

The Plan to Understand the Value of Nonmedical Benefits in Medicare Advantage

While Medicare Advantage (MA) plans have been able to offer supplemental, or extra, benefits to their members since the program's inception, Congress and the Centers for Medicare and Medicaid Services (CMS) expanded the types of benefits plans can offer to include **nonmedical supplemental benefits. These benefits include, for example, in-home support services, food and produce, caregiver supports, and pest control.** Though resources are limited, the expansion of allowable benefits created an **opportunity to improve care for individuals with complex care needs** that extend past strictly medical needs, with 40% of plans in 2024 offering these benefits.


However there are significant gaps in our knowledge and the data around nonmedical supplemental benefits, especially from the perspectives of Medicare beneficiaries. We don't know who is using the benefits, if they find them valuable, and if the benefits are improving beneficiary health and ability to live in the community.

There is a solution to fill these data gaps. Going beyond CMS's current efforts to collect data, the solution will require action across plans, the government, and other interested stakeholders – like researchers, beneficiary advocates, and benefit providers. Our latest Evaluation Framework charts the path to collecting this data.


- **What CMS can do:** Collect and publish data on who is using supplemental benefits; develop standards that allow for high quality data and data at the individual level; and make data available (with appropriate protections) so the field can learn and improve the benefits offered.
- **What plans can do:** Build the internal infrastructure necessary to link information about members' needs to benefits available and help members access benefits; track and understand who is using benefits – including demographic information – to make sure all eligible people can access the benefits to which they're entitled; and talk to members and design benefits to support member needs.
- **What researchers and other stakeholders can do:** Fill the information void on what Medicare beneficiaries need and value to help maintain their health and well-being; convene plans, providers, beneficiaries, states, and other stakeholders to discuss opportunities to improve and coordinate benefits, especially for dually eligible individuals; and analyze data and publish research findings to improve understanding of who is using benefits and their potential impact.


If all stakeholders do their part, CMS, Congress, and plans will have critical information to provide Medicare beneficiaries access to benefits that meaningfully support their health and health-related social needs. Beneficiaries will be healthier than they otherwise would have been and live in their homes longer, and the Medicare program will advance better health for beneficiaries.

BY THE NUMBERS

 **66M**
total Medicare
beneficiaries

 **33M**
enrollees in
Medicare Advantage

 **16M**
MA enrollees
have 3+ chronic
conditions

 **4M**
MA enrollees
report difficulty
with 2+ ADLs

 **10M**
MA enrollees in
plans that offer
nonmedical
supplemental
benefits*

*Note: Enrollment in a plan does not mean an enrollee has access or uses a particular benefit.

Read the Evaluation Framework
for Nonmedical Supplemental Benefits.

Learn more about the Updated Guiding Principles
for Nonmedical Supplemental Benefits.