Supporting Individual Needs in Medicare Advantage: *How Can We Build the Evidence Base?*

February 2, 2024

ATI Advisory

ltqa

THE scan FOUNDATION

AGENDA

Welcome – Mary Kaschak, LTQA

Opening Remarks from The SCAN Foundation – Sarita Mohanty

Remarks from the Center for Medicare & Medicaid Innovation (CMMI) – Purva Rawal

Overview and Introduction of Evaluation Framework – Tyler Cromer, ATI Advisory

Panel Discussion – Moderated by Mary Kaschak, LTQA

- → Purva Rawal, CMMI
- → Narda Ipakchi, The SCAN Foundation
- → Amber Christ, Justice in Aging
- → Jessica Vida, Commonwealth Care Alliance

Audience Q&A

Closing Remarks – Tyler Cromer, ATI Advisory

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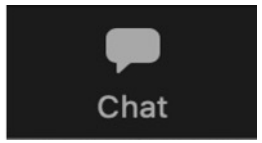
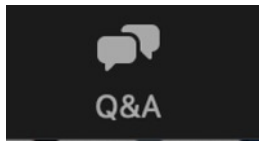


→ The **chat box** to make comments and share resources.



→ The **Q&A** function to ask questions – these will be addressed during the Q&A session at the end of the webinar.

Let's Practice!

Please use the chat box to enter your name, organization, and where you're located.

Speakers

Sarita Mohanty
President and CEO
The SCAN Foundation

Purva Rawal
Chief Strategy Officer
CMMI

Tyler Cromer
Practice Director
ATI Advisory

ATI Advisory Itqa The SCAN Foundation

Opening Remarks from The SCAN Foundation

Sarita Mohanty

Remarks from CMMI

Purva Rawal

Advancing Person-centered Care and Health System Transformation

Purva Rawal, PhD
Chief Strategy Officer
February 2, 2024

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The CMS Innovation Center Statute

"The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures…while preserving or enhancing the quality of care furnished to individuals under such titles"

Three scenarios for success from Statute:

1. **Quality improves; cost neutral**
2. **Quality neutral; cost reduced**
3. **Quality improves; cost reduced (best case)**

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking

Vision: What's to Come Over the Next 10 Years

Five Strategic Objectives

Increase the number of people in a care relationship with accountability for quality and total cost of care.

Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.

Advancing Health Equity

Develop new models and modify existing models to address health equity and social determinants of health

Increase the number of beneficiaries from underserved communities who receive care through value-based payment models by increasing the participation of Medicare and Medicaid providers who serve them

Evaluate models specifically for their impact on health equity and share data and "lessons learned" to inform future work

Strengthen data collection and intersectional analyses for populations defined by demographic factors such as race, ethnicity, language, geography, disability, and sexual orientation/gender identity to identify gaps in care and develop interventions to address them

Five Strategic Objectives

Leverage a range of supports that enable integrated, person-centered care such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.

Pursue strategies to address health care prices, affordability, and reduce unnecessary or duplicative care.

Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states and beneficiaries to improve quality, to achieve equitable outcomes, and to reduce health care costs.

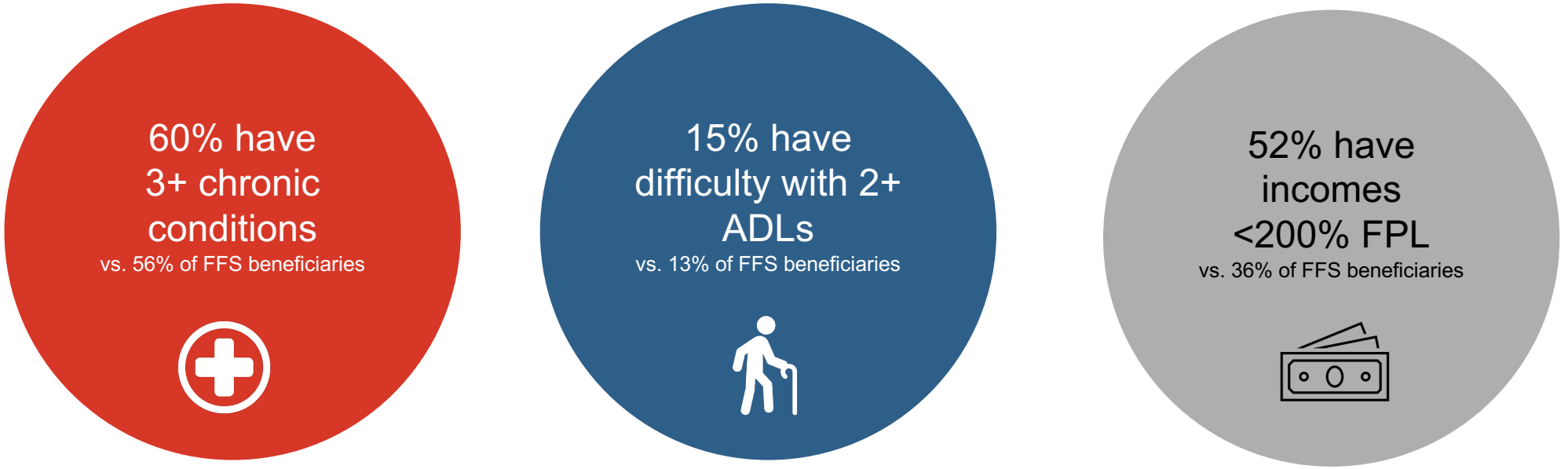
Overview of Nonmedical Supplemental Benefits & Introduction of Evaluation Framework

Tyler Cromer

ATI Advisory

MEDICARE ADVANTAGE ENROLLEES HAVE HIGH LEVELS OF NEED AND LIMITED RESOURCES

→ A higher proportion of Medicare Advantage (MA) enrollees have higher levels of need compared to Fee-for-Service (FFS) beneficiaries.



Source: ATI Analysis of 2020 Medicare Current Beneficiary Survey

SUPPLEMENTAL BENEFIT AUTHORITIES CREATED OPPORTUNITY

- Recognizing the complex needs of Medicare beneficiaries, Congress and CMS expanded **supplemental benefit authorities** to allow MA plans to **support nonmedical and health-related social needs (HRSNs)** of Medicare beneficiaries.
- For the first time, MA plans could offer benefits that:
  - support **HRSNs by providing limited long-term services and supports (LTSS),** and
  - can be **targeted to individual needs**.
- The SCAN Foundation identified this as a critical opportunity to **convene leaders** in the field to **guide implementation** of the law and **successful, long-term adoption** of the benefits to **improve the health of Medicare beneficiaries**.

Plans are using multiple authorities to offer these benefits:

- Expanded definition of "primarily health-related" benefits (EPHRB)
- Special Supplemental Benefits for the Chronically Ill (SSBCI)
- The Value-Based Insurance Design (VBID) demonstration
- Uniformity Flexibility (UF)

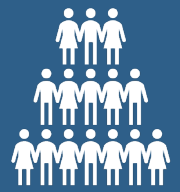
NONMEDICAL BENEFITS ENCOMPASS A BROAD VARIETY OF SUPPORTS

	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:	Number of Plans Offering in 2024:
Special Supplemental Benefits for the Chronically Ill (SSBCI)	Food and Produce	101	347	879	1,231	1,475
	Meals (beyond limited basis)	71	371	445	462	336
	Pest Control	118	208	367	417	346
	Transportation for Non-Medical Needs	88	177	418	612	679
	Indoor Air Quality Equipment and Services	52	140	166	320	236
	Social Needs Benefit	34	203	266	447	300
	Complementary Therapies	1	0	123	226	160
	Services Supporting Self-Direction	20	96	151	232	187
	Structural Home Modifications	44	42	69	57	18
	General Supports for Living	67	150	332	653	996
	"Other" Non-Primarily Health-Related SSBCI	51	200	387	522	557
	TOTAL offering above benefits through SSBCI or VBID authority:	245	815	1,126	1,580	1,732
Expanded Definition of Primarily-Health Related Benefit (EPHRB)	Therapeutic Massage	234	260	306	386	311
	Adult Day Health Services	85	128	174	241	142
	Home-Based Palliative Care	64	156	170	180	205
	In-Home Support Services	283	488	929	1,308	867
	Support for Caregivers of Enrollees	134	105	335	556	530
	TOTAL offering above benefits through EPRHB, SSBCI, or VBID authority:	571	897	1,247	1,664	1,333
	TOTAL offering an EPHRB and/or SSBCI Benefit	**628**	**1,278**	**1,825**	**2,268**	**2,334**
	TOTAL MA Plans	**4,344**	**4,906**	**5,376**	**5,730**	**5,786**

Source: ATI Advisory analysis of CMS PBP files, excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Analyses capture benefits that are filed under specific variables for the benefits above and do not capture benefits filed under "Other" categories, except for SSBCI benefits. A plan is the combination of a contract id, plan id, and segment ID. Number of plans include plans offering the specified benefit through EPHRB authority, SSBCI authority, or the VBID model. Totals rows remove duplicate plans and do not equal the sum of the corresponding column.

THESE BENEFITS HAVE GROWN SIGNIFICANTLY IN SCOPE

Nonmedical supplemental benefits are **offered by 40% of plans**, up from 14% in 2020.



Approximately 10 million beneficiaries are enrolled in plans offering these benefits.

Estimated spending by plans on all Parts A and B supplemental benefits totals ~$18 billion annually, or $50 per member per month.[1]

1. The total of $18 billion in spending was estimated using the MedPAC estimate of $50 per member per month projected to be spent on Parts A and B supplemental benefits in plan year 2023, multiplied by 2023 MA enrollment, times 12 months to produce an annual figure. Nonmedical benefits are a subset of all supplemental benefits. https://www.medpac.gov/wp-content/uploads/2023/03/Ch11_Mar23_MedPAC_Report_To_Congress_SEC.pdf

LIMITATIONS ON DATA INHIBIT UNDERSTANDING OF BENEFITS

Current State

- No publicly available data on benefit use or spending
- Stakeholders widely acknowledge **limitations on data inhibit understanding of benefit access, utilization, equity, and value.**

CMS and Congressional Actions

- **CMS** has created **new reporting requirements** that will require plans to **track and report utilization and costs**:
  - Part C reporting requirements for utilization and cost data for each benefit.[1]
  - MLR reporting on costs of benefits.[2]
  - VBID reporting on utilization of each benefit.[3]
  - *Proposed* mid-year notice to enrollees about unused benefits.[4]
- **CMS released an RFI** on Jan. 25 requesting feedback on all aspects of data related to MA, including **supplemental benefit cost and utilization data.**[5]
- Recently-proposed **legislation** would **require enrollee-level data on supplemental benefit eligibility, utilization, and costs** and **public sharing of data** by CMS.[6]

References: 1. https://www.cms.gov/files/document/cy2024-part-c-reporting-requirements-01092024.pdf; 2. https://www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995/pra-listing-items/cms%253f10476; 3. https://www.cms.gov/files/zip/vbid-cy2024-monitoring-guidelines.zip; 4. https://public-inspection.federalregister.gov/2023-24118.pdf; 5. https://public-inspection.federalregister.gov/2024-01832.pdf 6. https://www.warner.senate.gov/public/_cache/files/c/0/c09745d2-a3db-430e-88b2-841d71878807/B6ED67DDD66B3FB76A291911FF08AC7C.kel23a09.pdf

FURTHER ACTION IS NEEDED FOR COMPREHENSIVE UNDERSTANDING OF BENEFITS

Current Efforts

CMS and Congressional efforts to collect data will enable better research and **understanding of utilization and cost** of these benefits if/when data is made public. However, collecting and sharing this information **will take time**, and it **will not provide insight into comprehensive beneficiary, plan, and policymaker perspectives** on the value of these benefits.

The Risk

In the absence of data, policymakers may take action to scale back these benefit flexibilities or funding without having critical information to understand their reach, impact, and value. Alternatively, they may assume they have taken the action necessary to support HRSN in Medicare.

The Opportunity

The Evaluation Framework charts a path to providing **timely insights on the value** of these benefits to beneficiaries, plans, and policymakers.

KEY ACTIONS

CMS

- Learn from existing data collection efforts to improve utilization reporting.
- Advance the development of data standards to enable future individual level reporting.
- Make data available to researchers and the public for evaluation and assessment.
- Long-term, move toward individual level reporting of eligibility and utilization of benefits.

MA Plans

- Invest in data infrastructure and vendor management capacity.
- Collect, evaluate, and publish data and findings on supplemental benefit eligibility, uptake, utilization, and other healthcare utilization and spending, and member experience.
- Advance internal capacity to:
  - link benefit utilization data to retention data;
  - stratify eligibility, referral, and utilization data by demographic variables; and
  - link benefit utilization data with Health Risk Assessment (HRA) data.

Researchers, other third-party entities, and/or CMS

- Conduct research to better understand beneficiary awareness, experience, and perspective on the value of benefits.
- Convene states, plans, providers, beneficiaries, and other stakeholders in learning collaboratives to advance meaningful and coordinated benefits.
- Conduct research on the effectiveness of interventions.
- Analyze the demographics of individuals enrolled in plans offering certain benefits.
- Long-term, conduct and publish research assessing beneficiary supplemental benefit utilization, medical utilization, and clinical and functional data/effects.

- Stakeholders will understand who is accessing benefits, and if benefits are meaningful, valuable, and accessed in an equitable manner.
- CMS, Congress, and MA Plans will have critical information to provide Medicare beneficiaries benefits that meaningfully support their health and HRSNs.
- Ultimately, the Medicare program will be able to advance better health and well-being for beneficiaries.

An Evaluation Framework for Assessing Nonmedical Supplemental Benefits in Medicare Advantage provides a vision and practical framework to achieve this impact.

PANEL DISCUSSION

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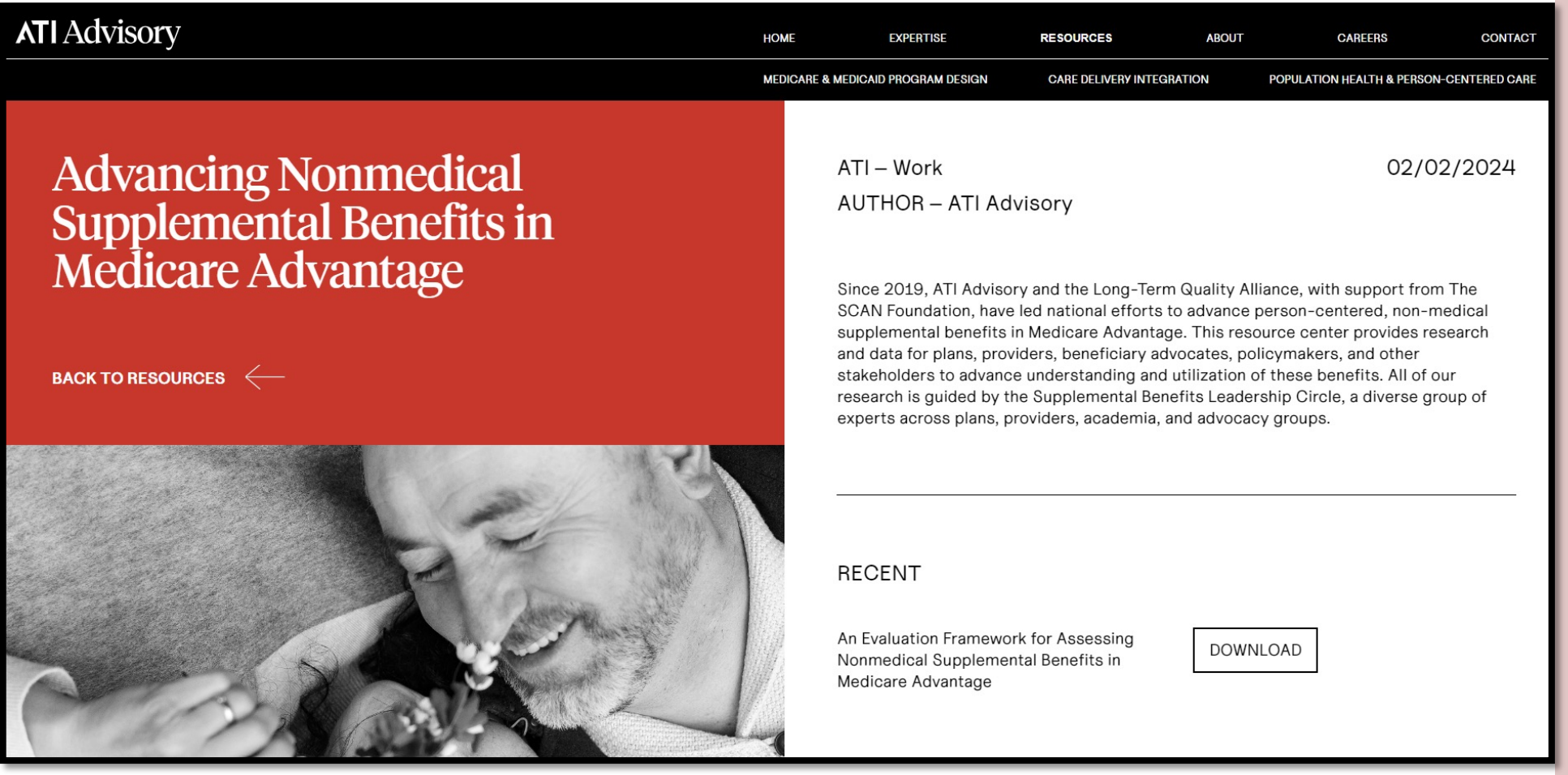
Question & Answer

VISIT OUR MEDICARE ADVANTAGE SUPPLEMENTAL BENEFITS LANDING PAGE FOR MORE



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/

- This work is supported by The SCAN Foundation.
- The SCAN Foundation is an independent public charity devoted to transforming care so that every older adult has the choices and opportunity to age well with purpose. For more information, visit www.TheSCANFoundation.org