

National MLTSS Health Plan Association

Perspective on Guiding Principles for Special Supplemental Benefits for the Chronically Ill (SSBCI)

On July 25, 2019, a working group of national experts on Medicare Advantage (MA) and long-term services and supports (LTSS) issued a consensus set of Guiding Principles for Special Supplemental Benefits for the Chronically Ill (SSBCI). The [Guiding Principles](#) apply to a type of supplemental benefit, enacted in the CHRONIC Care Act, that can be offered by MA Plans in Calendar Year 2020 and after.

While the opportunity presented by the new special supplemental benefits is small, the departure from the traditional structure of the Medicare program is a major policy shift and potentially an opening in the program to allow for a more comprehensive approach to meeting the needs of Medicare beneficiaries with chronic conditions..

Staff and several members of the National MLTSS Health Plan Association (MLTSS Association), participated in the process to develop the Guiding Principles. MLTSS plans brought their experience with the Medicaid LTSS population and managing plans that integrate medical care, behavioral health, and LTSS to this process.

Medicaid MLTSS plans appreciate the value of SSBCI for MA plans to address some of the more significant functional support needs that patients with chronic illness and complex care needs have. MLTSS plans often align with or integrate with MA D-SNPs to provide comprehensive care for members with functional limitations and complex care needs. There real potential for SSBCI is in its contribution to the evolution in MA toward a more comprehensive platform for members with chronic conditions and functional assistance who do not have access to LTSS through Medicaid.

The Guiding Principles report notes that the device for providing these benefits through MA plans – the supplemental benefit – has substantial limitations. This is a benefit that some MA plans may offer on a limited basis to a specified subgroup of members. The benefits are only offered in years in which the plan has sufficient “extra” funds due to having submitted a bid that is below the federal benchmark. The benefits offered through SSBCI can be helpful in meeting a short-term need or as part of a larger effort, but they are not a solution by themselves for people with functional assistance needs.

The Guiding Principles help to frame SSBCI in a larger context of the resources needed and the role that SSBCI can play in meeting those needs. In that context, the Guiding Principles help to focus attention on the features that SSBCI should have to ensure it can be used effectively.

The MLTSS Association offers the following insights on the Guiding Principles:

- **Core Principle: SSBCI Reflect Individual Needs**

The SSBCI is unique as a benefit in the Medicare context in that it allows MA plans the flexibility to target and tailor a particular set of non-medical services toward meeting individual needs. It is assumed that the specific SSBCI benefit would be incorporated by a clinician or care manager as part of a broader treatment or care plan for the individual.

MLTSS plans engage with the individual and their family to develop a person-centered care plan that aligns the services provided with the individual's goals and preferences. While states require MLTSS plans to provide care management and develop person-centered care plans for their members, MA plans have not had a reason to develop an infrastructure to support person-centered care planning.

MA Dual Special Needs Plans (DSNPs) that enroll Medicare beneficiaries who are also enrolled in Medicaid ("dual eligible beneficiaries") may offer SSBCI to supplement Medicaid LTSS benefits. For dual eligible beneficiaries that are in an MA plan aligned with an MLTSS plan offered by the same organization, the plans can manage their care across medical, behavioral health, and LTSS services. A DSNP SSBCI can supplement and be coordinated with Medicaid benefits. Aligned MA and MLTSS plans are better positioned to do this in the context of a person-centered care plan.

While a more comprehensive approach to providing supports and services for people with chronic illness is a worthy goal, MA plans on their own will not likely be able to offer these benefits in a comprehensive or coordinated fashion.

It will be important over time, as alternative payment models evolve in the Medicare program, to provide the resources and develop the infrastructure in Medicare for care management and care coordination, as well as more substantial non-medical services and supports for individuals with complex care needs.

- **Balancing Principle 1: SSBCI Are Clear and Understandable**

Given the limited and targeted nature of this benefit, it is particularly important that CMS and MA plans develop effective ways to clearly communicate information on eligibility rules, and benefit limitations and to beneficiaries, caregivers, and care managers in particular, but also to providers. There is a risk with that enrollees' expectations of SSBCI benefits and their access to them to will far exceed the reality.

At a minimum, CMS requires that plans include in the Evidence of Coverage (EOC) provided to every plan member what will and will not be covered and the criteria for eligibility for the SSBCI. It is important that MA plans inform all members of their rights and limitations to their rights, what determines their eligibility for and how they can access SSBCI.

Beyond the EOC requirements, CMS should consider investing in more effective ways than currently available through the PlanFinder to communicate to Medicare beneficiaries, either directly or through plan communications with their members, the possibilities and limitations of the SSBCI and the process for gaining access to them.

- **Balancing Principle 2: SSBCI Are Equitable**

SSBCI, unlike other Medicare benefits and traditional supplemental benefits that are universally available, are not intended to be available to all of an MA plan's members. Plans can target the benefits to a subset of their members.

MA plans do have to adopt objective and well-documented criteria for eligibility for these benefits, though, and apply them in a consistent manner that ensures that members who can meet the eligibility criteria are determined eligible. Members can appeal the eligibility decision and any failure to obtain the benefit. As with any other Medicare benefit, plans will need to ensure that members are aware of the eligibility criteria and of their rights to benefits and appeals rights.

While eligibility for the SSBCI is not equitable, access to SSBCI benefits should be equitable for all eligible enrollees and not diminished by cultural, language, physical limitations or other barriers.

- **Balancing Principle 3: SSBCI Are Manageable and Sustainable**

The offering of an MA supplemental benefit is by definition an annual event and not a long-term commitment. Unlike the traditional supplemental benefits, which are universally available and have value in marketing the MA plan, SSBCI have value as a tool clinicians can use to help plan members with chronic conditions manage their complex care needs. As knowledge on the utility of these offerings grows and circumstances around the plans' annual bids to CMS change, the benefits offered through the SSBCI are expected to change. SSBCI benefits a plan offers in one year may not be offered by the plan in the next, and should not be viewed by members or their providers as a way to meet LTSS needs.

The sustainability and long-term value of the SSBCI mechanism will depend upon the value proposition for plans that emerges as evidence is accumulated of the role these benefits play in the overall strategy to improve outcomes for members with the most complex care needs.

That value proposition will be shaped in part by how adequately Medicare payment to the plans reflects the higher medical costs associated with the complex care needs of members who may be attracted to plans that offer better packages of SSBCI benefits. Risk adjustment methods that better account for social and functional characteristics of individuals will contribute substantially to plan payment that can offset added costs of attracting and serving a more complex population. In so doing, SSBCI can further the purpose of the CHRONIC Care Act by making it more attractive for plans to specialize in providing care and improving outcomes and quality of life for individuals with chronic conditions.

- **Balancing Principle 4: SSBCI Evolve with Continuous Learning and Improvement**

SSBCI offered by an MA plan do not stand alone but are incorporated into a broader effort to manage an individual's chronic conditions and improve or maintain their health or function. CMS guidance states, however, that each item or service offered as an SSBCI has to individually have a reasonable expectation of improving or maintaining the individual's health or overall function. MA plans offering SSBCI will want to develop evidence to support the impact of SSBCI and outcomes for beneficiaries.

The Guiding Principles speak to establishing a system of continuous learning and improvement in which plans measure and adjust the benefits they offer and the way in which they offer them to improve the impact that SSBCI have on improving or maintaining health or functioning.

Accumulating the evidence of the SSBCI from multiple plans will help build the evidence base over time for the value of bringing non-medical benefits into Medicare-covered benefits generally and allowing plans and clinicians the flexibility to incorporate them in individualized clinical programs.

Concluding Thoughts

SSBCI has the potential to be a game-changer in the Medicare program. While currently offered outside the parameters of traditional Medicare coverage (as a special MA supplemental benefit), it provides an opportunity for MA plans to experiment with offering non-medical benefits and to accumulate evidence that may someday support an expansion of Medicare coverage to include non-medical benefits. SSBCI also offers MA plans and clinicians additional tools to begin addressing more holistically the complex care needs of beneficiaries with chronic conditions.