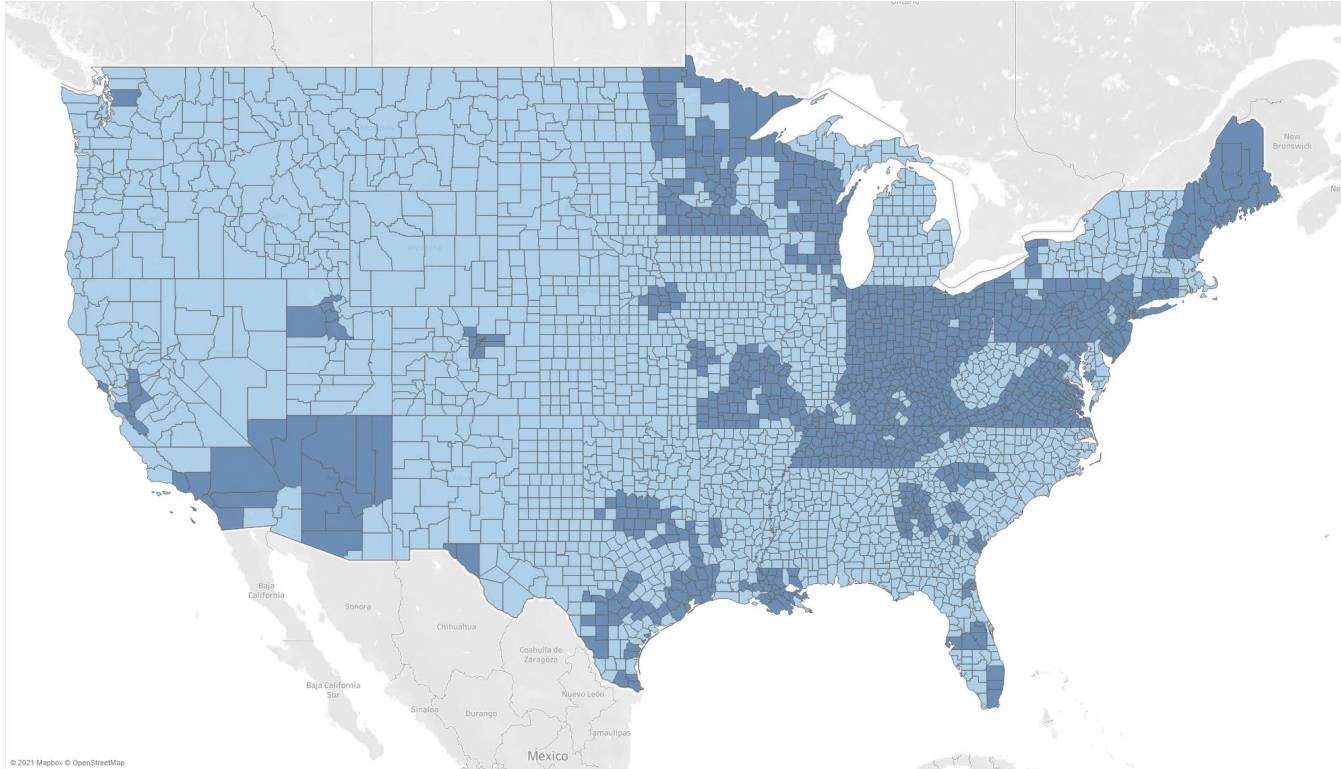
- Counties shaded **dark blue** previously had a new primarily health-related benefit available in 2020.
- Counties shaded **light blue** have a new primarily health-related benefit newly available in 2021.
- Counties with an outline and shaded **grey** had a new primarily health-related benefit in 2020 that is no longer available in 2021.

Source: ATI Advisory analysis of CMS PBP files, includes Employer Group Health Plans (EGHPs), excludes Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMP), and PACE.

Note: Map does not include Hawaii, Alaska, or other U.S. territories (like Puerto Rico) where plans may be offered.

# Coverage of Non-Primarily Health-Related SSBCI for Plan Year 2021

*At least one SSBCI offered by at least one plan in every county*



## Legend:

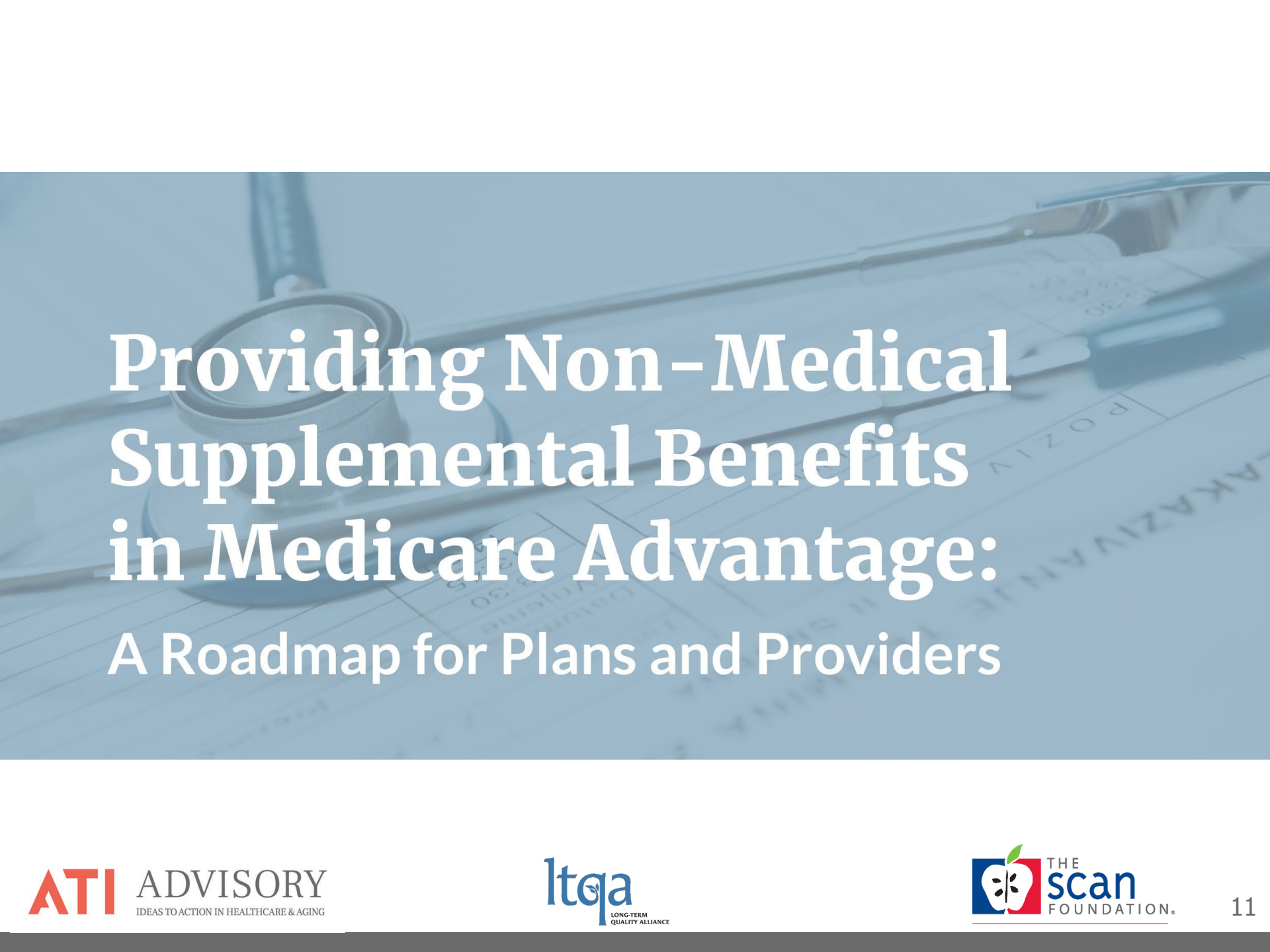
- Counties shaded **dark blue** previously had an SSBCI available in 2020.
- Counties shaded **light blue** have an SSBCI newly available in 2021.

## Note:

Nationwide availability of SSBCI in Plan Year 2021 is primarily driven by the SSBCI: Meals and Social Needs Benefit

Source: ATI Advisory analysis of CMS PBP files, includes Employer Group Health Plans (EGHPs), excludes Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMP), and PACE.

Note: Map does not include Hawaii, Alaska, or other U.S. territories (like Puerto Rico) where plans may be offered.



# Providing Non-Medical Supplemental Benefits in Medicare Advantage: A Roadmap for Plans and Providers

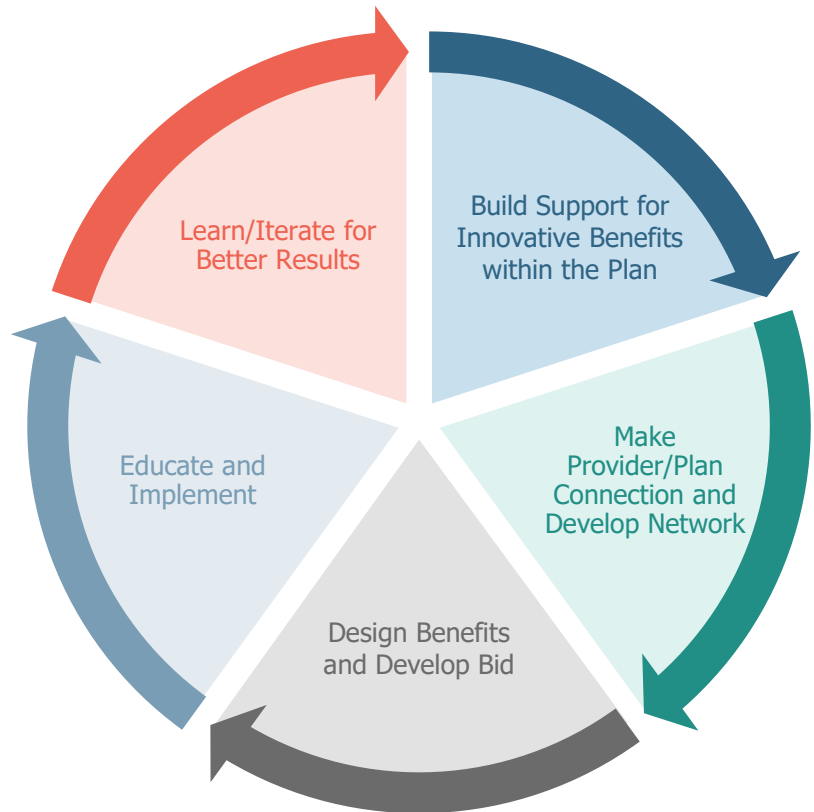
# Roadmap Emerging to Guide Plans Offering Expanded Supplemental Benefits

## Purpose of Roadmap:

- To expand the number of plans offering meaningful supplemental benefits to maintain or improve member health

## Roadmap Input and Findings:

- Market research included interviews with 20+ Medicare Advantage Organizations (MAOs), providers, and beneficiary advocates
- Identified 5 key steps, associated roadblocks, and practical strategies to overcome these challenges







# Advancing Non-Medical Supplemental Benefits in Medicare Advantage:

Considerations and Opportunities for Policymakers

# Policy Opportunities from Policy Brief

## Short-Term Policy Opportunities for CMS:



Provide clarity and technical assistance for MAOs



Improve marketing guidance and consumer information



Release guidance around non-medical supplemental benefits earlier

## Long-Term Policy Opportunities:



Encourage learning between plans, providers, and other stakeholders

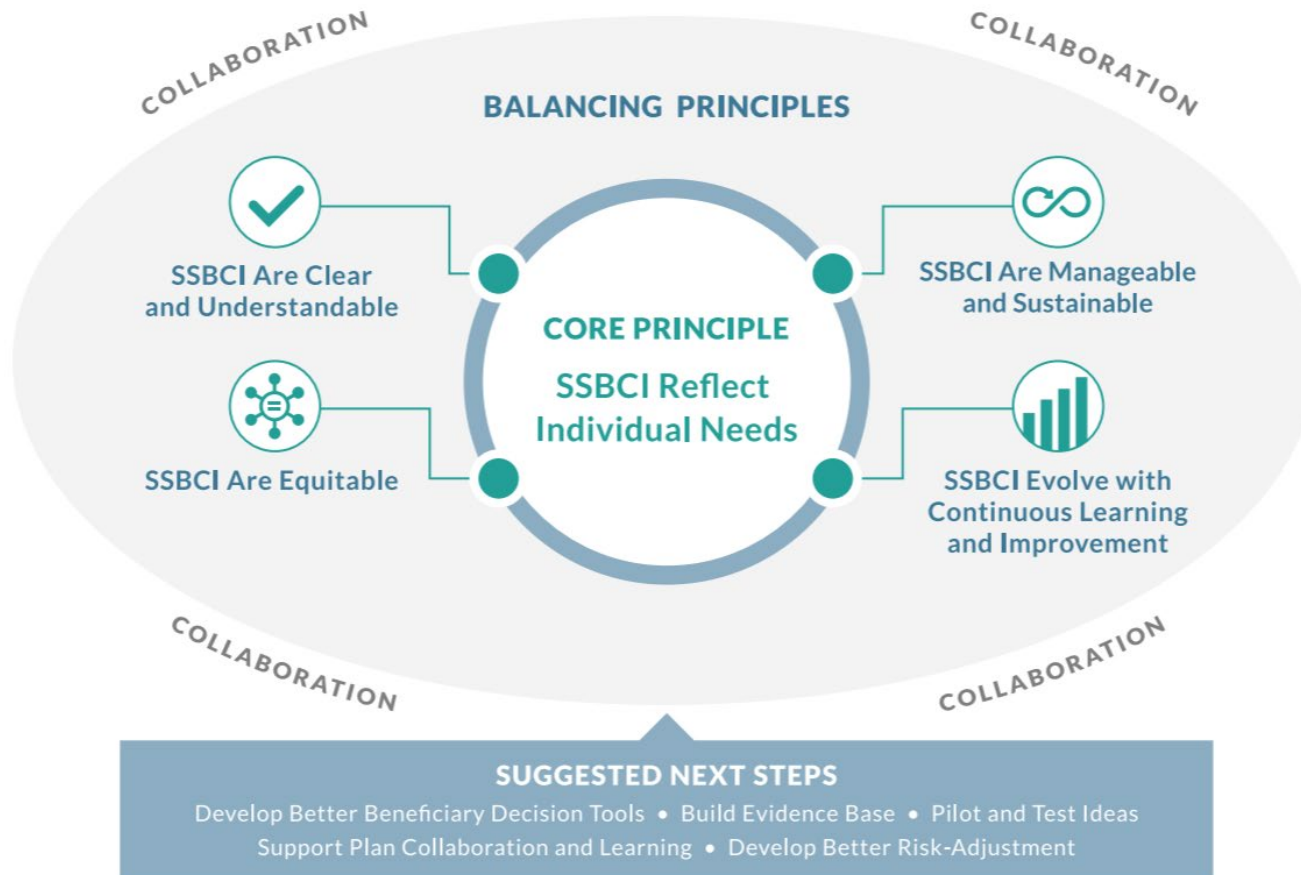


Consider options to improve sustainability

# Consensus-Based Principles for SSBCI Guide Work

## A TURNING POINT IN MEDICARE POLICY:

Guiding Principles for New Flexibility Under Special Supplemental Benefits for the Chronically Ill



Source: A Turning Point in Medicare Policy: Guiding Principles for New Flexibility Under Special Supplemental Benefits for the Chronically Ill. Available at [https://atiadvisory.com/wp-content/uploads/2019/07/2019-07-24\\_GuidingPrinciplesForSSBCI.pdf](https://atiadvisory.com/wp-content/uploads/2019/07/2019-07-24_GuidingPrinciplesForSSBCI.pdf).

# For More Information:

- Visit <https://atiadvisory.com/advancing-non-medical-supplemental-benefits-in-medicare-advantage/> to read the **Roadmap, Policy Brief, Data Insight and Chartbook** and to see past work on new, non-medical supplemental benefits, including the **Guiding Principles**.



# Panel Discussion

# Panel Discussion

*Moderated by Mary Kaschak, Executive Director, LTQA*

- Lindsey Copeland, Medicare Rights Center
- Andy Friedell, healthAlign
- April Golenor, UPMC Health Plan
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