

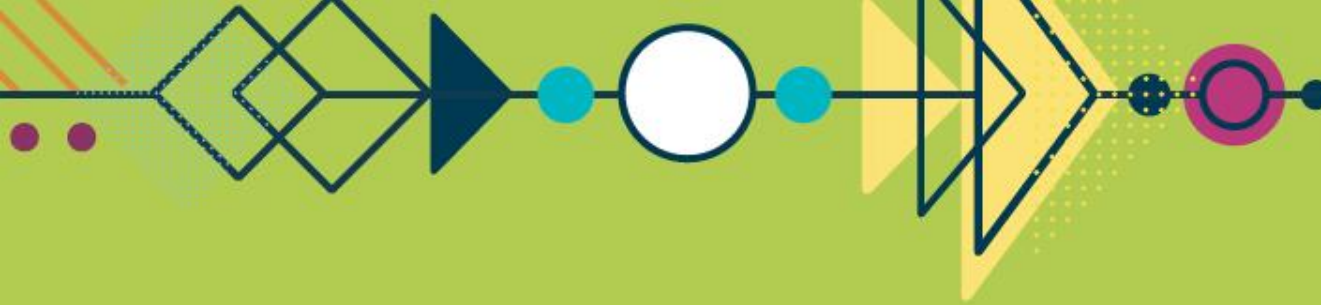


MEALS ON WHEELS

ANNUAL CONFERENCE AND EXPO

AUGUST 27-29, 2019

DALLAS, TX



NEW OPPORTUNITIES FOR MEDICARE ADVANTAGE

SPEAKERS:

1. James Michel, Better Medicare Alliance
2. Leila Nowroozi, CVS Health/Aetna
3. Anita Frankhauser, Neighborly Care Network

MEDICARE ADVANTAGE POLICY LANDSCAPE



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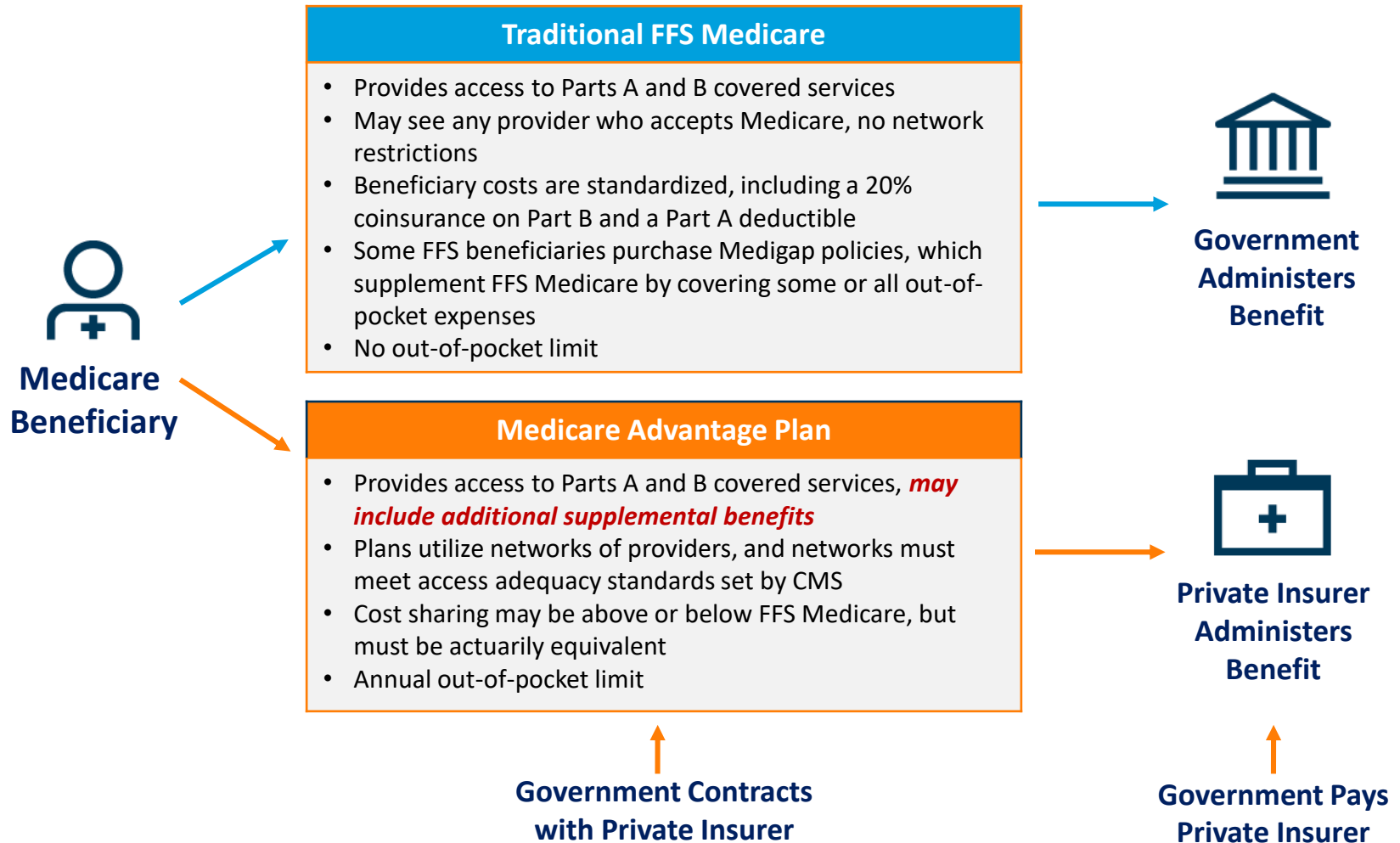


BETTER MEDICARE ALLIANCE

Better Medicare Alliance is the leading coalition advocating for Medicare Advantage. We are a community of 135 ally organizations and ~400,000 beneficiaries representing a wide range of stakeholders, including health plans, providers, advocates, aging services organizations, researchers and beneficiaries. Together we work to protect Medicare Advantage and create a healthy future.

Overview of Medicare Advantage

Medicare Advantage is the managed care alternative to fee-for-service (FFS) Medicare.



What Are Supplemental Benefits

Supplemental benefits are items and services that are not covered by Original Medicare but may be offered by MA plans. They must meet **3 specific criteria**.

Supplemental benefits are defined as those that are:

Not covered by
Original
Medicare

Primarily
health-related

Plan must
incur non-zero
direct medical
cost

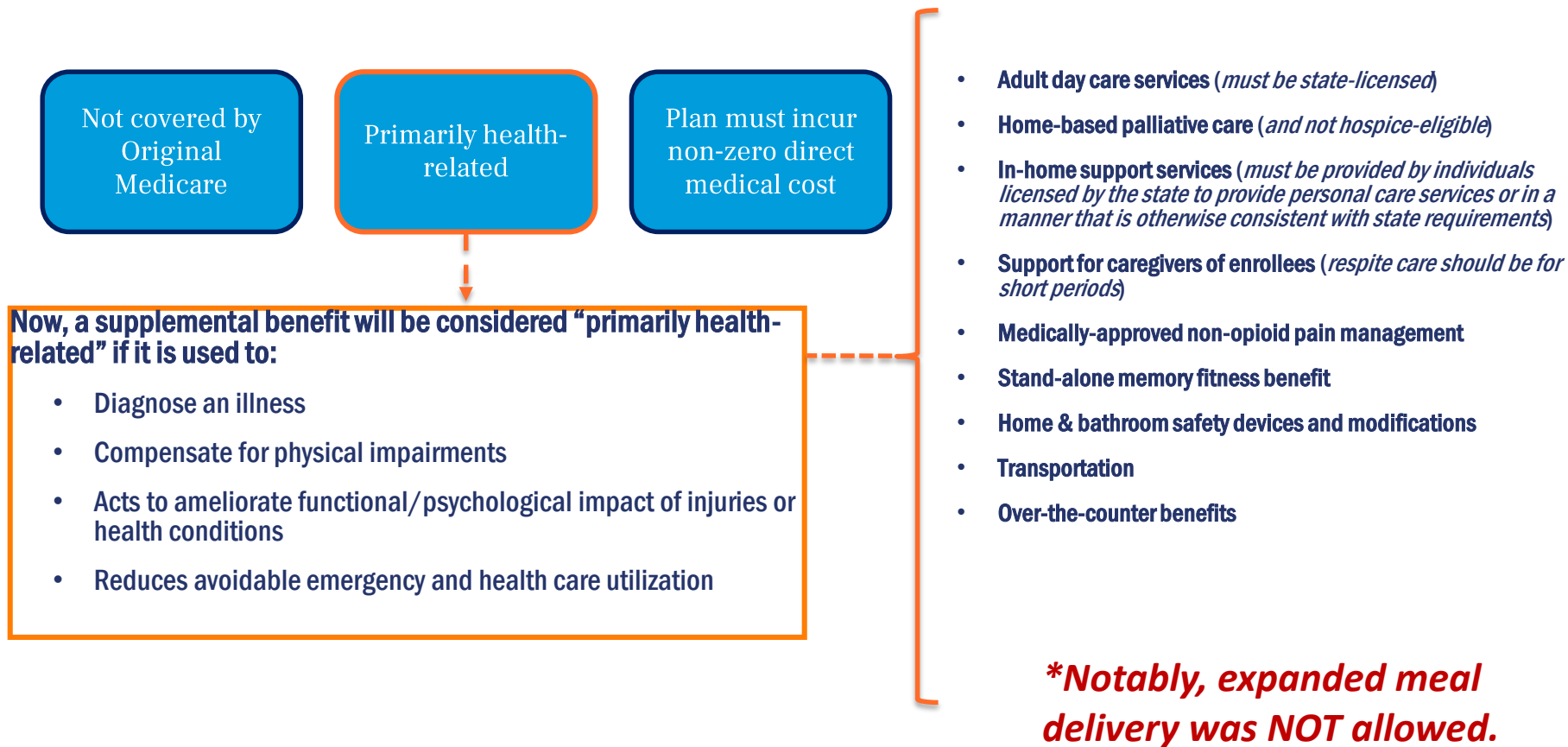
- Common supplemental benefits include:

- Dental coverage
- Hearing coverage
- Vision services
- Social work lines
- Wellness programs
- Fitness benefits

Policy Changes to Supplemental Benefits

There have been two significant changes to supplemental benefit policy recently.

The first was in 2019 and was done through a **change in CMS' interpretation of the law.**



Policy Changes to Supplemental Benefits

The second change was made through new legislation and subsequent CMS guidance.

The Bipartisan Budget Act of 2018

- Expanded the types of supplemental benefits that may be offered to **chronically ill enrollees**
- New benefits are called Special Supplemental Benefits for the Chronically Ill (SSBCI)
- SSBCI may **not be primarily health-related** and may be offered **non-uniformly** to eligible enrollees
- Chronically ill defined as:
 - Has one or more comorbid and medically complex chronic conditions that is life-threatening or significantly limits overall health or function
 - Has a high risk of hospitalization or other adverse outcomes
 - Requires intensive care coordination

CMS Memo – April 24, 2019

- Clarified that CMS will consider any enrollee with a condition listed in Chapter 16b of the Medicare Managed Care Manual as eligible for SSBCI
- Explained that plans have broad discretion in developing new benefits they believe have a **reasonable expectation** of improving or maintaining health or function
- CMS will approve or deny proposed new items and services and will provide supporting evidence in the case of denial
- Benefits can be in the form of reduced cost sharing or new items/services
- Plans may require the use of specific high-value providers in order to obtain the benefit

Policy Changes to Supplemental Benefits

CMS provided **specific examples** of allowable new benefits.

CMS Memo – April 24, 2019

- 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

Some Key Considerations

- No new funding has been provided to plans; they must use the same funds they use today to provide extra benefits
- There is a lot of interest among plans in offering new benefits, but overall uptake in the first 1-2 years is likely to be limited
- New benefits are likely to be hyper-local, reflective of the needs of individual communities, the availability of community-based resources and partners, and the ability of plans on those communities to offer them
- Other uncertainties may impact ability to scale up new benefits in Medicare Advantage, including the health insurance tax and proposals to reform Part D
- It is unknown how much impact these new benefits will have on beneficiary enrollment decisions

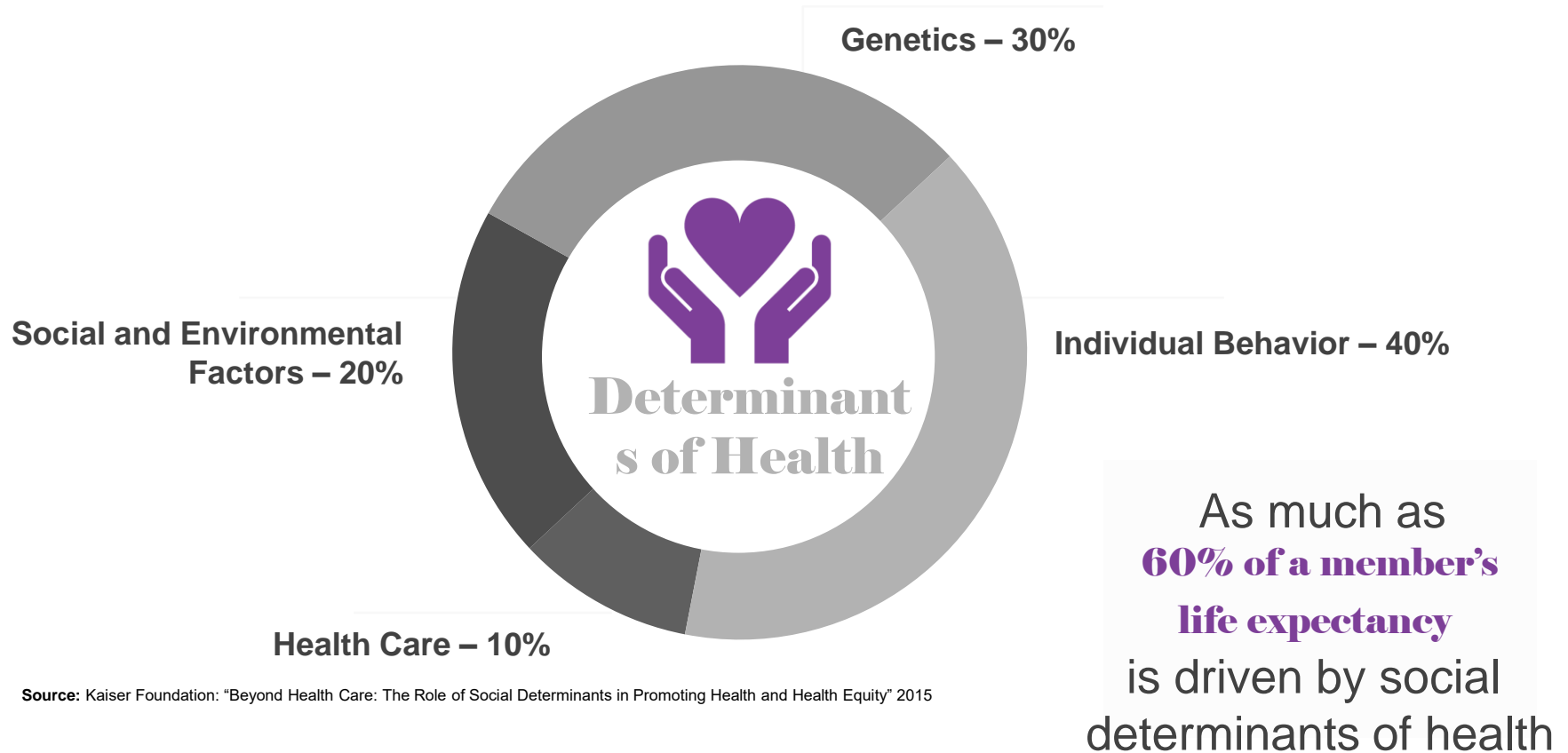
**For more information:
visit bettermedicarealliance.org**

New Opportunities for Medicare Advantage



Leila Nowroozi
CVS Health/Aetna
Business Strategy and Consumer Experience

Zip Codes Are More Important Than Genetic Codes



Expanding Benefit Flexibility Provides MA Plans New Opportunities to Improve Member Care

Standard Supplemental Benefits

- Must be health related and used to:
 - Diagnose, prevent, or treat an illness or injury;
 - Compensate for physical impairments;
 - Act to ameliorate the functional/psychological impact of injuries or health conditions; or
 - Diminish the impact of injuries or health conditions / reduce avoidable emergency and health care utilization

Targeted Health Related Supplemental Benefits

- May offer tailored supplemental benefits based on health status or disease state
 - Reduce cost sharing or deductibles
 - Offer specific standard supplemental benefits
- There must be a “nexus” between the benefit and the member’s health disease or status

Special Supplemental Benefits for Chronically Ill

- Effective for 2020 Plan Year
- For chronically ill members, may offer
 - Non primarily health related supplemental benefits
 - Personalized benefits
- Benefits must have a reasonable expectation of helping the member manage their chronic condition

Opportunities for Chronic Illness Prevention and Management

New rules allow MA plans to offer patients a wider array of covered services

EXAMPLES OF OTHER SUPPLEMENTAL BENEFITS



**Social
Worker Line**



**Personal
Home Care**



**Support for
Caregivers**



**Remote
Access
Technologies**



**Fitness
Benefit**



**Nutritional
Benefit**

- For 2019, CMS began allowing benefits targeted to illnesses and demographics.
- Beginning CY 2020, MA plans may offer supplemental benefits for chronically ill enrollees that are not primarily health related, including non-medical transportation, home-delivered meals, and food and produce.
- Supplemental benefits must have a reasonable expectation of improving health or overall function, which could expand flexibility for nutrition-based benefits.

CMS: Centers for Medicare and Medicaid Services; MA: Medicare Advantage

Sources: CMS. Medicare Advantage and Part D Final Rule; Avalere Health analysis using PlanScape®, a proprietary database of plan formularies and benefit designs and 2019 MA and PDP data released by CMS on September 28, 2018; HHS. Reinterpretation of "Primarily Health Related" for Supplemental Benefits. 2018. <https://www.nahc.org/wp-content/uploads/2018/05/HPMS-Memo-Uniformity-Requirements-4-27-18.pdf>

MA Plans Use More Than Supplemental Benefits to Address Social Determinants of Health

Value-Added Items and Services (VAIS)

- Non-Medicare covered services or items, typically discounts, offered by a VAIS provider to the enrollees of an MA plan
- Members choosing to obtain VAIS items or services are responsible for all costs as these are not filed benefits
- May include discounted services to address members' SDOH needs

Care Management

- The collaborative process of assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet an individual's and family's comprehensive health needs
- Care managers can identify social or environmental factors needing attention in order to better manage members' health

Plan Offered Resources

- Resources offered to members such as access to search engines and referral services
- Can help connect members to free or reduced cost community programs to help address their social needs

Where We Go From Here

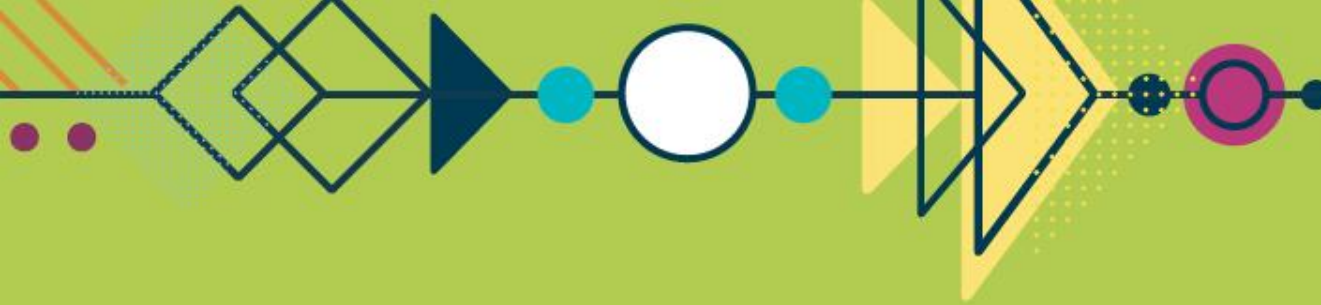


Bring Care Home



Get Personal

- **Members need more than their health care needs addressed – they need to feel safe in their homes, access to community, and a sense of purpose**
- **Seniors should be able to age and thrive in their homes and communities**
- **Broader discretion to provide expanded benefits comes with difficult choices on the how to provide the best value for our members**



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MEALS ON WHEELS AND HEALTHCARE



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Provider Experience and Takeaways

What works

1. Common program like ServTracker to share member data
2. Regular planning meetings and check-ins

Issues

1. Field staff communication and buy-in

Lesson learned

1. Need to have complete understanding of program
2. Need plan and platform for direct/secure communication with health plan and MOW provider

Don't forget to evaluate today's session in the Conference App!

