

Working Group Recommends New SSBCI Be Clear, Equitable

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Beginning in 2020, Medicare Advantage organizations will be able to offer “non-primarily health related” items and services to certain beneficiaries through Special Supplemental Benefits for the Chronically Ill (SSBCI) established in the Bipartisan Budget Act of 2018. CMS has given plan sponsors broad discretion in developing non-medical services that were previously not allowed in MA plan bids and is allowing them to target certain benefits to individuals’ conditions and needs, but a working group of diverse stakeholders suggests that a set of “guiding principles” is needed to ensure the successful implementation of new SSBCI.

While the new benefit category provides MAOs with an “unprecedented degree of flexibility” to address social determinants of health, it “also creates challenges around benefit clarity, equity and manageability,” observes the new report, “A Turning Point in Medicare Policy: Guiding Principles for New Flexibility Under Special Supplemental Benefits for the Chronically Ill.” The paper reflects the consensus of experts from 30 different organizations focused on senior care and long-term services and supports (LTSS) — all convened by research and advisory services firm Anne Tumlinson Innovations and the Long-Term Quality Alliance (LTQA), with funding from The SCAN Foundation.

“These new benefits, while modest, really represent a major change in the way Medicare operates,” remarks Bruce Chernof, M.D., president and CEO of The SCAN Foundation, a Long Beach, Calif.-based independent public charity devoted to transforming care for older adults. And as people are living longer and with multiple chronic illnesses, “what’s clear is that a little bit of help is the difference between going to the emergency room or not...and these new benefits really recognize that helping people thrive at home is good for their health, is a good way to keep them out of hospitals if they don’t need to be there and it’s a better use of resources....So I think it represents an important step forward.”

That said, “it’s very important that you implement these successfully and well,” Chernof tells AIS Health. And since SSBCI represents new territory for CMS, the plans and the beneficiaries, The SCAN Foundation and its partners sought to “bring together a range of what we thought of as odd bedfellows — individual health plans, trade organizations, home and community-based service providers, advocacy groups — to really talk about, ‘What does it mean to get this right?’ Because the sooner we can get it right, the sooner there will be many products out there and those products will be successful and we can show that this is going to be [impactful].”

The availability of SSBCI is of particular interest to LTQA because its members are focused on advancing LTSS and integrated care for people with functional limitations, and people often end up spending down their assets in order to access these types of services through Medicaid, explains LTQA Executive Director Mary Kaschak. The working group, which included many of LTQA’s members, developed the principles over two in-person meetings in the spring as well as through phone calls with smaller teams, she tells AIS Health.

When the group held a final meeting in May and discussed priorities in breakout groups, “not every single group got every single thing that they wanted” but there were many shared learnings and people were generally reaching the same conclusions, recalls Kaschak. “So it was a compromise because they recognized that we’re all in this together and are committed to advancing these. And we recognize that

these are aspirational...that this is what we want to aspire to and we want to work with other stakeholders to advance this agenda and to inform CMS in the future for how they're thinking not only about SSBCI but also the concept of...non-medical support in Medicare Advantage overall."

In addition to meeting the core principle of reflecting individual needs, the working group recommended that SSBCI follow four "balancing principles." They are:

(1) SSBCI are clear and understandable. For example, key stakeholders such as Medicare beneficiaries and their caregivers should receive information about SSBCI that is "explicit and clear, prevents confusion and avoids unmet expectations" about benefit eligibility and other aspects. This could mean actions taken by CMS to increase education and awareness of SSBCI and enable meaningful consideration of plan choices through modifications to the Medicare Plan Finder.

(2) SSBCI are equitable. Plans should determine need using consistent guidelines and MA enrollees should not have difficulty accessing benefits as the result of cultural, language or other barriers.

(3) SSBCI are manageable and sustainable. This includes proper alignment of quality measures, risk adjustment and other aspects of payment to ensure that MA plans can meet enrollees' specific needs through these benefits.

(4) SSBCI evolve with continuous learning and improvement. Working with MA plans and other stakeholders, CMS should evaluate and measure the extent to which SSBCI are contributing to the needs of chronically ill enrollees and adapt these benefits based on learnings. This should include evaluation of services by socioeconomic status, sharing of best practices among MA plans and between plans and CMS, and testing/piloting opportunities extended by CMS to plans, the group recommended.

While LTQA and the working group are now focused on "getting the word out" about the principles, next steps for the group include working within its "stakeholder brain trust" as SSBCI moves into the execution phase to conduct as much shared learning as possible on "what's working and what isn't so that we can continue to advance in this space, because I think there is concern that so much of the success of SSBCI has to do with how they're targeted" and who will benefit, adds Kaschak.

BPC Mulls Non-Medical Benefits in FFS

Meanwhile, a separate report released last month by the Bipartisan Policy Center (BPC) also suggested that more research is needed to "determine whether this new flexibility will be successful in improving care for those with complex needs." It urged Congress to direct CMS to review and gather evidence provided by MA plans on outcomes associated with SSBCI and make data available to researchers to help "build an evidence base on the effectiveness of covered non-medical services."

BPC in the July report, "Next Steps in Chronic Care: Expanding Innovative Medicare Benefits," also pointed that out that CMS did not adopt some earlier recommendations made by BPC about non-medical benefits, such as that plans be prohibited from marketing SSBCIs, "since there is no guarantee that potential enrollees will meet the plan requirements to qualify for the benefits."

That report also provided a new hypothetical analysis conducted by Ananya Health Innovations to illustrate the potential for offering non-medical benefits in fee-for-service (FFS) Medicare for individuals with chronic conditions. Using FFS Medicare data from the 2016 Medicare Current Beneficiary Survey

Public Use File, the simulation showed that for a cohort of individuals with at least two specific chronic conditions and one or more deficits in activities of daily living, the average cost per beneficiary for a hypothetical seven-day post-discharge meal delivery benefit would be \$175.98. Based on a net savings of \$57,347,713 associated with avoided hospital readmissions, every dollar spent on the meals program resulted in an average savings of \$1.57, researchers reported.

“We’re just on the cusp of a lot of learning here, and I think the simulation shows there are ways that you could begin to think about these benefits in a more FFS environment,” adds Chernof. “Nobody should underestimate the influence of these benefits...but they’re only in MA, and there are significant swaths of the country, particularly rural swaths, where there are limited or no MA choices. So the question is, will there ever be MA products in those areas that offer these benefits, and if not, how do you create equity?”

View the working group report at <https://bit.ly/2YS3JCI> and the BPC report at <https://bit.ly/2YuyX7e>. Contact Chernof via Camille Ahearn for The SCAN Foundation at cahearn@messagepartnerspr.com or Kaschak at mkaschak@ltqa.org.

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