

Leveraging In-Home, Caregiver, and Social Supports in Medicare Advantage for Beneficiaries with LTSS Needs: State and Plan Opportunities



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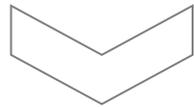
August 30, 2023

ATI Advisory

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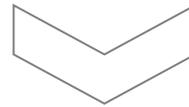


ATI Advisory



- Research and advisory services firm conducting research, generating new ideas, and leading change in healthcare
- We provide insight backed by original research and deliver practical solutions for our clients and the families they serve

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- 501(c)3 membership organization aimed at improving outcomes and quality of life for people who need long-term services and supports (LTSS), and their families
- We advance person- and family-centered, integrated LTSS through research, education, and advocacy

 www.ltqa.org



- Independent public charity devoted to transforming care for older adults in ways that preserve their dignity and encourage independence

 www.thescanfoundation.org

AGENDA

Introduction and Remarks from The SCAN Foundation

Background on Medicare Advantage and Nonmedical Supplemental Benefit Authorities

Current Landscape of Nonmedical Supplemental Benefits

Deeper Dive on LTSS-Like Supplemental Benefits: What Do These Benefits Look Like?

Panel Discussion on State and Plan Opportunities for Partnership

Q&A

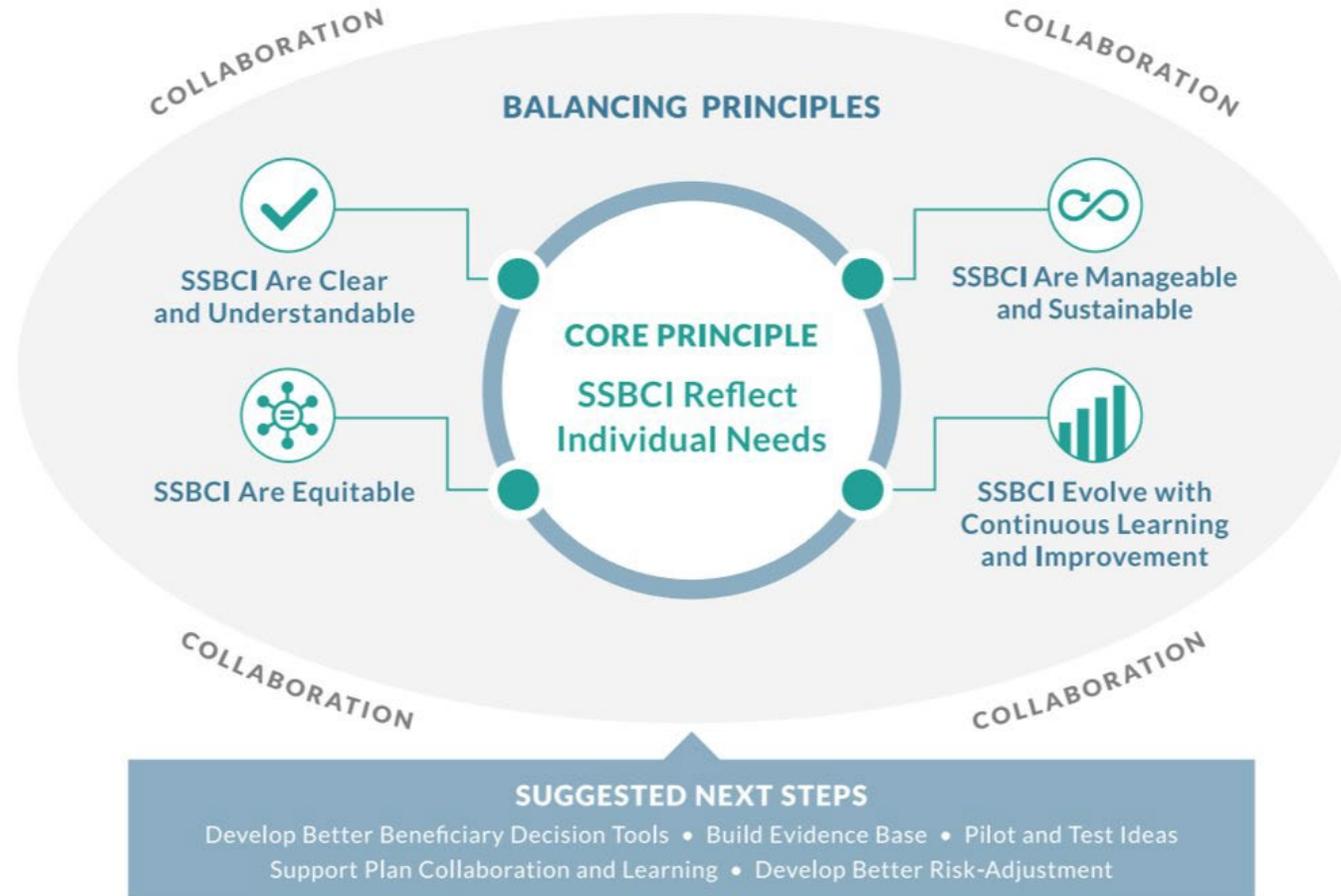
Introduction and Remarks from The SCAN Foundation

Narda Ipakchi

Vice President of Policy

The SCAN Foundation

A TURNING POINT IN MEDICARE POLICY: Guiding Principles for New Flexibility Under Special Supplemental Benefits for the Chronically III



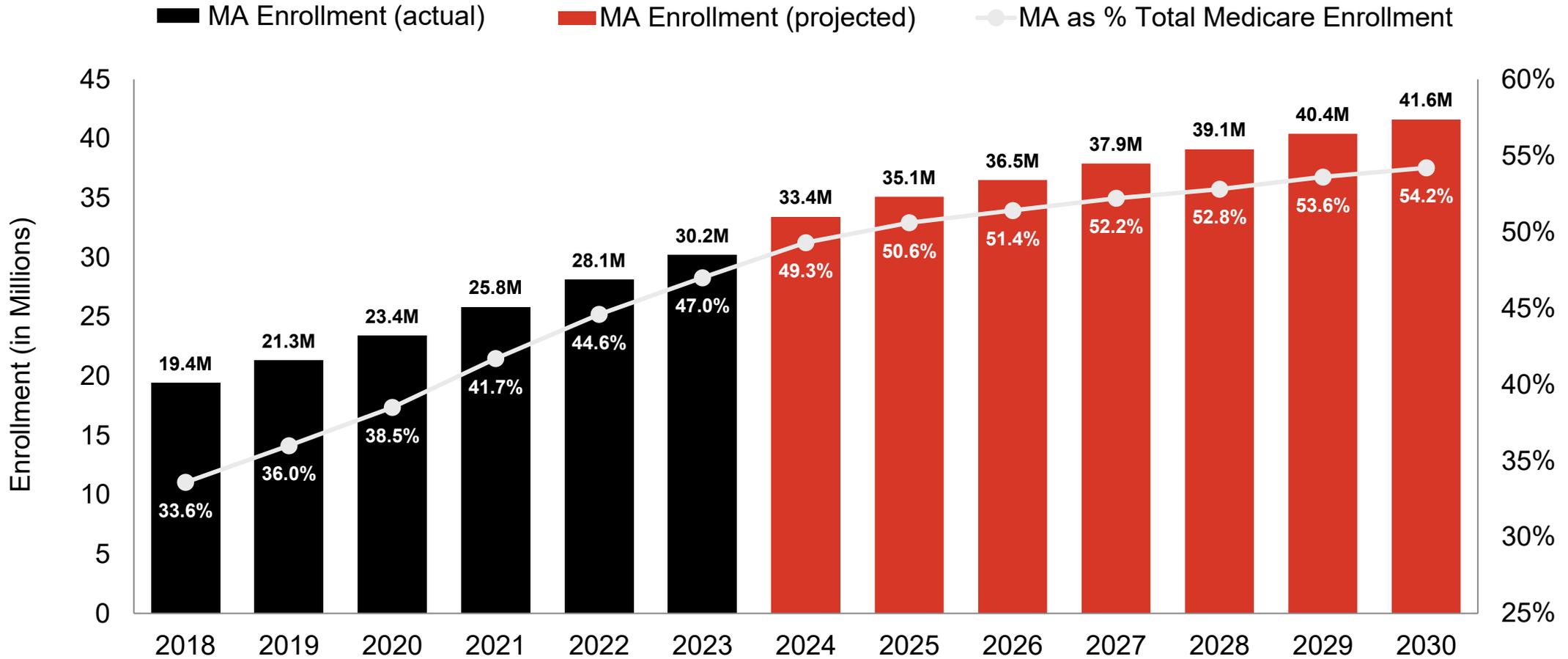
Background on Medicare Advantage and Nonmedical Supplemental Benefit Authorities

Christina Wu

Vice President of Policy & Research
Long-Term Quality Alliance

MEDICARE ADVANTAGE IS RAPIDLY BECOMING THE DOMINANT HEALTHCARE COVERAGE SOURCE FOR OLDER ADULTS AND PEOPLE WITH DISABILITIES

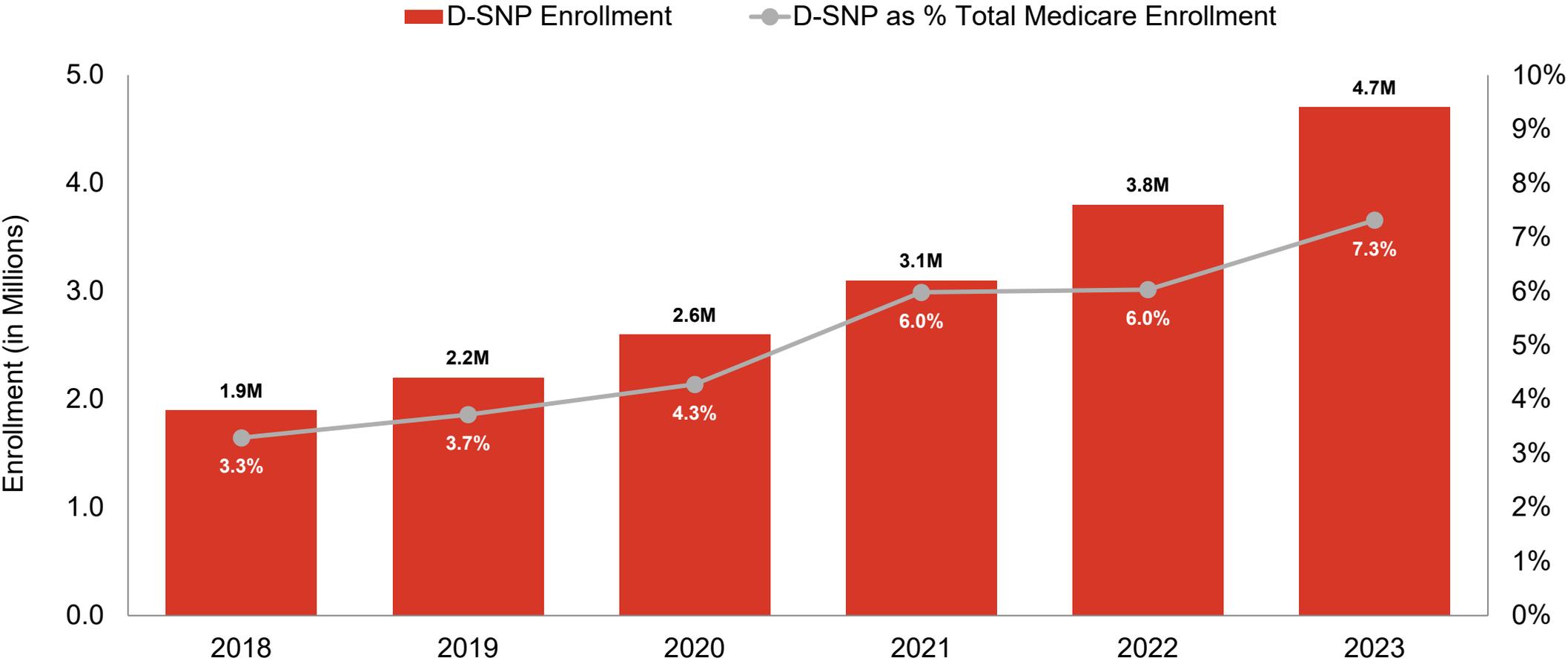
Historic and Projected Enrollment in Medicare Advantage, 2018-2030



Source(s): CMS' Monthly Enrollment by State files (February 2017-2023) for all 50 states and Washington, DC; Projections from the 2023 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds for all 50 states, Washington, DC, and territories. Excludes cost and demo plan types.

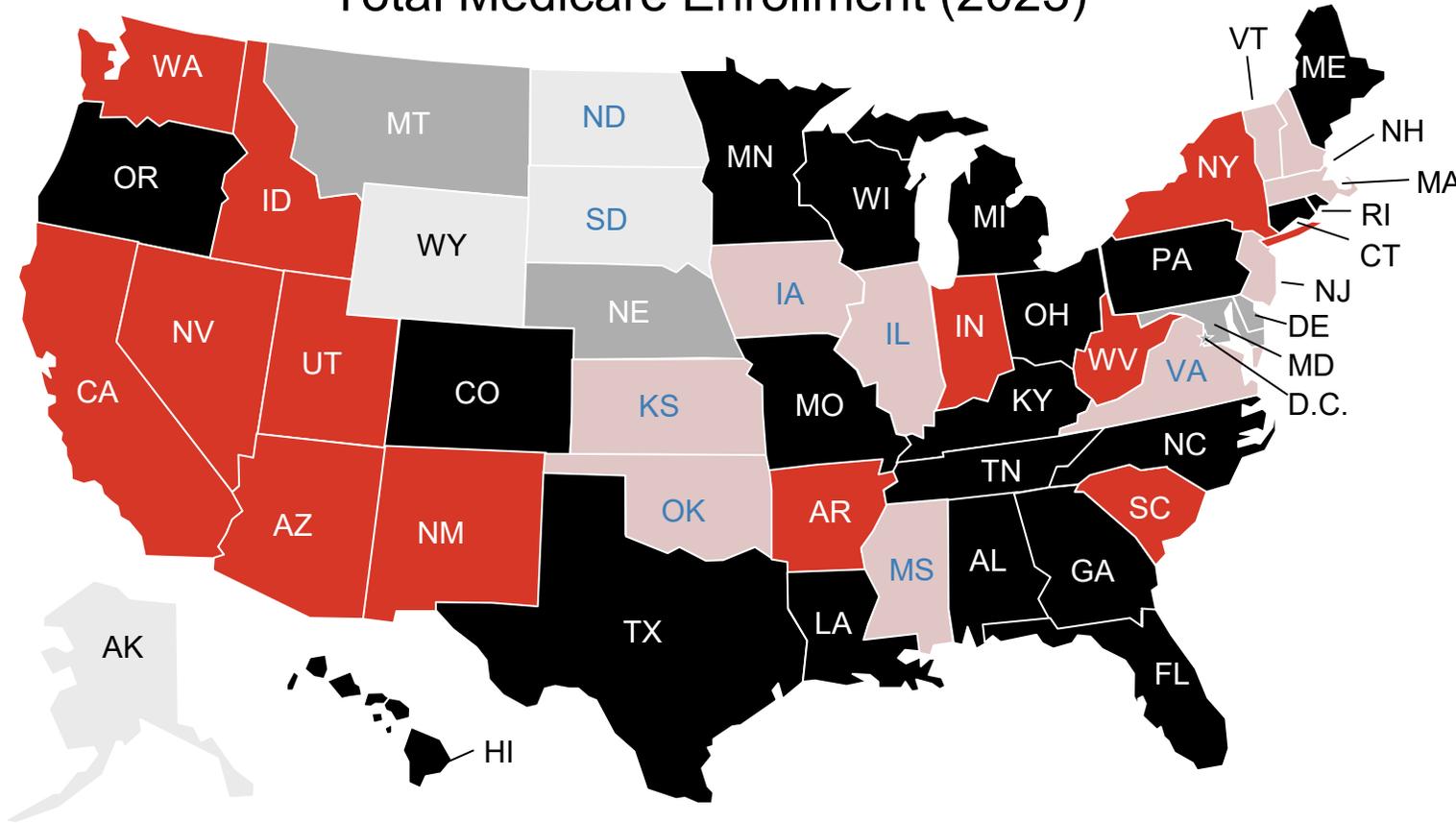
D-SNP ENROLLMENT IS GROWING

Historic Enrollment in D-SNPs, 2018-2023



GROWTH RESULTS IN INCREASING MEDICARE ADVANTAGE PENETRATION, WITH VARIATION ACROSS THE COUNTRY

Medicare Advantage Enrollment as a Percentage of Total Medicare Enrollment (2023)



National Average MA Penetration Rate in 2023 = 47%

<20%	20%-29%	30%-39%	40%-49%	50%+
4 states	4 states + D.C.	10 states	12 states	20 states

FEDERAL POLICY HAS LONG ALLOWED MEDICARE ADVANTAGE TO COVER SUPPLEMENTAL BENEFITS AND REDUCE COST SHARE AND PREMIUMS

	Statutory Authority to Cover	
	Medicare FFS	Medicare Advantage
Medicare Covered Part A and B Benefits	✓	✓
Dental		✓
Vision		✓
Podiatry	Medically necessary only	✓ May include routine foot care
Hearing exams and aides		✓
Other primarily health-related services and supports		✓
Nonmedical services and supports		✓

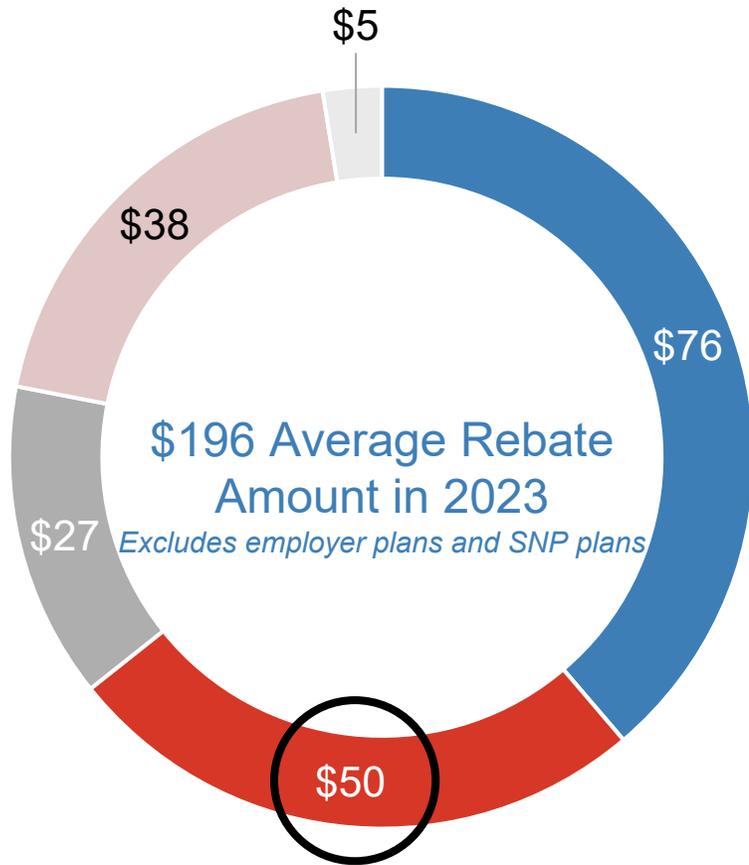
NEWER AUTHORITIES ALLOW PLANS TO OFFER NONMEDICAL SUPPLEMENTAL BENEFITS

Expanded Authorities				
	Expansion of Definition of “Primarily Health-Related” for Supplemental Benefits (EPHRB)	Special Supplemental Benefits for the Chronically III (SSBCI)	Uniformity Flexibility (UF)	Value Based-Insurance Design (VBID) Model
Needs to be Primarily Health-Related?	Yes , but under the new definition of “primarily health-related”	No , plans have the flexibility to offer benefits that are not primarily health-related	Yes , but under the new definition of “primarily health-related”	No , plans have the flexibility to offer benefits that are not primarily health-related
Examples of Benefits (Non-exhaustive)	<ul style="list-style-type: none"> • In-Home Support Services • Support for Caregivers of Enrollees • Adult Day Health Services • Home-Based Palliative Care • Therapeutic Massage 	<ul style="list-style-type: none"> • Food and Produce • Meals beyond a limited basis • Pest Control • Transportation to Non-Medical Locations • Social Needs Benefit 	N/A	N/A

Prior to 2019, Medicare Advantage (MA) plans could provide additional benefits over the base Medicare benefits. These benefits had to be *primarily health-related* and available *uniformly*.

→ **Expanded authorities** allow plans to offer a broader variety of meaningful benefits and allow for more targeting of benefits.

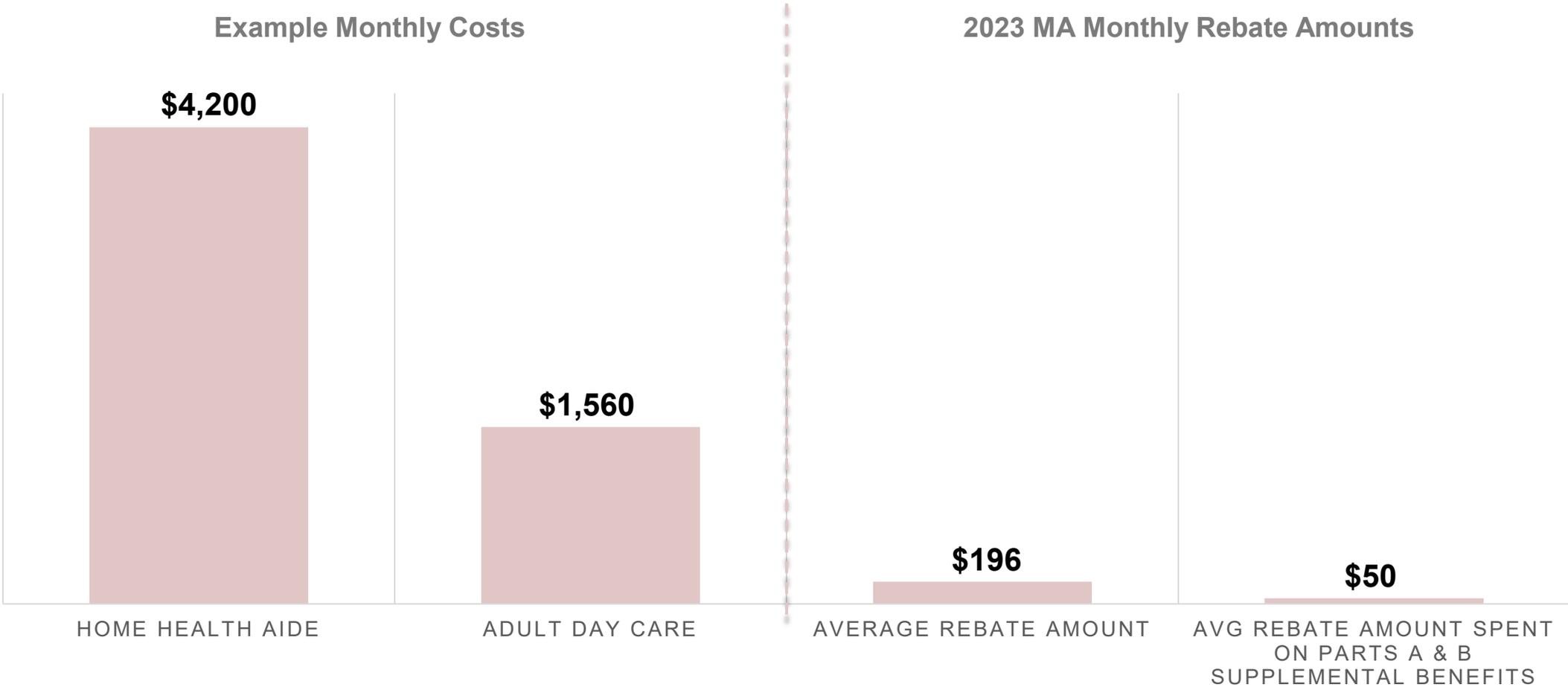
ON AVERAGE, PLANS USE \$50 IN REBATE DOLLARS PER MEMBER PER MONTH ON PART A AND PART B SUPPLEMENTAL BENEFITS



- Cost Share Reduction
- Part A and Part B Supplemental Benefits
- Part D Premiums
- Part D Supplemental Benefits
- Part B Premiums

While valuable, huge gaps remain between health-related social needs and funding

THE SCOPE OF BENEFITS IS LIMITED



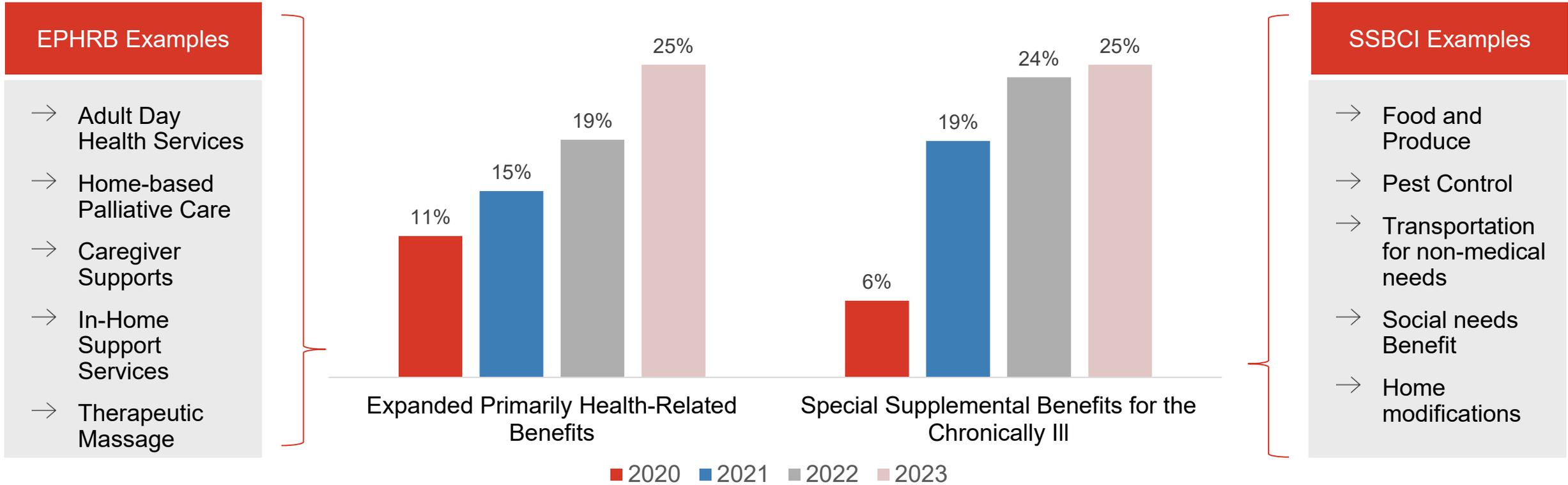
Current Landscape of Nonmedical Supplemental Benefits

Allison Rizer

Principal

ATI Advisory

Growth in Percentage of MA Plans Offering New Benefits, 2020 to 2023



*80 percent of C-SNPs offer at least one EPHRB or SSBCI benefit in 2023;
57 percent of D-SNPs offer at least one EPHRB or SSBCI benefit*

	Number (Percent) of Plans Offering EPHRB	Number (Percent) of Plans Offering SSBCI	Number (Percent) of Plans Offering EPHRB or SSBCI	Total Number of Plans, PY 2023
Chronic Condition Special Needs Plans (C-SNPs)	150 (47%)	229 (72%)	252 (80%)	316
Dual Eligible Special Needs Plans (D-SNPs)	320 (39%)	308 (39%)	468 (57%)	823
Institutional Special Needs Plans (I-SNPs)	29 (15%)	37 (19%)	53 (28%)	192
Total Number of Special Needs Plans (SNPs)	499 (37%)	568 (43%)	768 (58%)	1,331
Total Number of Non-SNPs	938 (21%)	734 (17%)	1,323 (30%)	4,399

HOW MANY D-SNPs OFFER THESE NEW BENEFITS? (SSBCI, PY 2023)

Benefit	Number of D-SNPs Offering Benefit (% of D-SNPs)	Number of Non-D-SNPs Offering Benefit (% of Non-D-SNPs)	Total Number of Plans Offering Benefit (% of All Plans)
Special Supplemental Benefits for the Chronically Ill (SSBCI)			
Food and Produce	211 (26%)	718 (15%)	929 (16%)
Meals (beyond limited basis)	87 (11%)	335 (7%)	422 (7%)
Pest Control	107 (13%)	242 (5%)	349 (6%)
Transportation for Non-Medical Needs	129 (16%)	349 (7%)	478 (8%)
Indoor Air Quality Equipment & Services	76 (9%)	208 (4%)	284 (5%)
Social Needs Benefit	113 (14%)	257 (5%)	370 (6%)
Complementary Therapies	64 (8%)	160 (3%)	224 (4%)
Services Supporting Self-Direction	69 (8%)	161 (3%)	230 (4%)
Structural Home Modifications	22 (3%)	35 (1%)	57 (1%)
General Supports for Living	170 (21%)	358 (7%)	528 (9%)
“Other Non-Primarily Health-Related” Benefit	112 (14%)	328 (7%)	440 (8%)
Offer Primarily Health-Related SSBCI	146 (18%)	503 (10%)	649 (11%)
TOTAL SSBCI	308 (37%)	1,143 (23%)	1,451 (25%)

HOW MANY D-SNPs OFFER THESE NEW BENEFITS? (EPHRB, PY 2023)

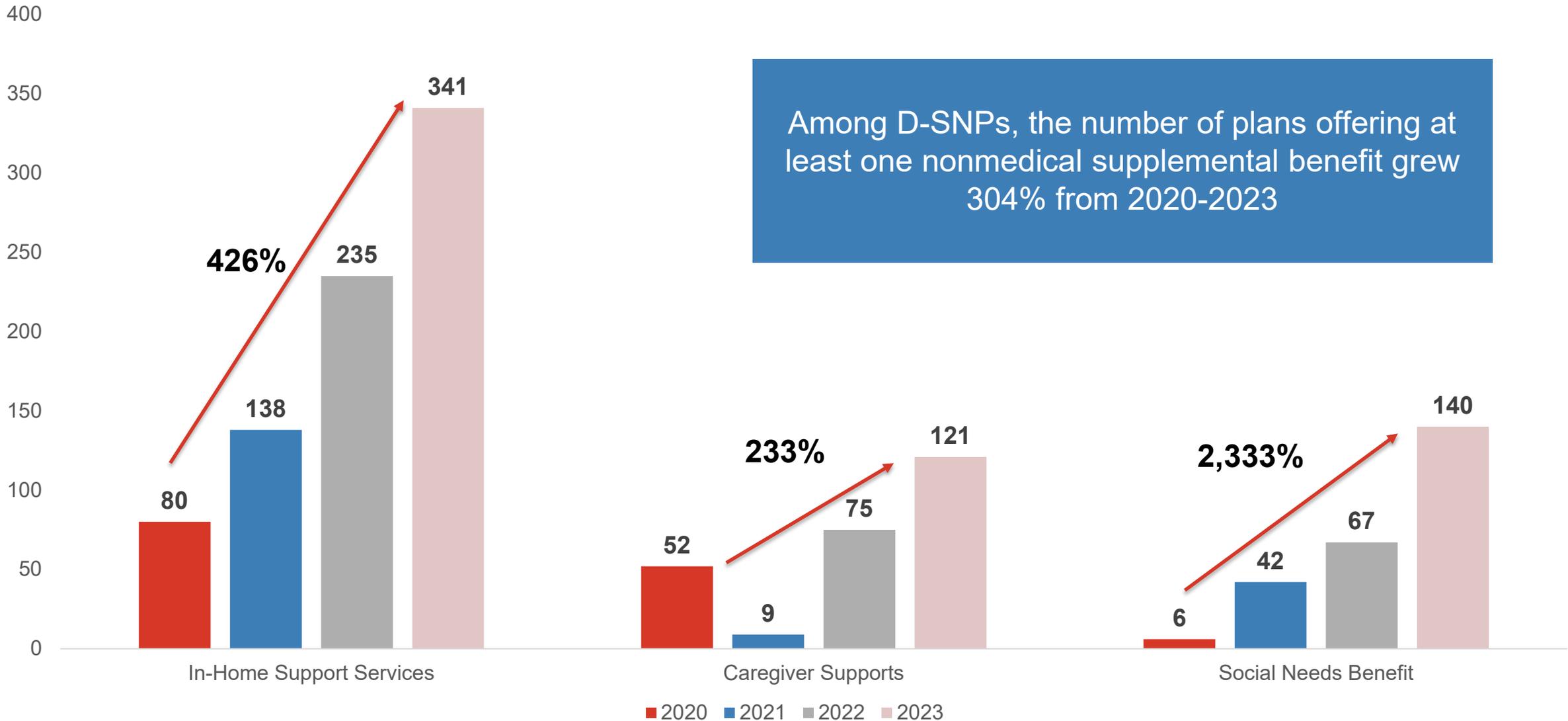
Benefit	Number of D-SNPs Offering Benefit (% of D-SNPs)	Number of Non-D-SNPs Offering Benefit (% of Non-D-SNPs)	Total Number of Plans Offering Benefit (% of All Plans)
Expanded Primarily Health-Related Benefits (EPHRB)			
Therapeutic Massage	25 (3%)	162 (3%)	187 (3%)
Adult Day Health Services	6 (1%)	35 (1%)	41 (1%)
Home-Based Palliative Care	8 (1%)	149 (3%)	157 (3%)
In-Home Support Services	290 (25%)	801 (16%)	1,091 (19%)
Support for Caregivers of Enrollees	34 (2%)	259 (5%)	293 (5%)
TOTAL EPHRB	320 (39%)	1,117 (23%)	1,437 (25%)
TOTAL Offering EPRHB and/or SSBCI	468 (57%)	1,739 (35%)	2,207 (39%)

Deeper Dive on LTSS-Like Supplemental Benefits: What Do These Benefits Look Like?

OUR LATEST REPORT FEATURES A DEEP DIVE ON “LTSS-LIKE” BENEFITS

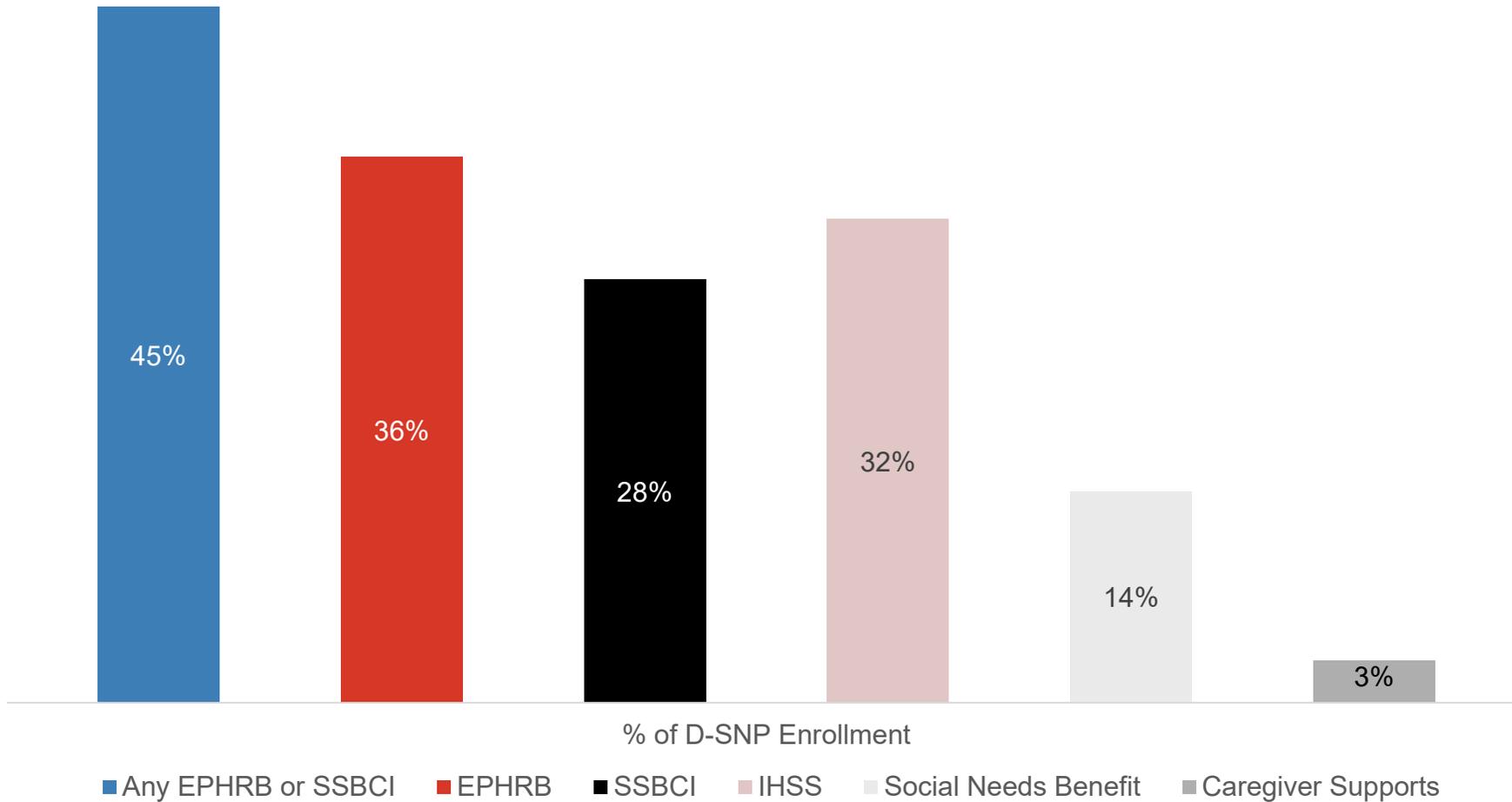
Benefit	CMS Definition / Examples	Medicaid Corollary
<p>In-Home Support Services</p> 	<p>Assistance performing activities of daily living (ADL) and instrumental activities of daily living (IADL) within the home to compensate for physical impairments, ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization.</p>	<p>Personal care services Home health aide services Homemaker services</p>
<p>Caregiver Supports</p> 	<p>Respite care provided through a personal care attendant for short periods of time or short-term institutional-based care.</p> <p>May include services such as counseling and training courses for caregivers of enrollees.</p>	<p>Respite care Adult day services</p> <p>Some states include contractual requirements around conducting caregiver assessments during the person-centered planning process</p> <p>MCOs may offer caregiver supports through in-lieu-of services (ILOS), value-added benefits (VAB), and Section 1115 waiver programs) (e.g., caregiver education, caregiver training, benefits counseling and navigation, behavioral counseling)</p>
<p>Social Needs Benefit</p> 	<p>Access to community or plan-sponsored programs and events to address enrollee social needs to address enrollee isolation and improve emotional and/or cognitive function.</p> <p>May include non-fitness club memberships, community or social clubs, park passes, access to companion care, marital counseling, family counseling, classes for enrollees with primary caregiving responsibilities for a child.</p>	<p>Adult day services</p> <p>MCOs may offer services to address social needs through ILOS, VAB, or under Section 1115 waiver programs (e.g., companion care, social interaction platforms)</p>

MORE PLANS ARE OFFERING “LTSS-LIKE” BENEFITS



Note: A 'plan' is defined as the combination of a Contract Number, Plan ID, and Segment ID.
Source: ATI Advisory analysis of CMS PBP files, excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE.
Includes listed benefits under all four authorities, removing any duplicate plans (i.e., a plan may offer two different IHSS benefits through EPHRB and SSBCI).

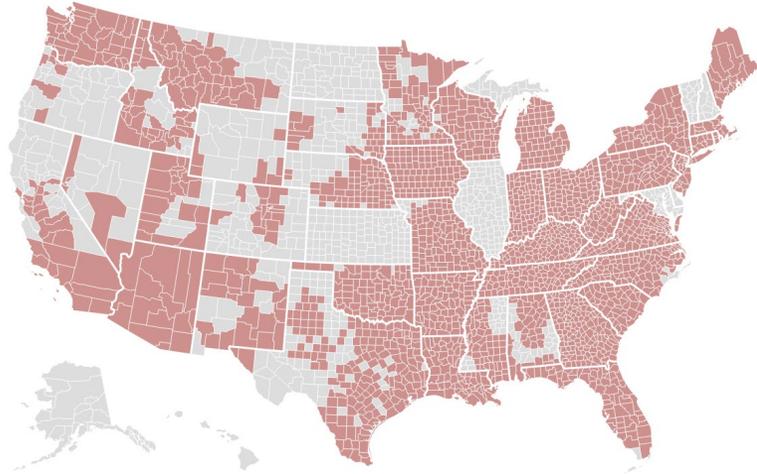
45 PERCENT OF MA ENROLLEES ARE IN A PLAN OFFERING AT LEAST ONE OF THESE BENEFITS



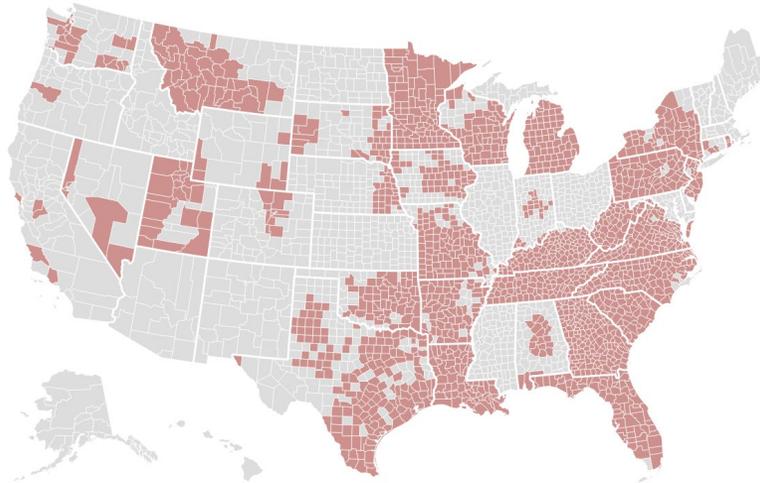
Almost 40% of D-SNP enrollees are enrolled in a plan offering at least one of these three benefits, with the highest enrollment in plans offering In-Home Support Services

THESE BENEFITS ARE AVAILABLE IN D-SNPs IN 41 STATES AND PUERTO RICO

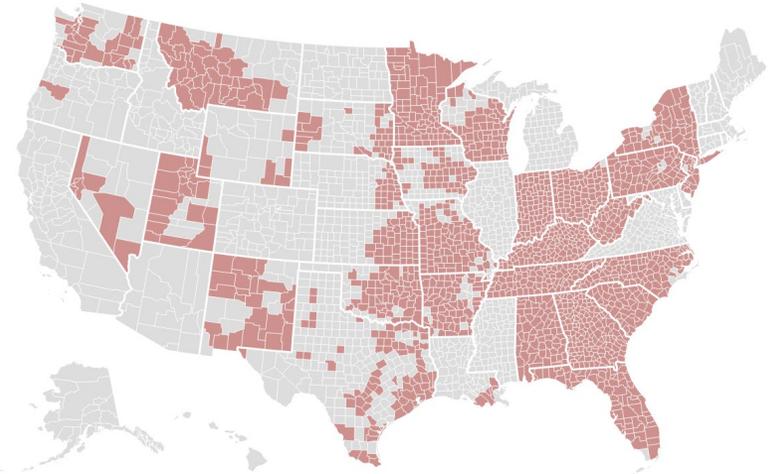
In-Home Support Services



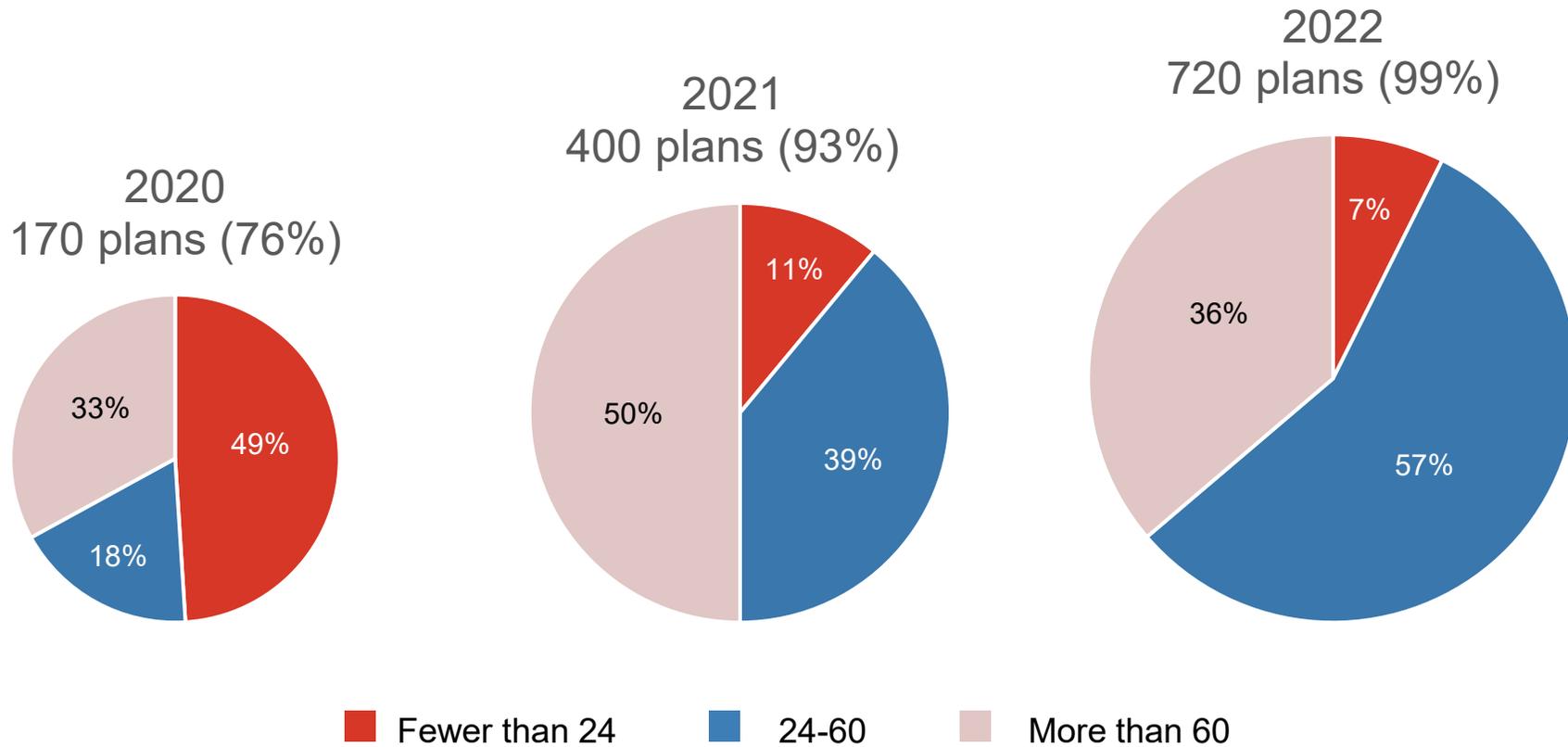
Caregiver Supports



Social Needs Benefit



→ IHSS ANNUAL HOURLY LIMITS (EPHRB)



While the number of plans offering 60 or more hours has increased each year, the proportion of plans decreased between 2021 and 2022.

THE VARIATION IN BENEFIT STRUCTURE CAN BE SEEN IN THESE EXAMPLES

SCAN Affirm (HMO)

Returning to Home*

Returning to Home is a program to help you with support and personal care services immediately following a discharge from a hospital or skilled nursing facility.

The program covers the following services:

- Personal in-home care: Up to ten 4-hour in-home care visits (40 hours total per year) to help with activities of daily living such as bathing, dressing, laundry, bed linen changing, light housekeeping, care-giver relief, etc.
- Telephonic care coordination: To aid in scheduling of follow-up care and arranging in-home support services as needed.
- Home-delivered meals: Up to 4 weeks (84 meal maximum per year) of meals delivered to your home.

These services must be requested within 7 days of being discharged from the hospital or skilled nursing facility in order for the benefit to be authorized.

This benefit can be in addition to, but not a replacement of Medicare-covered home health services.

*This benefit does not apply to your maximum out-of-pocket amount.

Ascension Complete

Helper Bees Care Concierge

If eligible, our plan provides a monthly allowance of 100 credits for plan-approved services through the Helper Bees' provider network. Approved services may include in-home support, home modifications, pest control, companionship respite, personal care, non-emergency medical transportation, meals and groceries, virtual exercise classes and more. Specific services available will depend on your individual needs, abilities, and location. Any unused credits will expire at the end of each month.



Caregiver Support

The caregiver benefit includes: individual help with caregiving, social health needs such as nutrition, finding resources, and stress management; one-on-one coaching for caregivers who need personal support and guidance; and an online application to stay in touch with your caregiver coach, share information with others in the caregiver team, and access support and resources.

Humana

Humana Flexible Care Assistance - Humana Flexible Care Assistance is available to chronically ill members who are participating with care management services and meet program criteria. Benefits are limited up to **\$1,000** per year and must be coordinated and authorized by a care manager. Eligible members may receive primarily health related and non-primarily health related additional benefits to address the individual's unique needs, including but not limited to:

- Medical expense assistance
- Meal delivery services
- Caregiver services
- Adult day care
- Utilities
- Non-medical transportation
- Medical supplies and prosthetics
- Pest control
- Alternative therapies
- Home and bathroom safety devices

Sources:

SCAN Affirm 2023 EOC: https://www.scanhealthplan.com/-/media/scan/documents/_plan_docs2023/2023-23ccaec0800.pdf

Ascension Complete Michigan Secure 2023 EOC:

https://contentserver.destinationrx.com/ContentServer/DRxProductContent/PDFs/149_0/H0482_002_2023_MI_EOC_HMAPD_105812E_C.pdf

Cigna Addendum to 2023 SOB: <https://www.cigna.com/static/www-cigna-com/docs/medicare/plans-services/2023/sb-h3949-031-000.pdf>

HumanaChoice 2023 EOC: <https://www.humana-medicare.com/BenefitSummary/2023PDFs/H5216228000EOC23.pdf>

Panel Discussion: State and Plan Opportunities for Partnership

→ **Michelle Bentzien-Purrington**

SVP of MLTSS
Molina Healthcare

→ **Kate Paris**

VP of Policy and Advocacy
United Healthcare

→ **Allison Rizer**

Principal
ATI Advisory

Question & Answer

Advancing Non-Medical Supplemental Benefits in Medicare Advantage

BACK TO RESOURCES ←



ATI – Work 02/21/2023
 AUTHOR – ATI Advisory

Since 2019, ATI Advisory and the Long-Term Quality Alliance, with support from The SCAN Foundation, have led national efforts to advance person-centered, non-medical supplemental benefits in Medicare Advantage. This resource center provides research and data for plans, providers, beneficiary advocates, policymakers, and other stakeholders to advance understanding and utilization of these benefits. All of our research is guided by the Supplemental Benefits Leadership Circle, a diverse group of experts across plans, providers, academia, and advocacy groups.

RECENT

Chartbook: 2023 New, Non-Medical Supplemental Benefits in Medicare Advantage

DOWNLOAD

View all MA supplemental benefits analysis and commentary, including reports, data briefs, and chartbooks, at <https://atiadvisory.com/resources/advancing-non-medical-supplemental-benefits-in-medicare-advantage/>

FOR ANY QUESTIONS, PLEASE REACH OUT TO US



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Thank you!



Appendix

ABOUT 38% OF PLANS ARE OFFERING AT LEAST ONE NEW SUPPLEMENTAL BENEFIT, MANY SUPPORT BENEFICIARIES AT HOME

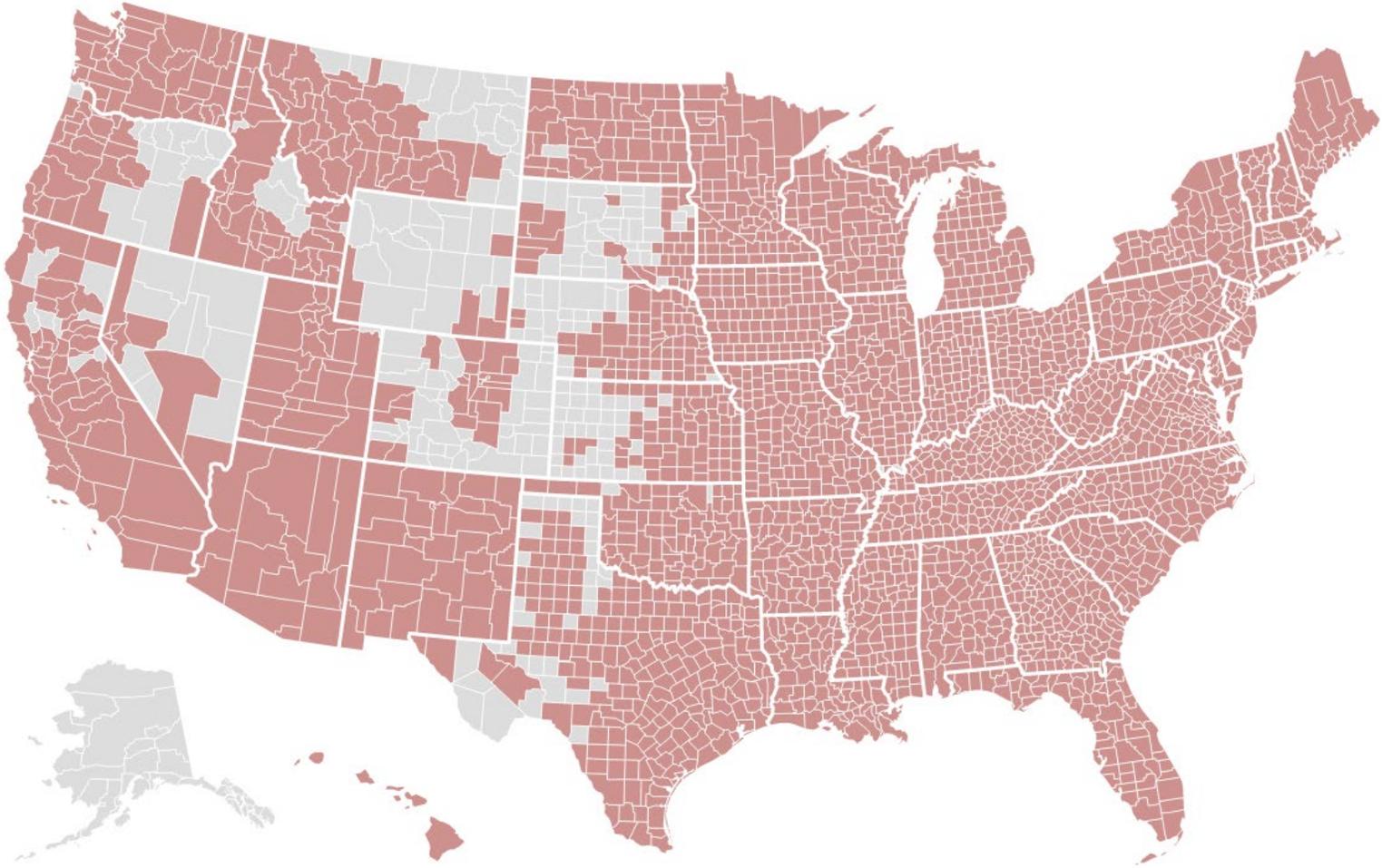
Benefit		Number of Plans Offering in 2020:	Number of Plans Offering in 2021:	Number of Plans Offering in 2022:	Number of Plans Offering in 2023:
Special Supplemental Benefits for the Chronically Ill (SSBCI)	Food and Produce	101	345	763	929
	Meals (beyond limited basis)	71	371	403	422
	Pest Control	118	208	326	349
	Transportation for Non-Medical Needs	88	177	375	478
	Indoor Air Quality Equipment and Services	52	140	166	284
	Social Needs Benefit	34	211	244	370
	Complementary Therapies	1	0	123	224
	Services Supporting Self-Direction	20	96	151	230
	Structural Home Modifications	4	42	57	57
	General Supports for Living	67	150	328	528
	“Other” Non-Primarily Health-Related SSBCI	51	191	359	440
	TOTAL (offering Non-Primarily Health-Related SSBCI):	245	812	1,126	1,302
	Only Primarily Health-Related SSBCI	22	111	166	149
	TOTAL (offering any SSBCI):	267	923	1,292	1,451
New Primarily Health-Related Supplemental Benefits	In-Home Support Services	223	429	729	1,091
	Adult Day Health Services	84	127	50	41
	Home-Based Palliative Care	61	134	147	157
	Support for Caregivers of Enrollees	125	95	160	293
	Therapeutic Massage	221	170	183	187*
	TOTAL (offering any Primarily Health-Related Benefit):	490	731	1,034	1,437*
TOTAL: Offering New Primarily Health-Related Supplemental Benefit and/or Non-Primarily Health-Related SSBCI		626	1,326	1,851	2,207

GEOGRAPHY OF PLANS OFFERING EPHRB or SSBCI IN PLAN YEAR 2023

Number of Plans Offering these Benefits in 2023

2,207

Map of Counties Offering Any SSBCI or EPHRB Supplemental Benefits in PY 2023



→ Number of Counties: 3,162 (including Puerto Rico)