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Fulfilling the Promise of the *CHRONIC Care Act*: Top 3 Recommendations for Congress to Advance New Supplemental Benefits in Medicare Advantage

In the *Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act*, Congress took a significant step to advance whole-person care to improve the health status and quality of life of Americans with complex needs receiving Medicare. Through the creation of Special Supplemental Benefits for the Chronically Ill (SSBCI), effective in 2020, Congress provided Medicare Advantage (MA) plans with a new platform and unprecedented flexibility to address beneficiaries' individualized needs, including those that are not strictly medical.

Based on several years of [research](#) tracking the initial implementation and progress of these new supplemental benefits, ATI Advisory and Long-Term Quality Alliance have developed three policy recommendations for Congress to consider to advance new supplemental benefits in MA.

	Recommendations	Policy Questions
1	 <p>Modify eligibility criteria for SSBCI to maximize the potential value of the services in a person-centered way</p>	<ul style="list-style-type: none"> Who should be the target population for these benefits? Do the eligibility criteria limit the impact of these benefits?
2	 <p>Implement requirements and incentives for plans to report on utilization of SSBCI</p>	<ul style="list-style-type: none"> Do beneficiaries access SSBCI? Are benefits being offered and delivered to beneficiaries consistently and equitably?
3	 <p>Mandate and provide funding for a meaningful and realistic evaluation of non-medical benefits using a phased approach</p>	<ul style="list-style-type: none"> Are SSBCI meeting their intended goals? How can this be meaningfully and realistically evaluated in the near-term?

For more details on these policy recommendations and relevant considerations, please read the full policy report in the “For Policymakers” section [here](#).

The Promise of Special Supplemental Benefits for the Chronically Ill (SSBCI)

THE VISION FOR SSBCI

The *CHRONIC Care Act*, passed as part of the *Bipartisan Budget Act of 2018*, was a collaborative, bipartisan piece of legislation to address the growing number of Medicare beneficiaries with chronic conditions, the associated increase in spending, and challenges with care coordination for this population. Within the Act, Congress defined the newly created supplemental benefits as those “that, with respect to a chronically ill enrollee, have a **reasonable expectation of improving or maintaining the health or overall function** of the chronically ill enrollee and may not be limited to being primarily health-related benefits”.

GROWTH OF SSBCI SINCE ENACTMENT

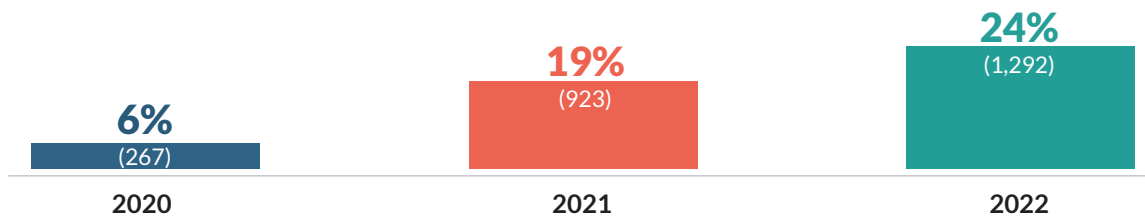
First available in Plan Year (PY) 2020, the proportion of MA plans offering SSBCI has grown from 6% to 24% in 2022. Examples of SSBCI include Food and Produce, Extended Meals, Pest Control, Transportation for Non-Medical Needs, Indoor Air Quality Equipment, etc.

With respect to SSBCI, a chronically ill Medicare beneficiary was defined as someone who:

1. Has one or more comorbid and medically complex chronic conditions that are life threatening or significantly limit overall health or function;
2. Has a high risk of hospitalization or other adverse health outcomes; and
3. Requires intensive care coordination.

Source: *Bipartisan Budget Act of 2018*

Growth in SSBCI Over Time, PY 2020-2022
Percentage of Plans Offering SSBCI (Number of Plans)



Source: ATI Advisory analysis of CMS' 2022 Plan Benefit Package (PBP) file, excludes Employer Group Health Plans, Prescription Drug Plans, Medicare-Medicaid Plans, Part B-only Plans, and PACE.

CONGRESSIONAL MANDATE FOR AN EVALUATION OF SSBCI

Congress also charged the U.S. Government Accountability Office (GAO) with producing an evaluation of SSBCI within five years of enactment, including:

1. The type of supplemental benefits provided, total number of enrollees receiving each benefit, and any additional financial costs for beneficiaries;
2. The frequency in which supplemental benefits are utilized by such enrollees; and
3. The impact of benefits on indicators of quality of care; utilization of items and services covered under Parts A and B of the original Medicare program, and the amount of MA bids submitted.

However, as of 2022, the third year since plans could start offering SSBCI, data are not publicly available for evaluating each of these elements.



Three years into implementation of the *CHRONIC Care Act*, now is the time to chart a path forward for maximizing the reach of these benefits and collecting the data needed to highlight their impacts on the MA beneficiaries that need them the most.

ACKNOWLEDGMENT

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