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IDEAS TO ACTION IN HEALTHCARE & AGING

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New Supplemental Benefits in Medicare Advantage

February 26, 2020

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

Roadmap

- A Turning Point in Medicare Policy
- Guiding Principles for New Flexibility
- Activity to Date
- Trends and Challenges
- Considerations and Discussion

A Turning Point in Medicare Policy

Older Adults Choose Medicare Advantage To Save Money

Medicare Fee-For-Service ("Original" Medicare)

- ❑ Part A deductible: **$1,408**
- ❑ Part B annual deductible: **$198**
- ❑ Part B coinsurance: **20%**
- ❑ Monthly Part B premium **(optional, varies by income)**
- ❑ Monthly insurance premium for Prescription Drugs (Part D) **(optional, varies by income and plan selection)**
- ❑ Medigap insurance premium **(optional, covers out of pocket costs, varies by plan selection)**

Medicare Advantage

- ❑ Monthly Part B premium
- ❑ Monthly health plan premium: **varies by plan**
- ❑ Deductibles and cost-sharing: **varies by plan**

Medicare Advantage limits beneficiaries' total out-of-pocket costs (maximum currently set at $6,700, some plans are less)

Source: ATI Advisory analysis of Medicare.gov, 2020 Costs at a Glance: https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance.

They Join Medicare Advantage To Save Money on Other Health-Related Costs

✓ Medicare Advantage plans may cover these additional benefits →

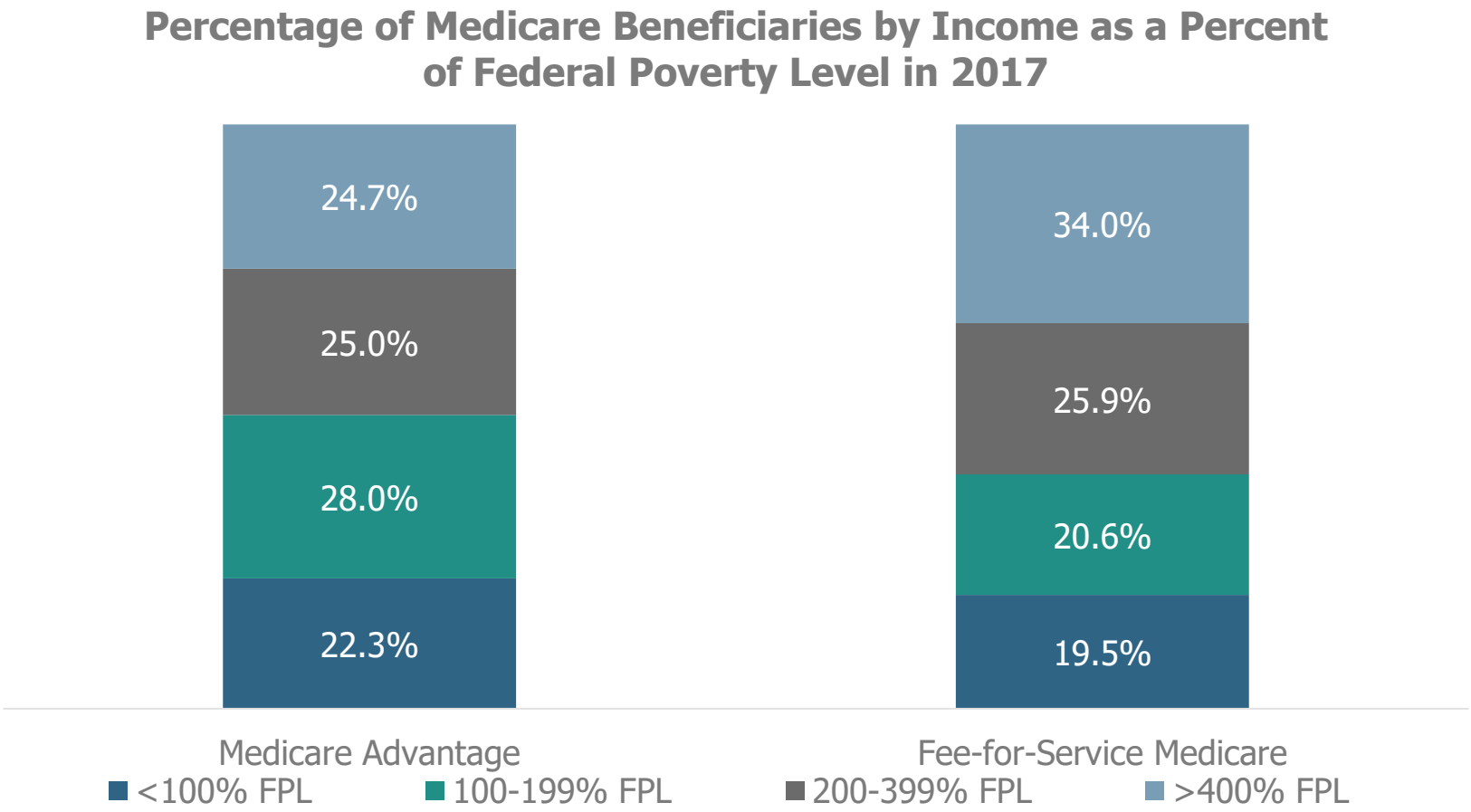
- ❑ Preventative care*
- ❑ Dental
- ❑ Vision
- ❑ Podiatry
- ❑ Hearing exams and aides

*Always covered under MA

✓ New rules now allow plans to cover some types of nonmedical benefits →

- ❑ Long-term services and supports

A Higher Proportion of Medicare Advantage Enrollees Live Below $24,523 (200% of FPL)



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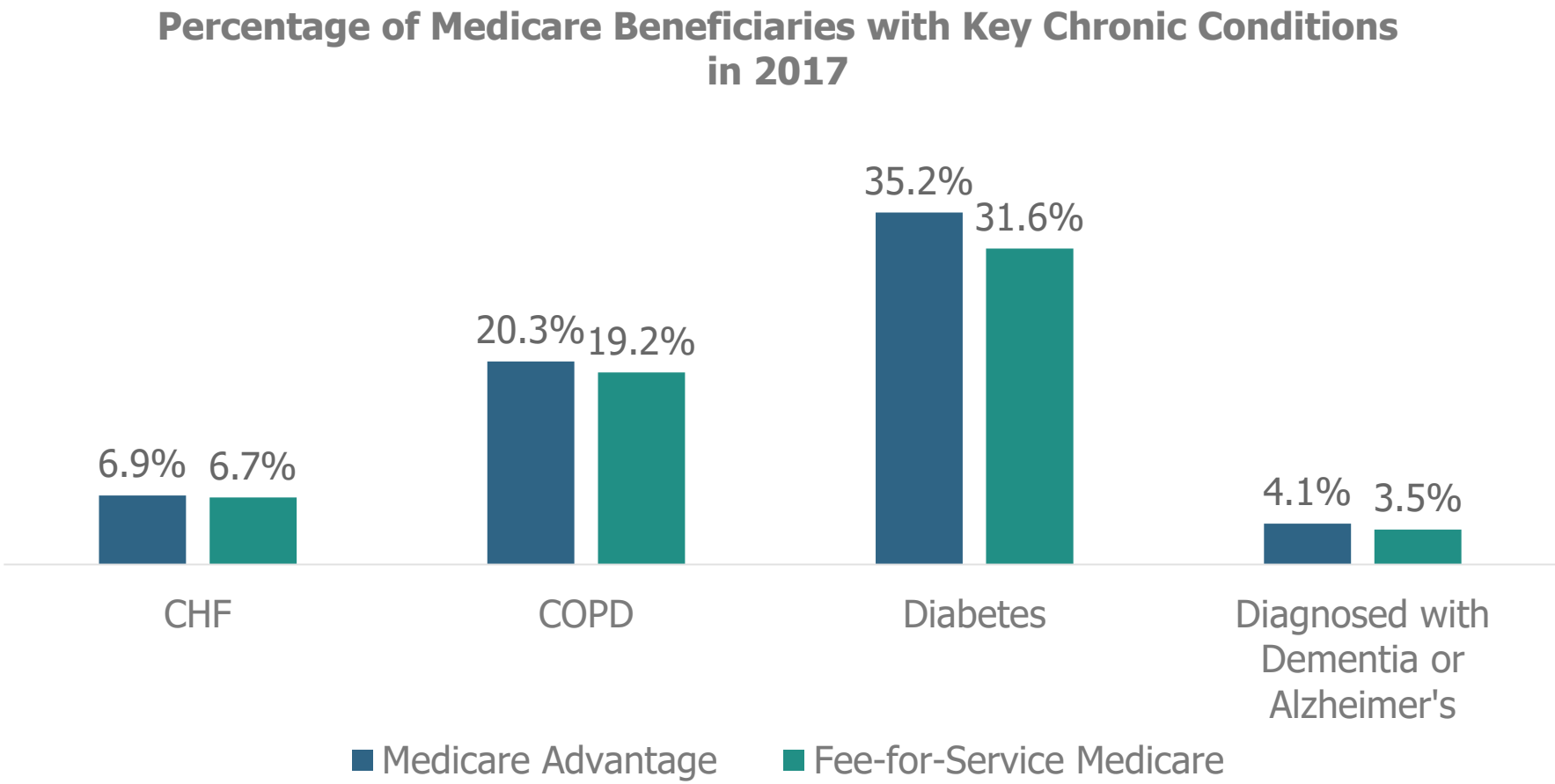
Notes: Data exclude nursing home residents. 200% FPL is $24,523 for those over 65 in a household size of 1.
Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey.

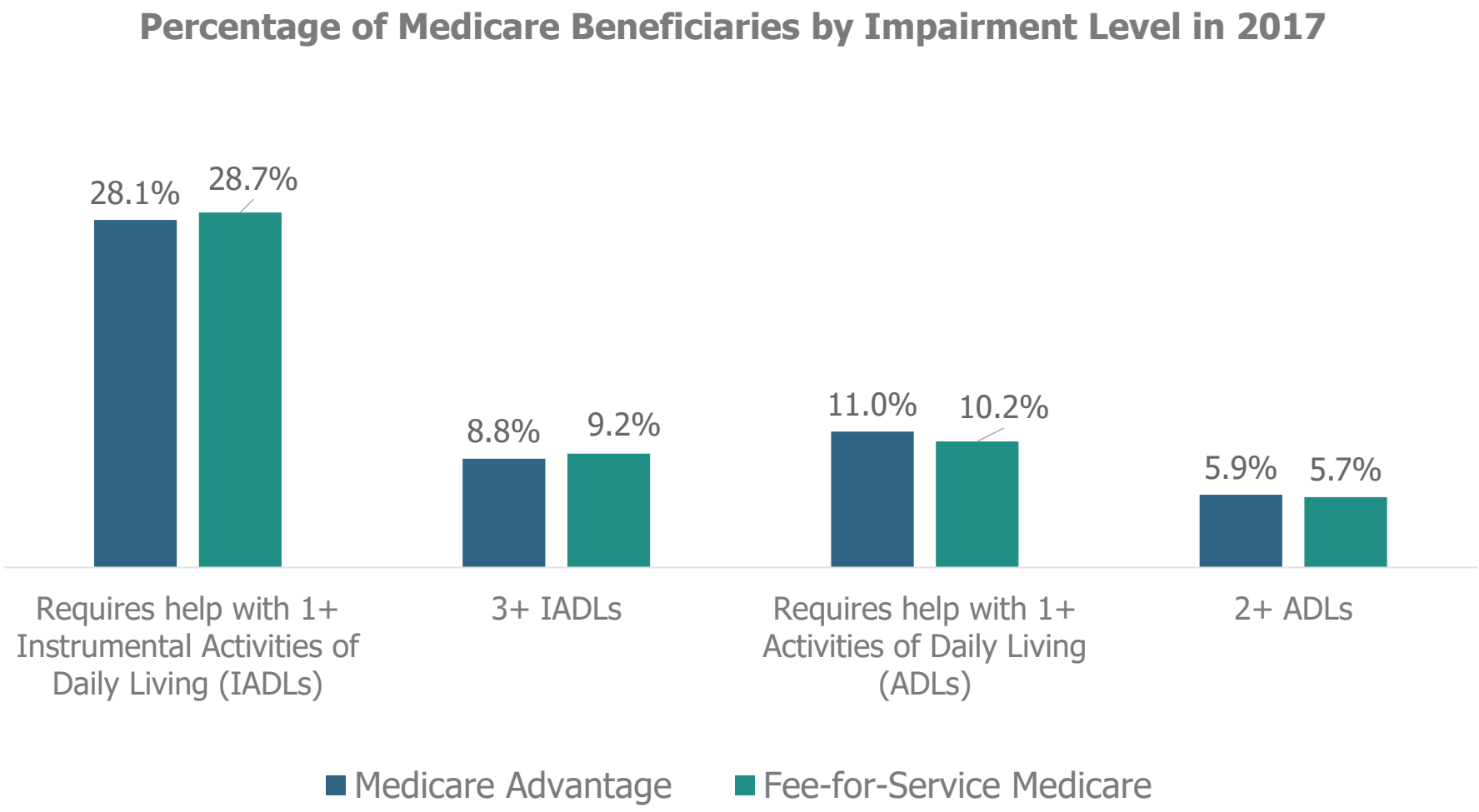
Medicare Advantage Population As Complex as Fee-for-Service Population

The average number of chronic conditions is higher in MA (2.81) than FFS (2.73)



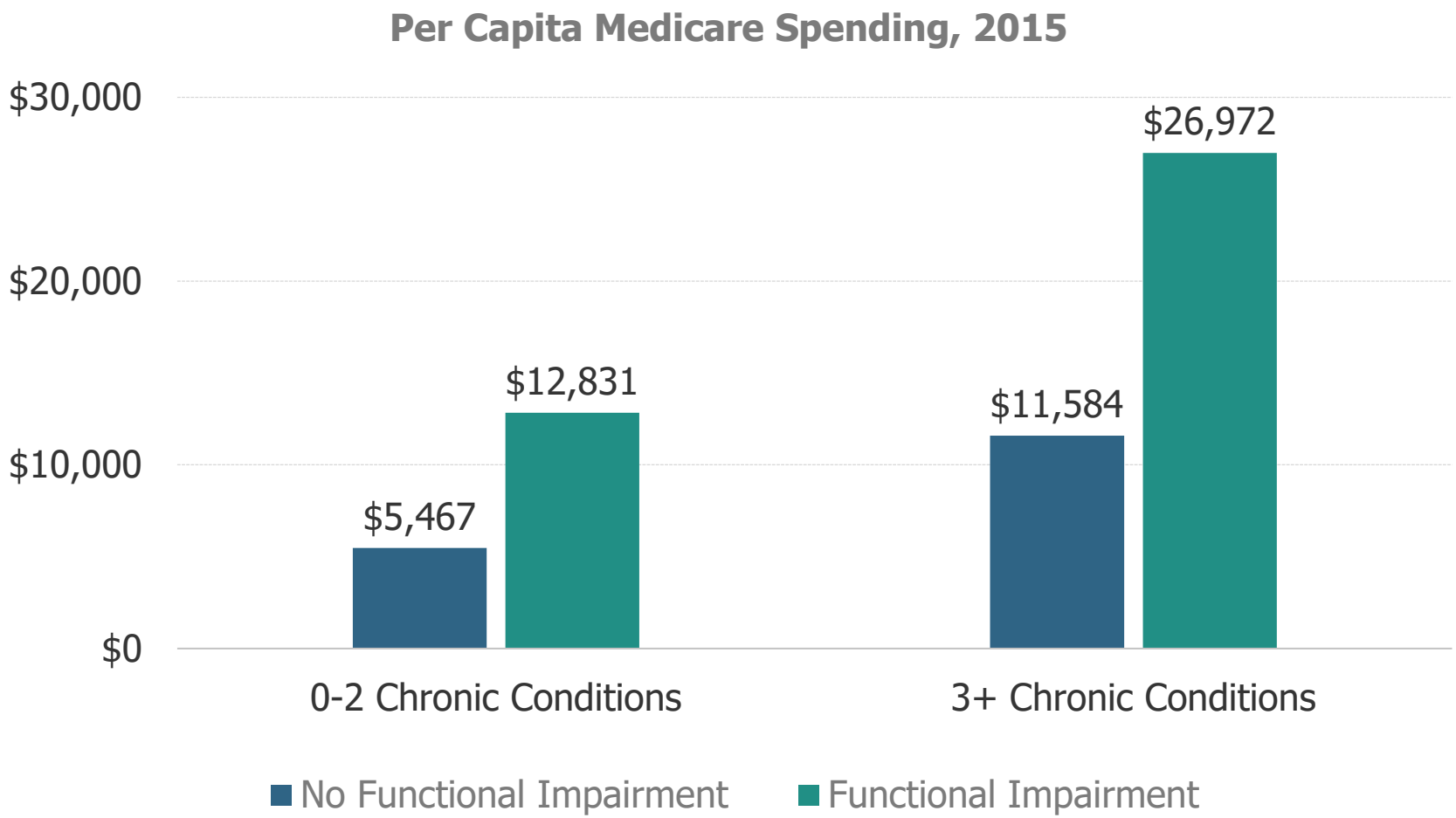
Notes: Data exclude nursing home residents. Beneficiaries may appear in more than one condition category, so percentages do not add up.
Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey.

With Similar Levels of Functional Need



Note: Data exclude nursing home residents. Beneficiaries may appear in more than one condition category, so percentages do not add up.
Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey.

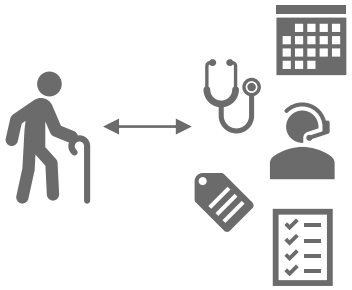
Function Is Strongly Related to High Healthcare Spending



Note: Data are limited to fee-for-service Medicare beneficiaries living in the community
Source: ATI Advisory analysis of 2015 MCBS linked to claims.

Benefit Flexibility Is a Necessary Component of Managing Complex Care Population Going Forward

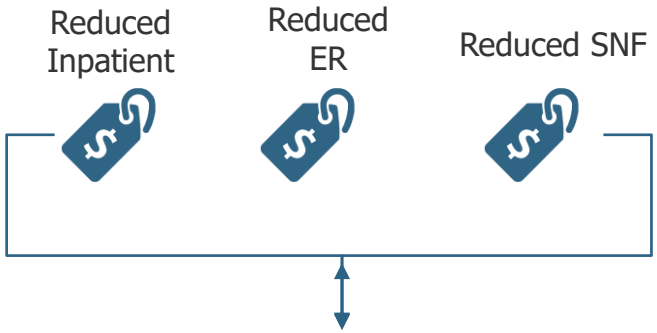
STATUS QUO



CHARACTERISTICS:

- Volume-based care
- High hospitalization and ER rates
- Shorter life span, greater use of nursing home at end of life
- Frustrated residents and families

RE-DEPLOYING HEALTHCARE $



MORE FLEXIBILITY TO FINANCE:

- Integrated primary care
- Care management
- Technology and data
- Non-medical supports and services
- Social determinants of health

TO DELIVER VALUE TO CONSUMERS

POSITIVE QUALITY OUTCOMES:

- Clinical outcomes
- Patient preferences
- Social support outcomes
- Caregiver support
- Longer lives

Source: ATI Advisory.

CMS Recognized This in New Rules for CY 2019

	Old Rules	New Rules
Benefit Uniformity	Plans must offer the same benefits to enrollees of the same plan	Now allowed to target benefits to groups of enrollees who have certain clinical diagnoses
Supplemental Benefits	Supplemental benefit must be primarily health-related, which means, in part, not for the purpose of "daily maintenance"	**Benefits are considered "primarily health-related" under a broader definition of the term**

Source: ATI Advisory.

"Primarily Health Related" Means:

Benefits

- Benefit must:
  - Diagnose, prevent or treat an injury
  - Compensate for physical impairments
  - Act to ameliorate the functional/psychological impacts of injuries or health conditions; OR
  - Reduce avoidable emergency or healthcare utilization
- Must be recommended by a licensed professional as part of a care plan
- NOT health-related: cosmetic, comfort, social determinant purposes

Services

- Examples:
  - Adult Day Care Services
  - Home-Based Palliative Care
  - In-Home Support Services
  - Support for Caregivers of Enrollees

Source: Centers for Medicare & Medicaid Services. 2019 Medicare Advantage and Part D Rate Announcement and Call Letter.

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 medical

➢ **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 care 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 & bathroom safety devices & modifications
- Transportation
- Over-the-counter benefits

Examples of SSBCI benefits that plans could offer beginning in 2020

- Meals beyond limited basis
- Food and produce
- Non-medical transportation
- Pest control
- Indoor air quality improvement and services
- Social needs benefits
- Complementary therapies alongside traditional medical treatments
- Services supporting self-direction
- Structural home modifications
- General supports for living, such as housing

Source: ATI Advisory.

Guiding Principles for New Flexibility

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)

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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. 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

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

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Howard Gleckman*
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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
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Jennifer Kowalski
Vice President, Public Policy Institute, Anthem

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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
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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

** This member joined in her individual capacity*

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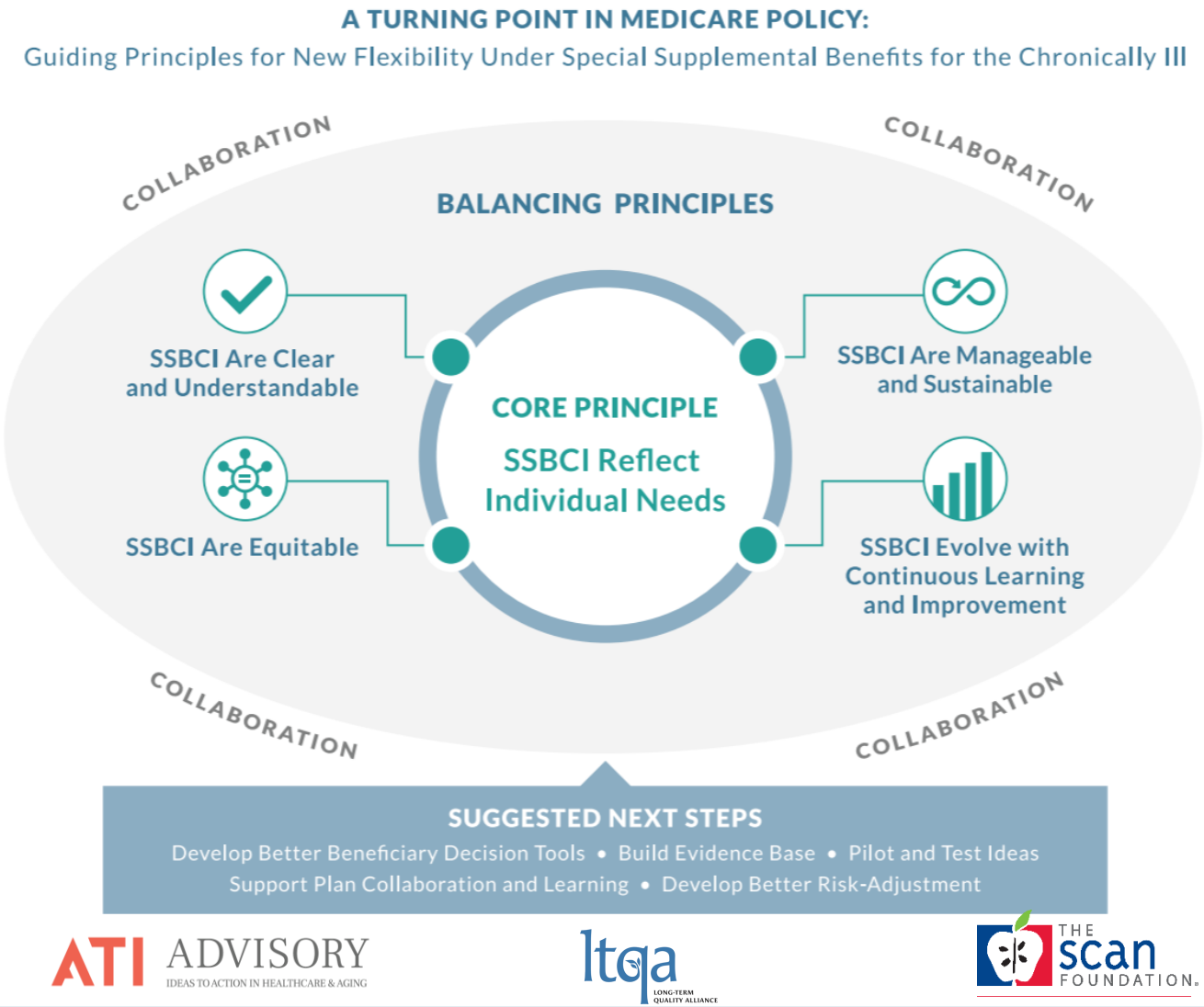
The Guiding Principles



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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.

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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

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Perspectives from the Working Group

1. CY 2020 is a growth year for non-medical primarily health related benefits
   - Much higher offerings of 'primarily health-related' benefits (e.g., post-hospital meals and medical transportation)
   - Growth in expanded benefits (e.g., home care)
2. CY 2020 is a stepping-stone year for SSBCI
   - SSBCI offerings in CY 2020 will be small
   - Plans are thinking about 2021 offerings
3. Need for better beneficiary awareness over offerings
   - Supplemental benefits not a major factor in enrollment decisions in 2020
   - Potential overlap/confusion with Medicaid benefits and Medicare home health
4. Need for policymaker awareness on plan business challenges
   - Need for education to understand what SSBCI can and cannot do

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Needs Going Forward

- Assuring the principles are being realized requires data
  - There is a continued need to build the evidence base
  - Strong interest in more data and analysis on benefit offerings – who is offering what, to whom, where; benefit details
- Plans and providers need a simple means of connecting and communicating with one another
  - Plans are concerned about how to provide these benefits across their full geography
  - Issues around licensing and payment
- Consumers and stakeholders need clear information
  - What these benefits are and what are they not
  - Lack of plan-provider alignment prevents access

Growth in adoption requires new information and connections

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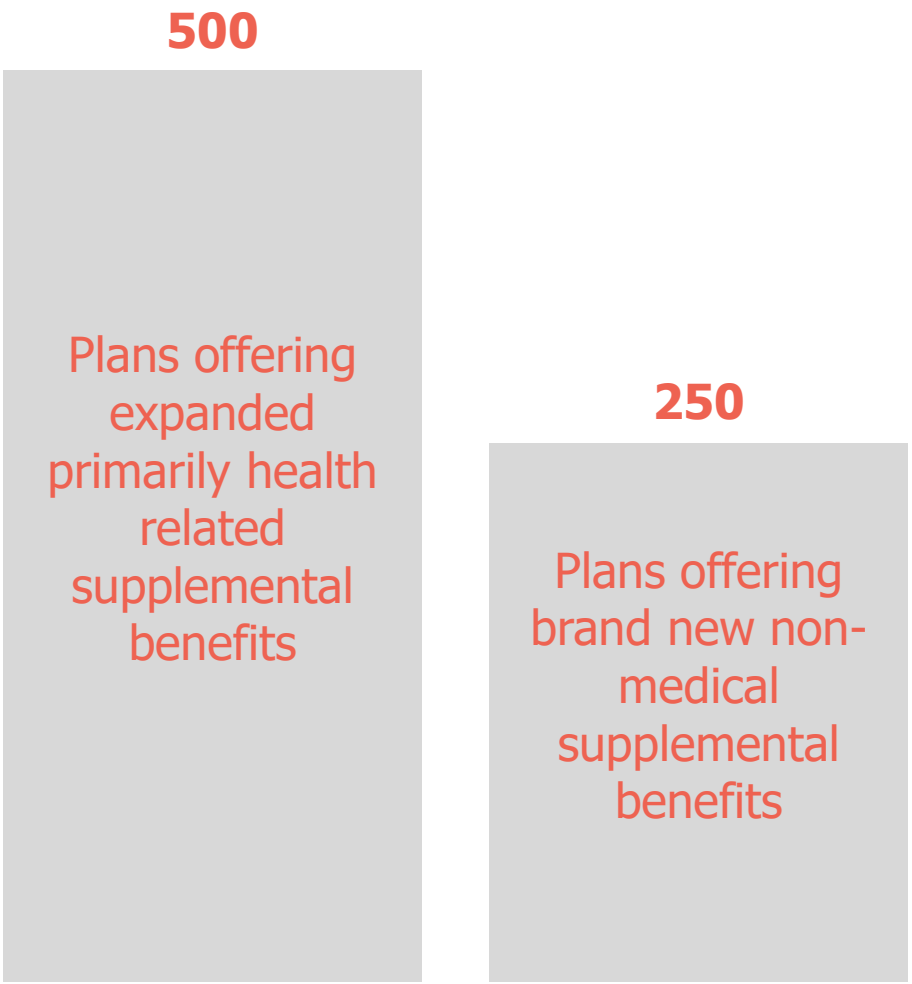
Activity to Date

Plans Offering New Benefits in 2020



Source: CMS press release: https://www.cms.gov/newsroom/press-releases/trump-administration-drives-down-medicare-advantage-and-part-d-premiums-seniors

Plans Offering New Benefits in 2020 Continued

Analysis of publicly-available data from CMS indicates 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

Source: ATI Advisory analysis of PBP files.

Plan Press Releases Provide Limited Details on New Benefits

AmeriGroup in Texas, Personal Home Helper, **"Personal Home Helper: Up to 124 hours of in-home personal care"**

SCAN Health Plan in California, In-Home Care, **"In-home care visits after discharge to help with ADLs"**

Anthem Blue Cross in California, In-Home Support, **"4 four-hour shifts upon discharge from the hospital or SNF"**

Source: ATI Advisory.

In-Home Support Services – Snapshot

What are "In-Home Support Services?"

"…services to assist individuals with disabilities and/or medical conditions in performing ADLs and IADLs within the home. Services must be provided by individuals licensed by the state to provide personal care services, or in a manner that is otherwise consistent with state requirements."[1]

How many plans are offering In-Home Support Services in CY 2020?

223 Plans

Offering In-Home Support Services benefits in CY 2020 (148 plans excluding D-SNPs and MMPs)

Where are these benefits being offered?

30 states and Puerto Rico

Are offering In-Home Support Services in at least one county in CY 2020[2]

How many enrollees are in these plans?

1,126,383 Medicare Beneficiaries

Enrolled in these **223 Plans** in February 2020[3]

Source: ATI Advisory analysis of PBP files. 1. CMS Guidance. 2. Note: Analysis excludes Medicare Prescription Drug Plans and Employer/Union Only Direct Contract PDPs. 3. CMS' Monthly Report by Plan File, February 2020.

In-Home Support Services – Organizations

Which organizations are offering In-Home Support Services?

- ✓ Aetna Medicare
- ✓ AHF
- ✓ Amerigroup
- ✓ Amerigroup Community Care
- ✓ AMH Health
- ✓ Anthem Blue Cross
- ✓ Anthem Blue Cross and Blue Shield
- ✓ Anthem HealthKeepers
- ✓ Blue Cross & Blue Shield of Rhode Island
- ✓ Capital Advantage Insurance Company
- ✓ CarePlus Health Plans, Inc.
- ✓ Easy Choice Health Plan
- ✓ Empire BlueCross BlueShield
- ✓ Health First Health Plans, Inc.
- ✓ HealthSun Health Plans, Inc.
- ✓ Healthy Blue
- ✓ Humana
- ✓ Keystone Health Plan Central, Inc.
- ✓ Liberty Advantage
- ✓ Medicare y Mucho Más
- ✓ PMC Medicare Choice
- ✓ Simply Healthcare Plans, Inc.
- ✓ UnitedHealthcare
- ✓ Vibra Health Plan
- ✓ WellCare

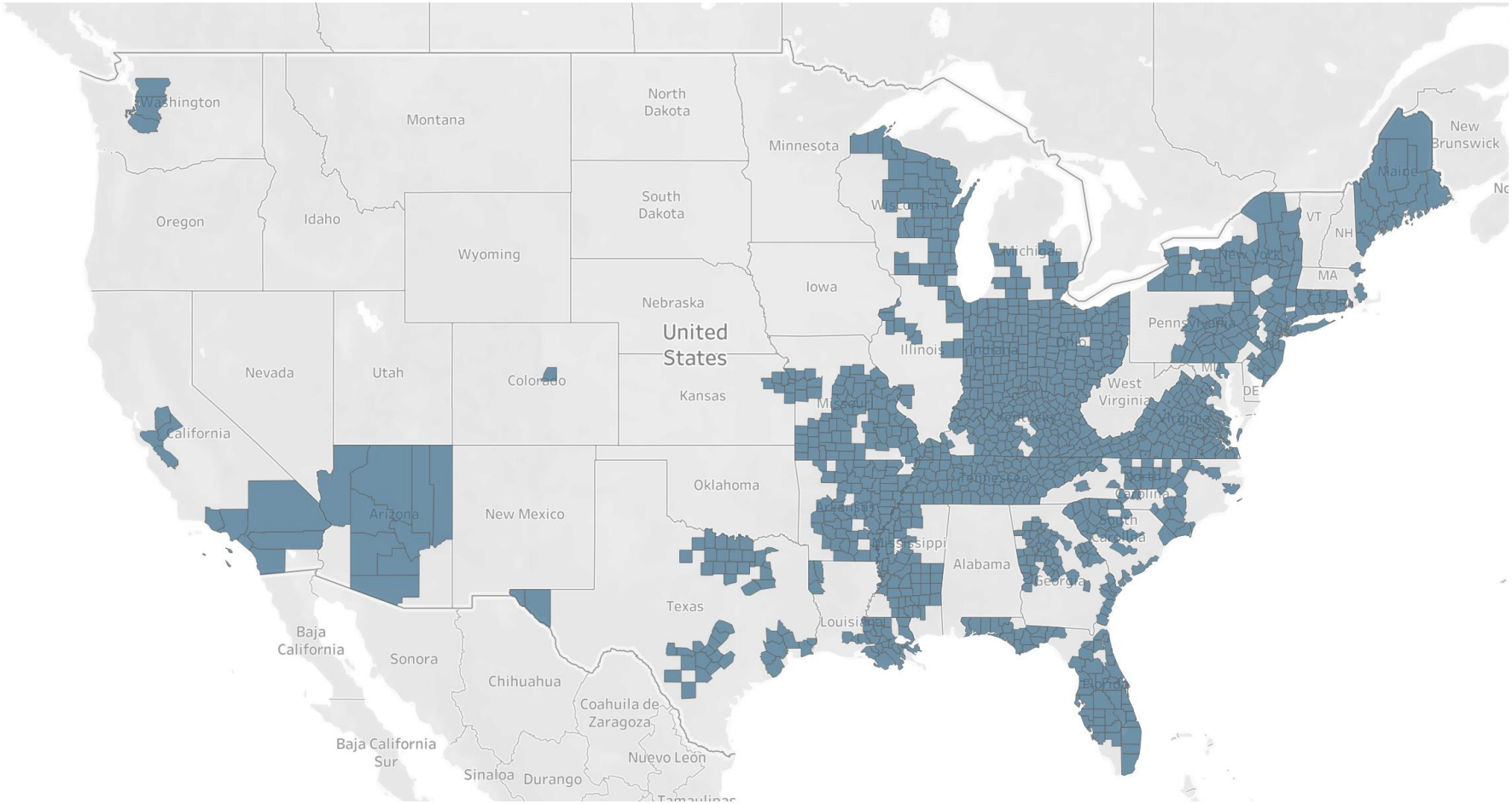
Examples[1] of Benefit Details from Plans Offering In-Home Support Services:

From Anthem:
In-Home Support
Upon discharge from a hospital or nursing facility, receive up to 8 four-hour shifts of assistance in performing activities of daily living (ADLs). Activities include support such as light cleaning or help obtaining groceries outside the home.
(From Anthem MediBlue Value Plus for Los Angeles County, California)

From Humana:
Personal Home Care
$0 copayment for a minimum of 3 hours per day, up to a maximum of 42 hours per year for certain in-home services to assist individuals with disabilities and/or medical conditions in performing activities of daily living (ADLs) within the home by a qualified aide (e.g., assistance with bathing, dressing, toileting, walking, eating, and preparing meals).
(From Humana Gold Plus for Douglas County, Kansas)

Source: ATI Advisory analysis of PBP files. 1. Plan's 2020 'Summary of Benefits' and 'Evidence of Coverage' Documents

Counties Where In-Home Support Services Are Available in 2020



Note: This map does not include Hawaii, Alaska, or other U.S. territories (like Puerto Rico) where plans may be offered.

Source: ATI Advisory analysis of PBP files.

Adult Day Health Services – Snapshot

What are "Adult Day Health Services" or "Adult Day Care Services?"

"Services provided outside the home such as assistance with ADLs/IADLs, education to support performance of ADLs/IADLs, physical maintenance/rehabilitation activities, and social work services…the primary purpose of adult day care services must be health related and provided by staff whose qualifications and/or supervision meet state licensing requirements."[1]

How many plans are offering Adult Day Health Services in CY 2020?

85 Plans

Offering Adult Day Health Services benefits in CY 2020 (63 plans excluding D-SNPs and MMPs)

Where are these benefits being offered?

16 states

Are offering Adult Day Health Services in at least one county in CY 2020[2]

How many enrollees are in these plans?

572,375 Medicare Beneficiaries

Enrolled in these **85 Plans** in February 2020[3]

Source: ATI Advisory analysis of PBP files. 1. CMS Guidance. 2. Note: Analysis excludes Medicare Prescription Drug Plans and Employer/Union Only Direct Contract PDPs. 3. CMS' Monthly Report by Plan File, February 2020.

Adult Day Health Services – Organizations

Which organizations are offering Adult Day Health Services?

- ✓ Amerigroup
- ✓ Amerigroup Community Care
- ✓ AMH Health
- ✓ Anthem Blue Cross
- ✓ Anthem Blue Cross and Blue Shield
- ✓ Anthem HealthKeepers
- ✓ Cigna-HealthSpring
- ✓ Empire BlueCross BlueShield
- ✓ Healthy Blue
- ✓ Partners Health Plan
- ✓ UnitedHealthcare

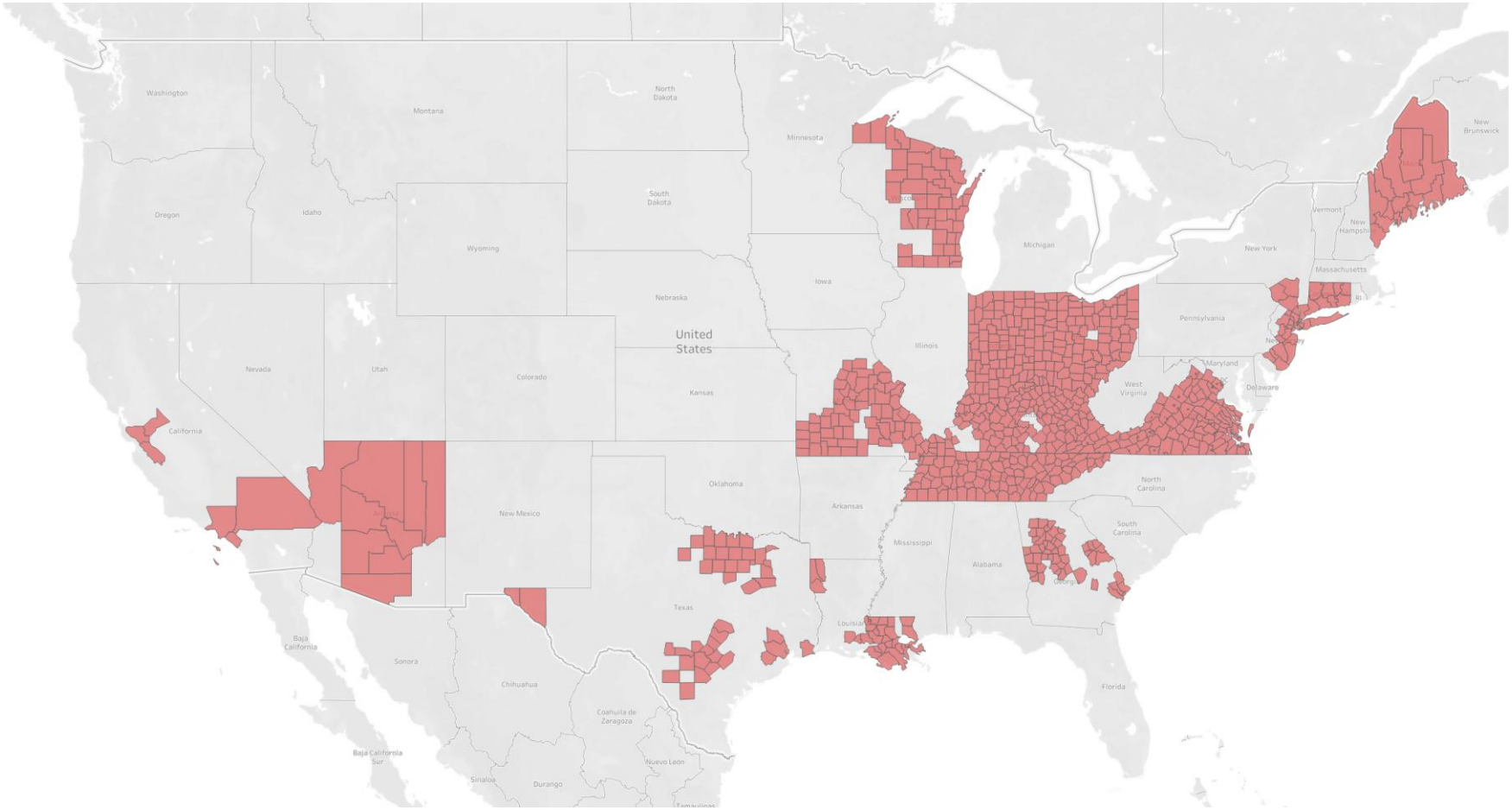
Examples[1] of Benefit Details from Plans Offering Adult Day Health Services:

From Cigna:
Adult Day Health Services
Plan will reimburse adult day care services up to the maximum allowance amount on a quarterly basis. Member will be required to submit a direct member reimbursement form (DMR) and documentation for licensed adult day care services *for a $150 allowance per quarter*.
(From Cigna-HealthSpring Preferred Plus for Burlington County, New Jersey)

From Anthem:
Adult Day Care Services
You could visit a licensed adult daycare center once a week if you need help with 2 or more activities of daily living. You'll experience supervised care, physical and rehabilitation activities, and the chance to socialize.
(From Anthem MediBlue Value Plus for Los Angeles County, California)

Source: ATI Advisory analysis of PBP files. 1. Plan's 2020 'Summary of Benefits' and 'Evidence of Coverage' Documents

Counties Where Adult Day Health Services Are Available in 2020



Note: This map does not include Hawaii, Alaska, or other U.S. territories (like Puerto Rico) where plans may be offered.

Source: ATI Advisory analysis of PBP files.

Other Popular Benefits – Transportation and Limited Duration Meal Benefits

While previously limited, the introduction of SSBCI now allows plans to offer non-health related transportation (e.g., to the bank or grocery shopping) and meal benefits (e.g., beyond post-discharge) to chronically-ill enrollees.

Statistics below reflect available data on primarily health-related transportation and limited duration meal benefits, not SSBCI:

	Transportation	Limited Duration Meal Benefit
Description	For medical services (e.g., doctor's appointment)	Following surgery or a hospital stay or for a chronic condition on a limited (e.g., 2-4 week) basis
Number and Percent of Plans Offering in 2020*	**1,941** (33%)	**2,066** (35%)
Number and Percent of Plans Offering in 2020, excluding D-SNPs and MMPs	**1,452** (28%)	**1,653** (32%)

*Note: Out of a total of 5,823 plans, excluding PACE

Source: ATI Advisory analysis of PBP files.

SSBCI

What Services Can Be Offered as SSBCI?

While not limited, CMS offered the following services as examples of special supplemental benefits for the chronically ill:

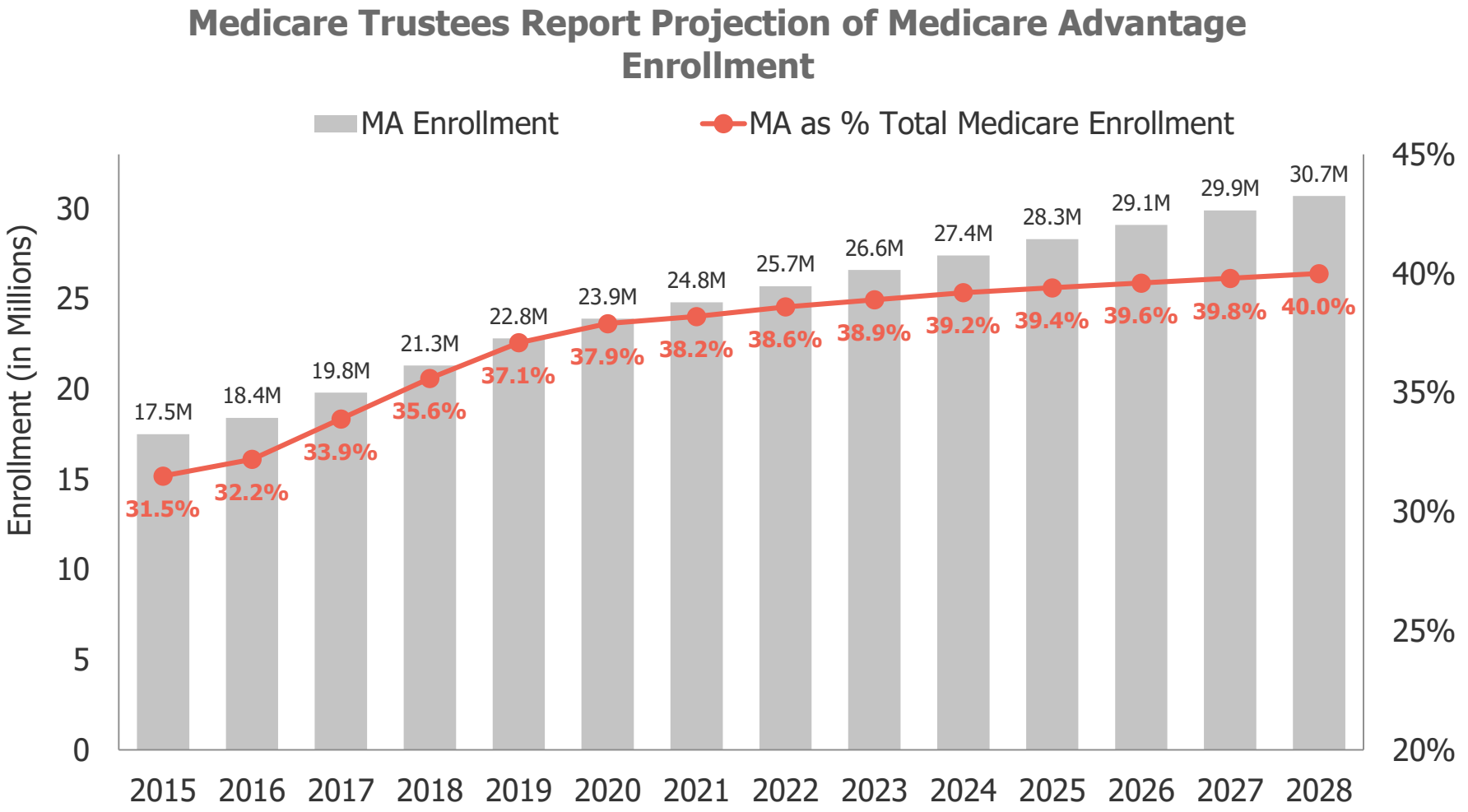
- Meals
- Food and Produce
- Transportation (for non-medical needs)
- Pest Control
- Indoor Air Quality Equipment and Services
- Complementary Therapies
- Services Supporting Self-Direction
- Structural Home Modifications
- General Supports for Living
- Other

We are still awaiting CMS' release of these data.

Source: CMS Guidance.

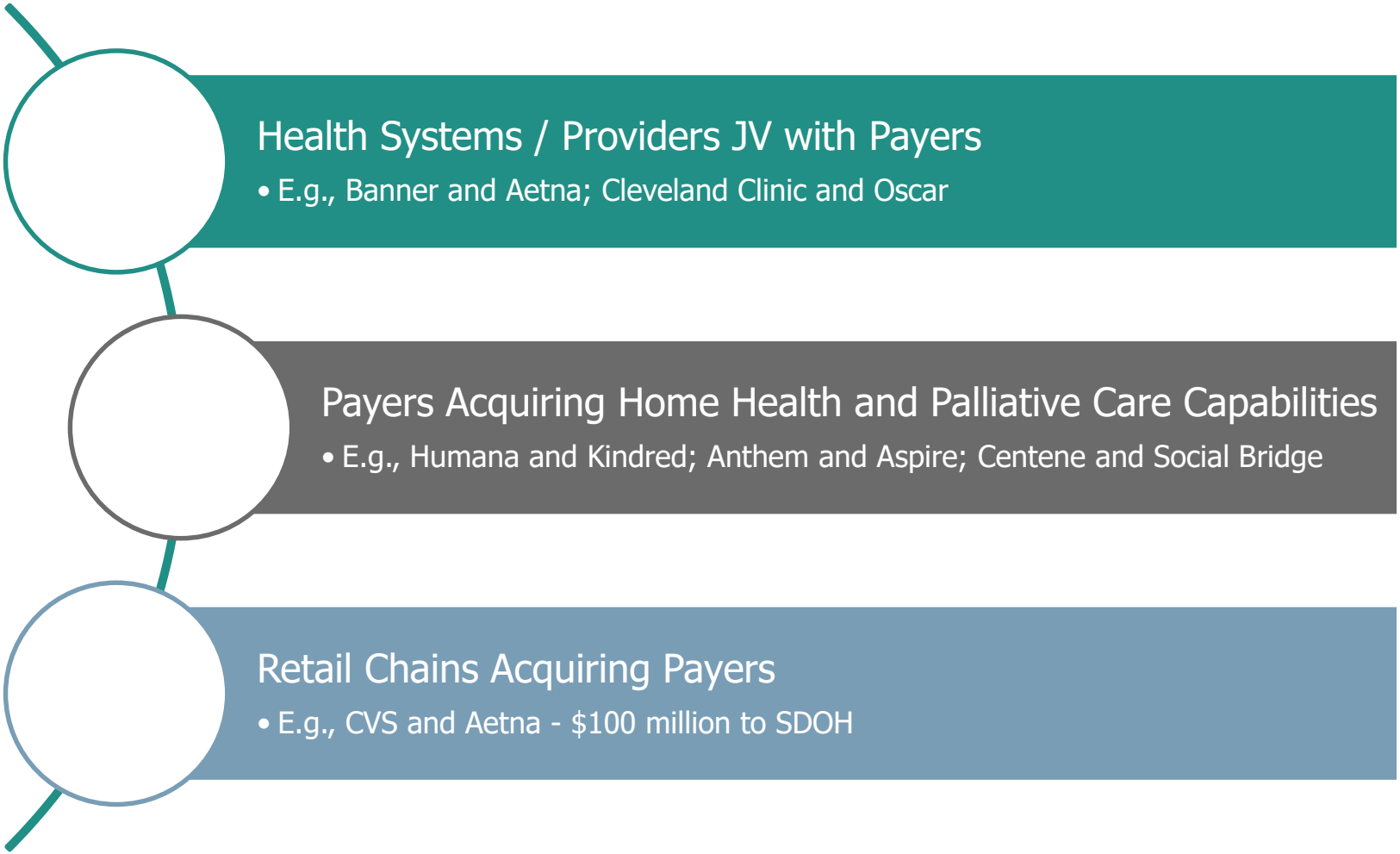
Trends and Challenges

Medicare Advantage Is Growing



Note: 2019 actuals lower than projected by Trustees. Source: 2019 Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds.

Plans Gearing Up with New Capabilities and Partnerships



And Starting To Recognize Value of Non-Medical Services in Managing Healthcare

Traditional Services

Includes rehabilitation or nursing services that beneficiaries receive after, or instead of, a stay in an acute care hospital

- Inpatient services
- Outpatient clinics and physician offices
- Skilled nursing facility
- Home health care

Non-Traditional Services

Settings of care and services that get included in care management efforts and innovations

- Transportation
- MD house calls
- Palliative care
- Post-hospital meals

Source: ATI Advisory.

Non-Medical Supplemental Benefits Play Key Role in Meeting Individual Needs, Managing Healthcare

- **Example 1:** I-SNPs offering transportation benefits
  - 85% of all I-SNPs are offering a transportation benefit
  - Reflects the needs of I-SNP members, who need help with activities of daily living
- **Example 2:** CareMore meal benefit
  - Offer 125 home-delivered meals (3 meals per day for 6 weeks) along with nutritional consultations from a registered dietician at no co-pay
  - CareMore reports:
    - 36% reduction in readmissions
    - 5.9% reduction in average A1c levels
    - 5.8% reduction in average BMI
    - 98% of beneficiaries recommend CareMore given this experience

Source: ATI Advisory.

Plans Are Struggling To Develop and Manage New Provider Networks

Challenges

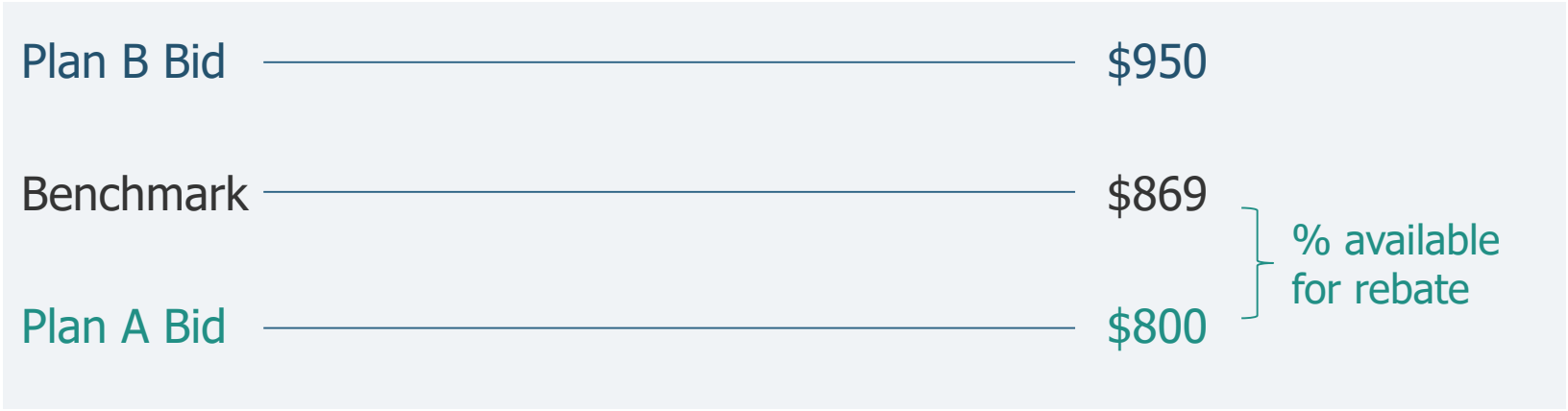
- Limited understanding of the impact of functional impairment on cost and on their enrollees' long-term services and supports needs
- Conservative view of benefit design as supplemental funding is limited
- Limited understanding of how/why nonmedical services and supports are attractive to enrollees and families
- No easy way to communicate with or aggregate provider networks at regional or national level
- Noncompetitive rates
- Disconnect between new offerings and frontline employee education and knowledge

As a Result, Home Care and Other Providers Uncovering Issues

Challenges

- Consumer confusion over what is covered, differences between Medicare-covered "home health" and new "home care"
- First time, for many providers, interacting with public payer sources – lack information/IT systems
- Plan benefit designs are incompatible with home care provider business models
- Wide variability in plan requirements for certification, NPI, credentialing
- No obvious entry points to get "signed up" to provide services

How Can We Increase Dollars To Pay for Non-Medical?



Plan A			Plan B		
Base Rate	=	$800	Base Rate	=	$869
Rebate	=	0.5* $69 = $34.5	Plan Premium	=	$81

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

MORE ENROLLMENT

Considerations and Discussion

Considerations

What do plans need to more easily partner with service providers?

Does supplemental benefit flexibility make provider-led MA plans more attractive?

What are the concerns of providers and how can they be addressed?

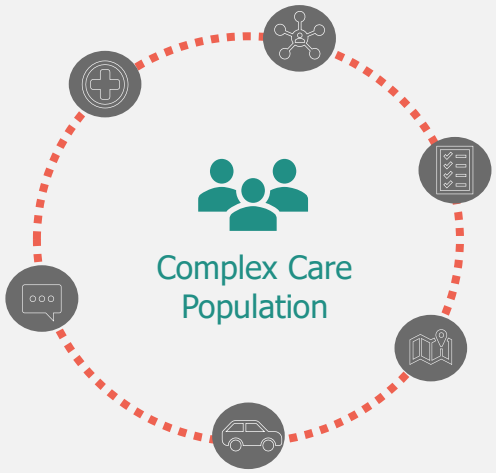
What are the limits/concerns of CMS?

Vision: Health Hubs for Complex Care Populations*

Plan entity holds risk to align financial incentives and maximize control to deliver flexible, individualized care

Hub for Service Delivery and Coordination

Tech Enables Scale and Risk Management
Telehealth, remote patient monitoring, predictive analytics help maximize resources and scale



Focus on Primary Care and Communication
Focus on primary care and virtual team communication to best target resources onsite and in-home

Coordination and Targeting To Maximize Resources
Highly targeted, personalized medical and non-medical interventions even in absence of Medicaid funding

*Older adult population with chronic conditions and need for non-medical supports and services (e.g., risk for functional or cognitive impairment)

Thank you

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