



Providing Non-Medical Supplemental Benefits in Medicare Advantage:

A Roadmap for Plans and Providers

Non-medical supplemental benefits may be new, but they are here to stay. Never before have Medicare Advantage (MA) plans had the flexibility to offer targeted, innovative benefits for services that typically exist far outside the traditional healthcare sphere. Likewise, never before have non-traditional providers had the opportunity to engage in such a meaningful way with MA plans. These benefits represent a significant turning point in Medicare policy, but realizing their potential will take a new level of collaboration among insurers, providers, government, and consumers. This paper provides a roadmap for health plans and providers to take the next big step in delivering non-medical benefits to meet member needs.

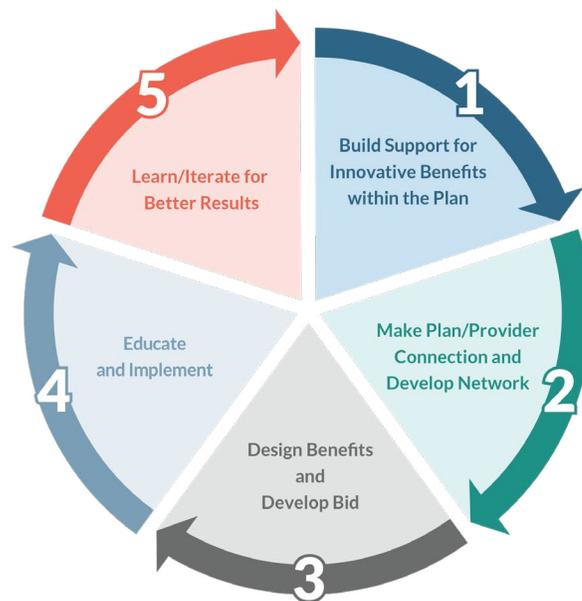


Executive Summary

We interviewed over 20 plans, providers, and advocacy organizations on their experiences with new, non-medical benefits. Our interviews focused on challenges plans and providers have faced, successful approaches they are using, and lessons learned. The qualitative data from these interviews form the basis of the following tool, which provides guidance and valuable insights for each step in a plan’s process – from building internal consensus to implementation and fulfillment. It identifies common challenges and provides tactical options for addressing them. Our hope is that this Roadmap further accelerates adoption of new benefits by clarifying the value of non-medical benefit offerings and answering some of the hard business questions that inevitably arise around change.

Combining early learnings from plans and providers at the forefront of these new benefits, we organized findings and insights into five concrete, actionable activities.

Supplemental Benefit Development



- **Building Internal Support and Consensus.** Considerable energy and resources are required to align internal plan leaders around offering new benefits.
 - ▶ Top Barrier: Organizational culture and competing priorities can inhibit plan take-up of new benefits because of a perception of too much risk and uncertainty.
 - ▶ Solution: Internal champions research the benefits members want, provide as much evidence as possible, and propose pilots.

- **Building the Provider-Plan Relationship.** MA plans must build relationships, execute contracts, and build networks with entirely new provider types.
 - ▶ Top Barrier: Plans often do not have experience with identifying, selecting, and contracting with non-traditional benefit providers that have little to no experience working with MA plans – for example, who have never reviewed a plan contract.
 - ▶ Solution: This is an area where plans have found it especially helpful to work with organizations that specialize in building networks with non-medical organizations, including providers themselves and community-based organizations that have aggregated peers and invested in technology to support networking.

- **Designing, Targeting, and Pricing Benefits.** The parameters of supplemental benefits and cost-sharing must be designed and priced by the benefit teams and actuaries.
 - ▶ Top Barrier: This is especially challenging in the absence of a utilization or spending history, and limited evidence in the literature about cost-effectiveness and expected take-up.
 - ▶ Solution: MA plans moving ahead with these benefits say that the offering requires a leap of faith, to some extent, but that it can be done in small increments and tested.

- **Educating Members and Staff and Implementing Benefits.** Plans must dedicate resources to educating providers, care managers, members, and other stakeholders on the new benefits.
 - ▶ Top Barrier: Members may be unaware of benefits and unsure how to access them.
 - ▶ Solution: MA plans use care managers to identify and outreach to eligible members, and provide multiple clear, simple communications to educate staff, brokers and other enrollment assisters, providers, and individual members on what the benefits are, who qualifies, and how to access them.

- **Learning and Improving Benefits Over Time.** Plans should provide more effective benefits over time as they identify services that are highest value.
 - ▶ Top Barrier: The competitive environment in MA makes information sharing and collective learning difficult.
 - ▶ Solution: Medicare Advantage Organizations (MAOs) should collect both qualitative and quantitative information and assess impact to inform where effective benefits can be expanded to new plans. Neutral and trusted third parties can play an important role in sharing learnings.

The information in this Roadmap is organized into three sections:

- ▶ **Supplemental Benefits in Medicare Advantage: The Big Picture**
Provides context on the growth of supplemental benefits in MA and background on supplemental benefit authorities
- ▶ **The Competitive Landscape for New, Non-Medical Benefits**
Provides a snapshot overview of plans offering new supplemental benefits in Medicare and examples of benefits
- ▶ **The Emerging Roadmap for Plans and Providers**
Provides actionable steps to overcome roadblocks and deliver new benefits to Medicare beneficiaries

For policy recommendations, see the “For Policymakers” section *here*.
Read the full Roadmap *here*.