

Medicare Advantage and the *CHRONIC* Care Act

Implementing Innovative, Nonmedical Solutions for Older Adults

January 7, 2020

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#MedicareTurningPoint

Agenda

- Welcome and Remarks from The SCAN Foundation
 - Bruce Chernof, President and CEO, The SCAN Foundation
- Overview and Presentation of Guiding Principles
 - Mary Kaschak, Executive Director, Long-Term Quality Alliance
- Opening Keynote Remarks: Legislative Efforts to Improve Care for Individuals with Chronic Illnesses
 - The Honorable Senator Mark Warner (VA)
- Policy Panel and Q&A
 - Moderator: Gretchen Alkema, Vice President of Policy & Communications, The SCAN Foundation
 - Panelist 1: Anne Tumlinson, CEO, Anne Tumlinson Innovations
 - Panelist 2: Jennifer Kowalski, Vice President, Anthem Public Policy Institute
 - Panelist 3: Howard Bedlin, Vice President, Public Policy and Advocacy, National Council on Aging
- Closing Remarks

Welcome and Remarks from The SCAN Foundation

Bruce Chernof, President and CEO, The SCAN Foundation

Overview and Presentation of Guiding Principles

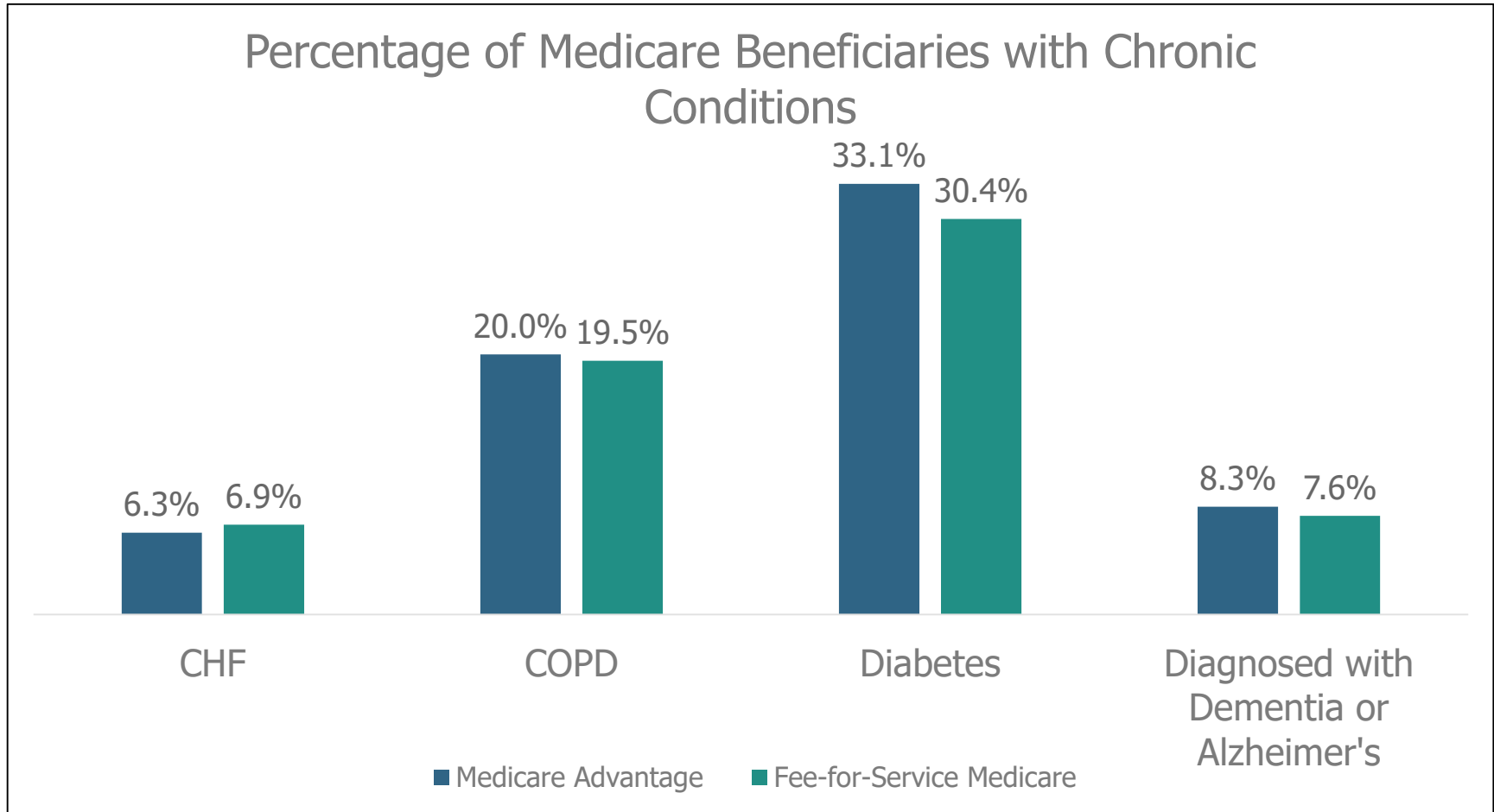
Mary Kaschak, Executive Director, Long-Term Quality Alliance

What are Seniors' Options in Medicare?

Medicare Fee-For-Service (FFS) ("Original" Medicare)	Medicare Advantage (MA)
<ul style="list-style-type: none">• Federal government pays directly for healthcare costs• To fill coverage gaps, individuals may choose to buy<ul style="list-style-type: none">➤ Supplemental Insurance: Covers co-pays, deductibles, and other non-covered benefits under Medicare	<ul style="list-style-type: none">• Private insurance companies (HMOs) contract with the federal government to offer "Medicare plans" to older adults• In exchange for a flat monthly fee, insurance companies are responsible for all healthcare costs (as provided in plan documents) for people who enroll in their plan• Medicare Advantage plans have authority to provide additional supplemental benefits, such as:<ul style="list-style-type: none"><input type="checkbox"/> Preventative care<input type="checkbox"/> Dental<input type="checkbox"/> Vision<input type="checkbox"/> Podiatry<input type="checkbox"/> Hearing exams and aides

Your work has created authority to allow Medicare Advantage plans to offer innovative benefits that cover nonmedical supports and services and that address social determinants of health (SDOH).

Chronic Conditions Are Prevalent in Medicare Advantage



Notes: Data excludes nursing home residents. Beneficiaries may appear in more than one condition category, so percentages do not add to 100. Source: Anne Tumlinson Innovations analysis of 2016 Medicare Current Beneficiary Survey.

Implementation of the *CHRONIC* Care Act

- **Special Supplemental Benefits for the Chronically Ill (SSBCI)** were introduced through the *CHRONIC* Care Act, authorized by Section 50322 of the **Bipartisan Budget Act of 2018**
- The Act allows "...an MA plan [to] provide supplemental benefits to a chronically ill enrollee, that have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee."
- For the first time in Medicare history, Medicare Advantage plans can now offer nonmedical benefits such as:



Meals (beyond a limited basis)



Social Needs Benefits



Food and Produce



Complementary Therapies



Transportation for Non-Medical Needs



Services Supporting Self-Direction



Pest Control



Structural Home Modifications



Indoor Air Quality Equipment and Services



General Supports for Living

MA Plans Can Offer Other Supplemental Benefits

In addition to SSBCI, the Centers for Medicare and Medicaid Services (CMS) also recently expanded the definition of the types of supplemental benefits Medicare Advantage plans can offer.

	Expansion of Definition of 'Primarily Health Related' Supplemental Benefits	Special Supplemental Benefits for the Chronically Ill (SSBCI)
Must be health related?	Yes	No
Examples of Benefits:	<ul style="list-style-type: none"> • Adult Day Care Services • Home-Based Palliative Care • In-Home Support Services • Support for Caregivers of Enrollees • Medically-Non-Opioid Pain Management • Stand-alone Memory Fitness Benefit • "Home & Bathroom Safety Devices & Modifications" • Transportation • Over-the-Counter Benefits 	<ul style="list-style-type: none"> • Meals • Food and Produce • Transportation for Nonmedical Needs • Pest Control • Indoor Air Quality Equipment and Services • Social Needs Benefits • Complementary Therapies • Services Supporting Self-Direction • Structural Home Modifications • General Supports for Living
How many Medicare Advantage plans are offering these benefits in Calendar Year 2020? (According to CMS press release)	Approximately 500	Approximately 250

Sources: CMS' [Memo](#) 'Reinterpretation of "Primarily Health Related" for Supplemental Benefits' (April 2018) and CMS' [Memo](#) 'Implementing Supplemental Benefits for Chronically Ill Enrollees' (April 2019)

Guiding Principles for New Flexibility Under SSBCI

Who Was Involved in Designing These Principles?

In response to the introduction of these benefits, Anne Tumlinson Innovations (ATI) and the Long-Term Quality Alliance (LTQA), supported by a grant from The SCAN Foundation, convened a working group comprised of a diverse array of national experts on Medicare Advantage and long-term services and supports. The working group consisted of:

Melinda Abrams

Senior Vice President, Delivery System Reform, The Commonwealth Fund

Gretchen Alkema

Vice President of Policy and Communications, The SCAN Foundation

Larry Atkins

Executive Director, National MLTSS Health Plan Association

Howard Bedlin

Vice President, Public Policy and Advocacy, National Council on Aging

Laura Chaise

Vice President, Long Term Services and Supports and Medicare-Medicaid Plans, Centene

Henry Claypool

Policy Director, Community Living Center, UCSF

Marc Cohen

Co-Director, LeadingAge LTSS Center @Umass Boston and Research Director, Center for Consumer Engagement in Health Innovation

** This member joined in their individual capacity*

Lindsey Copeland

Federal Policy Director, Medicare Rights Center

Nicole Fallon

Vice President, Health Policy and Integrated Services, LeadingAge

Marty Ford

Senior Advisor, The Arc of the United States

Wendy Fox-Grage*

Senior Strategic Policy Advisor, AARP Public Policy Institute

Danielle Garrett

Strategic Policy Manager, Community Catalyst

Howard Gleckman*

Senior Fellow, Urban Institute

Jennifer Goldberg

Deputy Director, Justice in Aging

Katherine Hayes

Director of Health Policy, Bipartisan Policy Center

Kathy Hempstead

Senior Policy Adviser, Robert Wood Johnson Foundation

Greg Jones

Senior Director, Public Policy, CVS Health, Aetna

Keavney Klein

Senior Counsel, Government Relations, Kaiser Permanente

Tom Kornfield

Vice President, Medicare Policy, AHIP

Jennifer Kowalski

Vice President, Public Policy Institute, Anthem

Christine Aguiar Lynch

Vice President, Medicare and MLTSS Policy, Association for Community Affiliated Plans

Kedar Mate

Chief Innovation and Education Officer, Institute for Healthcare Improvement

James Michel

Director, Policy and Research, Better Medicare Alliance

Cheryl Phillips

President and CEO, SNP Alliance

Ken Preede

Vice President, Government Relations, Commonwealth Care Alliance

Sarah Snyder Rayel

Director, Medicare Policy, Blue Cross Blue Shield Association

Allison Rizer

Vice President, Policy and Strategy, UnitedHealthcare Community & State

Marisa Scala-Foley

Director, Aging and Disability Business Institute, National Association of Area Agencies on Aging

Nora Super

Senior Director, Center for the Future of Aging, Milken Institute

Lucy Theilheimer

Chief Strategy and Impact Officer, Meals on Wheels America

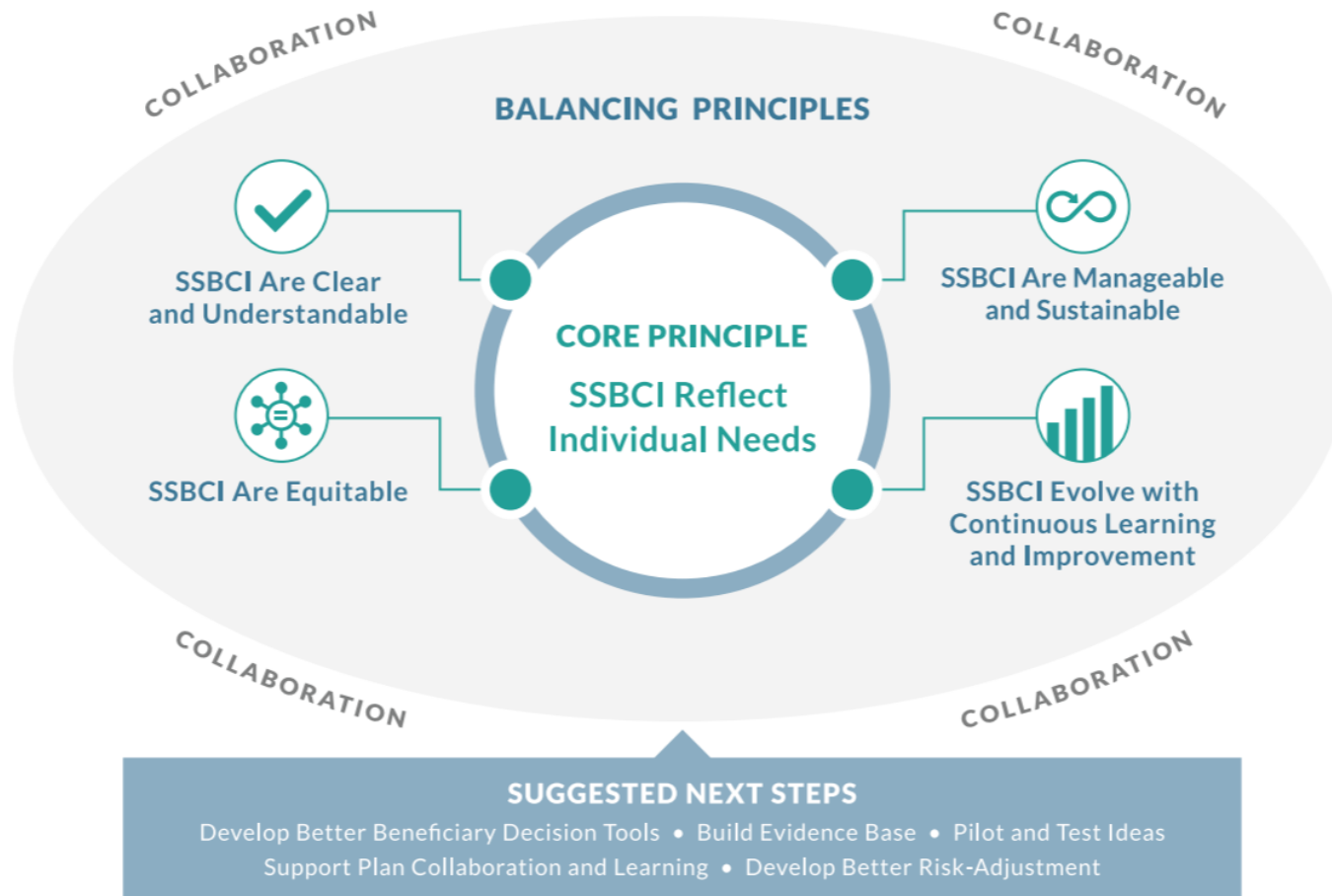
Why “Principles?”

- SSBCI represent a **turning point** in Medicare policy.
- For the first time, Medicare allows coverage of non-primarily health related benefits through the Medicare Advantage program, as well as significant flexibility around who is eligible for these benefits and the services they receive.
- We need **foundational principles** that can inform regulation development, benefit design, and form the basis of a common language for everyone, including:
 - CMS and affiliates (OMB, ACL)
 - Health plans
 - Delivery systems
 - Advocates
 - Congress and affiliates (GAO, CRS)

The Guiding Principles

A TURNING POINT IN MEDICARE POLICY:

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



Core Principle and Balancing Principles

Core Principle: SSBCI Reflect Individual Needs

SSBCI flexibility—in benefit flexibility, types of services, and providers—allows for Medicare Advantage plans to meet the individual needs of chronically ill beneficiaries.



Balancing Principle 1: SSBCI Are Clear and Understandable

Key stakeholders, including Medicare beneficiaries and their caregivers, providers, payers, enrollment counselors, and states understand SSBCI as well as its limitations and the circumstances under which they are available.



Balancing Principle 2: SSBCI Are Equitable

Chronically ill Medicare Advantage enrollees receive SSBCI in a consistent, equitable, and nondiscriminatory manner that determines and meets individual need based on chronic illness and functional status.



Balancing Principle 3: SSBCI Are Manageable and Sustainable

Medicare program regulations and guidance, such as rate structures and quality measures, support Medicare Advantage plans in offering, managing, and sustaining their inclusion of SSBCI in MA plan benefit packages.



Balancing Principle 4: SSBCI Evolve with Continuous Learning and Improvement

The federal Department of Health and Human Services (HHS) and CMS, in conjunction with Medicare Advantage plans and other stakeholders, evaluate and measure the extent to which SSBCI are contributing toward meeting the needs of chronically ill enrollees and adapt SSBCI accordingly based on learnings.

Next Steps for the Guiding Principles



Balancing Principle 1:
SSBCI Are Clear and
Understandable

- Develop better beneficiary decision tools and information
- Increase beneficiary and family caregiver education
- Raise awareness



Balancing Principle 2:
SSBCI Are Equitable



Balancing Principle 3:
SSBCI Are Manageable
and Sustainable

- Develop better risk adjustment

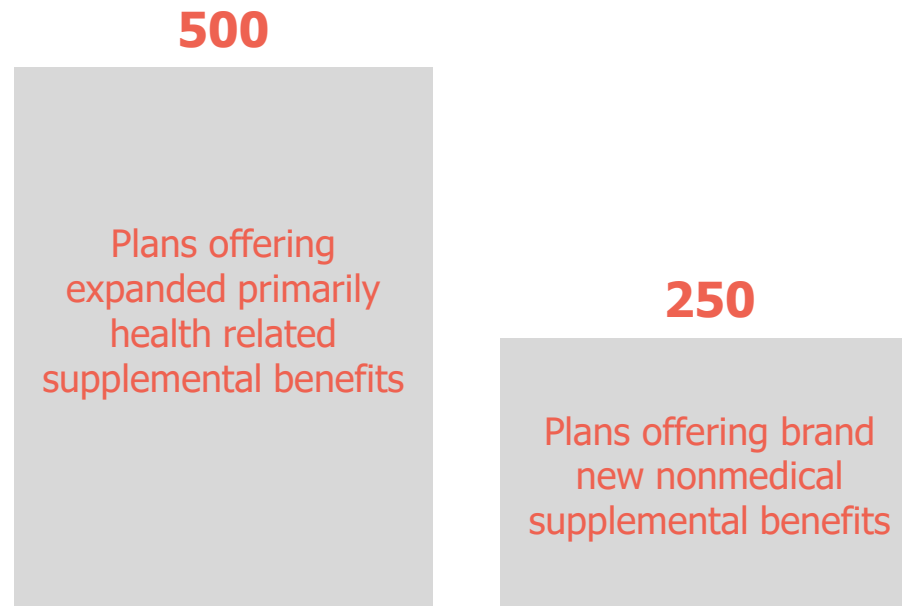


Balancing Principle 4:
SSBCI Evolve with
Continuous Learning and
Improvement

- Support plan collaboration and learning
- Build the evidence base
- Pilot and test ideas

An Early Look at Calendar Year 2020

- With the help of the SSBCI Guiding Principles Working Group, Anne Tumlinson Innovations (ATI) and the Long-Term Quality Alliance (LTQA) have engaged in work to understand how these innovative benefits are being offered in the coming year.
- A CMS press release stated that approximately **500** plans will be offering new primarily health related supplemental benefits and **250** plans will be offering SSBCI.



Source: CMS' Press Release, "Trump Administration Drives Down Medicare Advantage and Part D Premiums for Seniors" (September 2019).

An Early Look of Calendar Year 2020

- Early looks at publicly-available data from CMS indicate that **512** plans will be offering at least one of the new supplemental benefits below:

New Supplemental Benefit	Number of Plans Offering:
Therapeutic Massage	242
Adult Day Health Services	85
Home-Based Palliative Care	61
In-Home Support Services	223
Support for Caregivers of Enrollees	125

- Awaiting **January** release of publicly-available data showing SSBCI.

Source: Anne Tumlinson Innovations analysis of PBP files.

Keynote Remarks: Legislative Efforts to Improve Care for Individuals with Chronic Illnesses

The Honorable Senator Mark Warner (VA)

Policy Panel and Q&A



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Closing Remarks

Gretchen Alkema, Vice President of Policy & Communications,
The SCAN Foundation