Advancing Non-Medical Supplemental Benefits in Medicare Advantage

Part 1: A Roadmap and Policy Opportunities

December 4, 2020
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• Advancing Non-Medical Supplemental Benefits in Medicare Advantage, Mary Kaschak and Tyler Cromer
  – Background on New, Non-Medical Supplemental Benefits
  – The Guiding Principles
  – The Landscape of New, Non-Medical Supplemental Benefits
  – Roadmap for Plans and Providers
  – Considerations and Opportunities for Policymakers
• Question & Answer, Mary Kaschak
• Closing Remarks, Mary Kaschak
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.
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/](https://atiadvisory.com/)
Background on New, Non-Medical Supplemental Benefits
In 2019, the Centers for Medicare and Medicaid Services Changed What Benefits Can Be Offered

<table>
<thead>
<tr>
<th>Benefit Uniformity</th>
<th>Old Rules</th>
<th>New Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans must offer the same benefits to enrollees of the same plan</td>
<td>Now allowed to target benefits to groups of enrollees who have certain clinical diagnoses</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Supplemental Benefits</th>
<th>Old Rules</th>
<th>New Rules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental benefit must be primarily health-related, which means, in part, not for the purpose of “daily maintenance”</td>
<td>Benefits are considered “primarily health-related” under a broader definition of the term</td>
<td></td>
</tr>
</tbody>
</table>

Source: ATI Advisory.
“Primarily Health-Related” Means:

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Benefit must:</td>
<td>• Examples:</td>
</tr>
<tr>
<td>o Diagnose, prevent or treat an injury; compensate for physical impairments</td>
<td>o Adult Day Care Services</td>
</tr>
<tr>
<td>o Act to ameliorate the functional/psychological impacts of injuries or health conditions; OR</td>
<td>o Home-Based Palliative Care</td>
</tr>
<tr>
<td>o Reduce avoidable emergency or healthcare utilization</td>
<td>o In-Home Support Services</td>
</tr>
<tr>
<td>• Must be recommended by a licensed professional as part of a care plan</td>
<td>o Support for Caregivers of Enrollees</td>
</tr>
<tr>
<td>• NOT be health-related: cosmetic, comfort, social determinant purposes</td>
<td></td>
</tr>
</tbody>
</table>

Congress Also Recognized This for CY 2020...And Created “Special Supplemental Benefits”

1. What Health Plans Could Cover Before New Law
   1) Traditional Medicare benefits
   2) Care management
   3) Health-related “supplemental” benefits like dental and vision
      ➢ Everyone who had the same condition had to get the same thing

2. The New Law
   Congress created a new category of benefits, called “Special supplemental benefits” just for chronically ill. These benefits do not have to be primarily health-related
      ➢ And they can be tailored according to individual need and include SDOHs

Source: ATI Advisory.
Examples of Allowable New Benefits

Examples of New Primarily Health-Related Benefits that Plans Could Offer Beginning in 2019

- Adult Day Health Services
- Home-Based Palliative Care
- In-Home Support Services
- Support for Caregivers of Enrollees
- Medically-Approved Non-Opioid Pain Management
- Stand-Alone Memory Fitness Benefit
- Home and Bathroom Safety Devices and Modifications
- Transportation to Medical Locations
- Over-the-Counter Benefits

Examples of SSBCI Benefits that Plans Could Offer Beginning in 2020

- Meals (beyond a limited basis)
- Food and Produce
- Non-Medical Transportation
- Pest Control
- Indoor Air Quality Equipment and Services
- Social Needs Benefits
- Complementary Therapies (alongside traditional medical treatments)
- Services Supporting Self-Direction
- Structural Home Modifications
- General Supports for Living

Source(s): The Centers for Medicare and Medicaid Services Guidance: “Reinterpretation of “Primarily Health Related” for Supplemental Benefits” and “Implementing Supplemental Benefits for Chronically Ill Enrollees”
## Different Pathways for Non-Medical Supports

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Opportunities</th>
<th>Challenges/Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded PHRB</td>
<td>• Can target benefits based on health status or disease state through UF</td>
<td>• Financed through limited/variable rebate dollars or premiums</td>
</tr>
<tr>
<td>SSBCI</td>
<td>• Benefits can vary, or be targeted to an individual’s specific condition and needs</td>
<td>• Three-part criteria</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Financed through limited/variable rebate dollars or premiums</td>
</tr>
<tr>
<td>Value-Based Insurance Design (VBID)</td>
<td>• Can target benefits based on condition and/or socioeconomic status</td>
<td>• CMMI demonstration requirements</td>
</tr>
<tr>
<td></td>
<td>• Can test Part D cost-sharing benefits</td>
<td>• Financed through limited/variable rebate dollars or premiums</td>
</tr>
<tr>
<td>Quality Improving or Clinical Programs</td>
<td>• More flexible eligibility</td>
<td>• Not a filed benefit</td>
</tr>
<tr>
<td></td>
<td>• Can be tailored to individual care plans</td>
<td>• Must be evidence-based and require clinical expertise</td>
</tr>
<tr>
<td></td>
<td>• Smaller group or geography</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Financing not limited to rebate and premium dollars</td>
<td></td>
</tr>
<tr>
<td>Uniform Flexibility (UF)</td>
<td>• Can identify and select target population(s) based on clinical criteria</td>
<td>• Cannot be used to tailor benefits as individually as SSBCI</td>
</tr>
<tr>
<td></td>
<td>• May be used to target reductions in cost-sharing and deductibles</td>
<td>• Targeting of benefits limited to health and disease state</td>
</tr>
</tbody>
</table>
Financing for Supplemental Benefits Is Limited, the Average Rebate Is $122 Per Enrollee Per Month

<table>
<thead>
<tr>
<th>Plan B Bid</th>
<th>$1,050</th>
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</thead>
<tbody>
<tr>
<td>Benchmark</td>
<td>$1,000</td>
</tr>
<tr>
<td>Plan A Bid</td>
<td>$826</td>
</tr>
</tbody>
</table>

% available for rebate

<table>
<thead>
<tr>
<th>Plan A</th>
<th>Plan B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Base Rate  = $826</td>
<td>Base Rate = $1000</td>
</tr>
<tr>
<td>Rebate = 0.7*$174 = $122</td>
<td>Plan Premium = $50</td>
</tr>
</tbody>
</table>

Amount for reducing enrollee out of pocket spending & offering **supplemental benefits**

MORE ENROLLMENT
On Average, Plans Use $22 in Rebate Dollars Per Member Per Month on Part A and Part B Supplemental Benefits

$122 Average Rebate Amount in 2020

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

The Guiding Principles
Why “Principles?”

• Special Supplemental Benefits for the Chronically Ill (SSBCI) represent a turning point in Medicare policy.

• For the first time, Medicare allows coverage of non-primarily health related benefits through Medicare Advantage, as well as significant flexibility around who is eligible for these benefits and services they receive.

• Addresses need for foundational principles to inform regulation development, benefit design, and serve as basis of a common language for:
  – CMS and affiliates (OMB, ACL)
  – Health plans
  – Delivery systems
  – Advocates
  – Congress and affiliates (GAO, CRS)
Who Was Involved in Designing These Principles?

ATI Advisory and the Long-Term Quality Alliance, 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.

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

Lucy Theilheimer  
Chief Strategy and Impact Officer, Meals on Wheels America

* This member joined in their individual capacity
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

BALANCING PRINCIPLES

- SSBCI Are Clear and Understandable
- SSBCI Are Equitable
- SSBCI Are Manageable and Sustainable
- SSBCI Evolve with Continuous Learning and Improvement

CORE PRINCIPLE
SSBCI Reflect Individual Needs

SUGGESTED NEXT STEPS
Develop Better Beneficiary Decision Tools • Build Evidence Base • Pilot and Test Ideas
Support Plan Collaboration and Learning • Develop Better Risk-Adjustment

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
The Landscape of New, Non-Medical Supplemental Benefits
Number of Plans Using Supplemental Benefit Authorities Grew Dramatically from 2020 to 2021

Number of Plans Using Different Supplemental Benefit Authorities

- **Expanded Definition of Primarily Health-Related Benefits**
  - Plan Year 2020: 499
  - Plan Year 2021*: 737

- **SSBCI**
  - Plan Year 2020: 245
  - Plan Year 2021*: 920

- **Uniform Flexibility**
  - Plan Year 2020: 308
  - Plan Year 2021*: 500

- **VBID**
  - Plan Year 2020: 157
  - Plan Year 2021*: 440

Overview of New, Non-Medical Benefits in 2020 and 2021

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Number of Plans Offering in 2020:</th>
<th>Number of Plans Offering in 2021:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>New Primarily Health-Related Supplemental Benefits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Home Support Services</td>
<td>223</td>
<td>429</td>
</tr>
<tr>
<td>Adult Day Health Services</td>
<td>84</td>
<td>127</td>
</tr>
<tr>
<td>Home-Based Palliative Care</td>
<td>61</td>
<td>134</td>
</tr>
<tr>
<td>Support for Caregivers of Enrollees</td>
<td>125</td>
<td>95</td>
</tr>
<tr>
<td>Therapeutic Massage</td>
<td>230</td>
<td>176</td>
</tr>
<tr>
<td>TOTAL (offering at least 1 new primarily health-related supplemental benefit):</td>
<td>499</td>
<td>737</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Number of Plans Offering in 2020:</th>
<th>Number of Plans Offering in 2021:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Special Supplemental Benefits for the Chronically Ill (SSBCI)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food and Produce</td>
<td>101</td>
<td></td>
</tr>
<tr>
<td>Meals (beyond limited basis)</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Pest Control</td>
<td>118</td>
<td></td>
</tr>
<tr>
<td>Transportation for Non-Medical Needs</td>
<td>88</td>
<td></td>
</tr>
<tr>
<td>Indoor Air Quality Equipment and Services</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>Social Needs Benefit</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Complementary Therapies</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Services Supporting Self-Direction</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Structural Home Modifications</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>General Supports for Living</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Other: Service Dog Supports</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>TOTAL (offering at least 1 SSBCI):</td>
<td>245</td>
<td>Approximately 920</td>
</tr>
</tbody>
</table>

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.
Plans Offering Expanded Primarily Health-Related Benefits in 2021

Number of Plans Offering Expanded PHRB: 737

Number of States: 42 (including Puerto Rico)\(^1\)

Number of Counties: 1,943\(^1\)

Source: ATI Advisory analysis of CMS PBP files, excludes Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMP), and PACE. 1. State and county count includes Puerto Rico and other territories, not displayed in map above.
Plans Offering Special Supplemental Benefits for the Chronically Ill (SSBCI) in 2020

Number of Plans Offering SSBCI: 245
Number of States: 31 (including Puerto Rico)
Number of Counties: 1,151

Source: ATI Advisory analysis of CMS PBP files, excludes Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMP), and PACE. 1. State and county count includes Puerto Rico and other territories, not displayed in map above.
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
Plans Offer Benefits to Attract & Retain Members

And to Improve Health Outcomes

Factors Plans Take Into Consideration When Designing Benefit Packages

- What is attractive to current and potential members?
- Who should be eligible for these benefits?
- What benefits can really help members?
- What can help star ratings?
- What was offered last year and what are competitors offering?
- What can the plan afford?
How a Plan Develops and Submits a Bid to CMS

**Bid Process**

**CMS Action**
- **Fall**
  - CMS releases rate “Early Preview”
- **Winter**
  - CMS releases Advance Notice and Draft Call Letter
- **April**
  - CMS releases Final Notice and Call Letter, including rates
- **Summer**
  - CMS reviews and accepts new plan bids
- **January 1**
  - New plan year period

**Plan Action**
- **Winter**
  - Plans submit Notice of Intent to Apply
- **Early Year**
  - Plans formally begin development of new plan bids to CMS
- **June**
  - Plans submit their bids for the coming plan year
- **Late Summer to Fall**
  - Plans prepare for Medicare Election Period
- **October to December**
  - Medicare Election Period: Beneficiaries sign up for Medicare Advantage plans

*Note: Timeline not to scale.*
Step 1 of the Roadmap: Build Support for Innovative Benefits within the Plan

1. Build Support for Innovative Benefits within the Plan

Roadblock: MA organizational culture and comfort with uncertainty deters uptake

- Identify (or be) an internal advocate for new, innovative benefits
- Identify the benefits members and staff want
- Bring data and results to the conversation
- Test a new benefit offering
Step 2 of the Roadmap: Make Provider/Plan Connection and Develop Network

2. Make Provider/Plan Connection and Develop Network

**Roadblock:** Providers lack access to plan’s team that develops supplemental benefits

- Use every tool available to connect to the right person in the plan

**Roadblock:** A single provider often cannot serve a plan’s entire service area

- Digital health and third-party aggregators can provide solutions

**Roadblock:** Providers are experiencing contracting overload

- National associations, franchisors, and third-party entities can help build infrastructure
- Review contracts to streamline requirements

**Roadblock:** Lower-volume services may require a higher level of payment

- Provide information about requirements that drive costs
- Work with plans to offer high value, sustainable benefits
Step 3 of the Roadmap: Design Benefits and Develop Bid

3. Design Benefits and Develop Bid

Roadblock: Benefits can be costly to provide to all members
- Target costly benefits to the highest need members

Roadblock: Plans must determine who is eligible for the benefit
- Make benefits available through a care manager
- Advocate for CMS to provide examples of what does and does not meet the three-part test

Roadblock: CMS expresses concerns about a proposed benefit offering
- Design benefits to meet statutory and regulatory requirements
Step 4 of the Roadmap: Educate and Implement

4. Educate and Implement

**Roadblock:** Members do not know they are eligible for a service or how to access it

- Communicate early and often
- Build an infrastructure for eligibility and referral
- Educate information providers

**Roadblock:** Key staff may not know the benefit is available or how to access it

- Educate staff about benefit offerings
- Educate care managers and discharge planners about a benefit and its impact
- Educate network providers
Step 5 of the Roadmap: Learn/Iterate for Better Results

5. Learn/Iterate for Better Results

**Roadblock:** Members are not using these benefits
- Assess the “why”
- Try innovative benefit offerings that provide more flexibility and choice

**Roadblock:** Collecting evidence is difficult
- Identify a matched-comparison group
- Used informal evaluations and feedback

**Roadblock:** Benefits may appear to cost more than they save, but care managers, providers, and/or members report high value
- Assess how the benefit is sized and targeted

**Roadblock:** Plans are not incentivized to share their learnings with other plans
- Share key findings through trusted and neutral third parties
Remaining Gaps in the Medicare Advantage Space

Gap between plan needs for provider networks and existing network infrastructure.

Solutions: Third-party aggregators; provider development of needed capacities; contract review and simplification

Gap between making these benefits available and members accessing and benefiting from them.

Solutions: Focused educational efforts and clear communications for staff, members, and other stakeholders; benefit design focusing on ease of access, use, and choice

Gap between these benefits’ potential and the current early experience.

Solutions: Building internal support for offering these benefits; evaluating early implementation; sharing lessons learned and evidence; evolving benefits with continuous learning and improvement
Fulfilling these Benefits Potential Requires Learning and Collaboration

• Big questions remain to be answered:
  - What goals will plans seek to advance and how will that affect offerings?
  - Role of CBOs and other local providers?
  - Will Plans/Providers share learnings?
  - Can members access?
  - What actions will policymakers take?

• Success requires continuous improvement and learning

• Roles for plans, providers, beneficiary advocates, trusted third-party entities, and government
Advancing Non-Medical Supplemental Benefits in Medicare Advantage:
Considerations and Opportunities for Policymakers
Larger Considerations and Context Drive Plan Decisions

- Culture of MAO
- Targeting of Benefits
- Marketability
- Marketing
- Timing of Guidance
- Sustainability
- Contracting
From Plan Considerations to Policy Opportunities

**Plan Consideration**
- Culture of MAOs
- Targeting of Benefits
- Marketability
- Marketing
- Timing of Guidance
- Sustainability
- Contracting*

**Policy Opportunity**
- Provide clarity and technical assistance
- Improve consumer information
- Release guidance early
- Encourage shared learning
- Consider options to improve sustainability

*No policy opportunity identified to address this challenge at this time.*
Looking Forward – Policy Opportunities

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
Short-Term Policy Opportunities for CMS

Provide clarity and technical assistance for MAOs

- Policymakers should provide guidance that clarifies statutory language on SSBCI targeting criteria.

- CMS should provide examples of allowable and non-allowable benefits, while encouraging creativity and innovation.
Short-Term Policy Opportunities for CMS

Improve marketing guidance and consumer information

- With clear guidance from CMS on how these benefits can be marketed and improved information on Medicare Plan Finder, plans can do more to educate potential members on which benefits are available to them.
Release guidance around non-medical supplemental benefits earlier

- Releasing guidance in November or December (instead of the following April) will better support MAOs’ abilities to design and build new benefits for their beneficiaries.
Encourage learning between plans, providers, and other stakeholders

- Policymakers should consider learning collaboratives or public forums to promote exchange of best practices, while respecting plans’ and providers’ intellectual property.
Long-Term Policy Opportunities

Consider options to improve sustainability of non-medical supplemental benefits

- Given challenges posed by relying on rebate and premium dollars for financing, there is an opportunity to develop better risk adjustment and explore a more sustainable funding mechanism for these benefits.
Future Considerations for Expansion of Benefits

Offering non-medical benefits as a preventive benefit to address health needs and/or social risk factors in the absence of a chronic condition diagnosis

Pilot testing promising benefits in Medicare Fee-For-Service (FFS) value-based models
### Guiding Principles

<table>
<thead>
<tr>
<th>Guiding Principle</th>
<th>Policy Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Principle: SSBCI Reflect Individual Needs</strong></td>
<td>❑ Consider offering non-medical benefits as a preventive benefit</td>
</tr>
</tbody>
</table>
| **Balancing Principle 1: SSBCI Are Clear and Understandable** | ❑ Provide clarity and technical assistance  
                       ❑ Improve consumer information  
                       ❑ Release guidance early |
| **Balancing Principle 2: SSBCI Are Equitable**         | ❑ Provide clarity and technical assistance               |
| **Balancing Principle 3: SSBCI Are Manageable and Sustainable** | ❑ Consider options to improve sustainability           |
| **Balancing Principle 4: SSBCI Evolve with Continuous Learning and Improvement** | ❑ Encourage shared learning |
For More Information:

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