

Considerations and Opportunities for Policymakers

Part 2: Policy Opportunities

A number of short-term and long-term policy opportunities exist with the potential to enhance the availability of non-medical supplemental benefits to Medicare beneficiaries. These opportunities are aligned with the recommended next steps for the *Guiding Principles* identified by the SSBCI Leadership Circle in 2019 to the policy opportunities presented in this brief (see [Table 2](#)).

Table 2. Crosswalk of Next Steps from Guiding Principles to Policy Opportunities

Guiding Principle	Next Steps from Guiding Principles	Policy Opportunities
Core Principle: SSBCI Reflect Individual Needs	<ul style="list-style-type: none"> <input type="checkbox"/> None identified 	<ul style="list-style-type: none"> <input type="checkbox"/> Consider offering non-medical benefits as a preventive benefit to address health needs and/or social risk factors in the absence of chronic illness
 Balancing Principle 1: SSBCI Are Clear and Understandable	<ul style="list-style-type: none"> <input type="checkbox"/> Develop better beneficiary decision tools and information <input type="checkbox"/> Increase beneficiary and family caregiver education <input type="checkbox"/> Raise awareness 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide more clarity and technical assistance for MAOs on allowable benefits and targeting criteria <input type="checkbox"/> Improve marketing guidance and consumer information <input type="checkbox"/> Release guidance around non-medical supplemental benefits earlier
 Balancing Principle 2: SSBCI Are Equitable	<ul style="list-style-type: none"> <input type="checkbox"/> None identified 	<ul style="list-style-type: none"> <input type="checkbox"/> Provide more clarity and technical assistance for MAOs on allowable benefits and targeting criteria
 Balancing Principle 3: SSBCI Are Manageable and Sustainable	<ul style="list-style-type: none"> <input type="checkbox"/> Develop better risk adjustment 	<ul style="list-style-type: none"> <input type="checkbox"/> Consider options to improve sustainability of non-medical benefits
 Balancing Principle 4: SSBCI Evolve with Continuous Learning and Improvement	<ul style="list-style-type: none"> <input type="checkbox"/> Support plan collaboration and learning <input type="checkbox"/> Build the evidence base <input type="checkbox"/> Pilot and test ideas 	<ul style="list-style-type: none"> <input type="checkbox"/> Encourage learning and sharing among plans, providers, and other stakeholders

Short-Term Opportunities

CMS can pursue the following policy opportunities under current authorities and regulations.

1. Provide more clarity and technical assistance for MAOs on allowable benefits and targeting criteria.

In alignment with the first and second balancing principles (“SSBCI Are Clear and Understandable” and “SSBCI Are Equitable”), CMS should support MAOs’ understanding of the opportunities and guardrails around the new supplemental benefits, while preserving the flexibility and space for MAOs to innovate.

- **Allowable benefits** – MAOs would benefit from a greater willingness from CMS to engage in dialogue with them regarding their benefit design and to help provide clarity prior to bid submission. However, there is a fine line between releasing guidance and being overly prescriptive. CMS could highlight real-life examples of allowable SSBCI or expanded PHRB from prior years’ plan benefit filings to illustrate the types of benefits that are acceptable under the various authorities. Additional guidance should help provide directionality and ease MAOs’ concerns about expending resources on benefits that may be rejected while still encouraging them to exercise creativity and innovation.

For example, CMS could specify whether MAOs can provide smartphones and/or tablets under SSBCI and any stipulations on how the devices can be used. CMS has stated that MAOs may provide smartphones and/or tablets under expanded PHRB, but these devices must only be used for primarily health-related purposes (e.g., the device is locked except for remote monitoring or to enable engagement with healthcare providers). Additionally, a cellular data plan can be provided if it is limited to only health-related activities.¹ For SSBCI, CMS noted that a cellular data plan without limitations can be provided so long as it has a “reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee.”² However, based on current guidance, it is unclear whether devices may be offered as SSBCI and whether these devices would need to be locked. Adding clarity supports the first and second balancing principles and will help MAOs to better understand their options for using technology to support positive mental health and decrease the effects of social isolation outside of the current public health emergency.

- **Targeting criteria** – As noted above, lack of clarity around the second and third criteria for targeting SSBCI was cited as a challenge in benefit design. CMS should provide additional examples of what does and does not qualify for these two criteria. Similar to the guidance around allowable benefits, these examples should be kept broad in interpretation to allow MAOs and providers flexibility to get services to those who need them while easing MAO concerns about future audit risk.

¹ The Centers for Medicare and Medicaid Services Guidance. (May 2020). <https://mabenefitsmailbox.lmi.org/MABenefitsMailbox/Documents/Updated%20Guidance%20for%20Medicare%20Advantage%20Organizations%205.13.2020.pdf>.

² Ibid.

2. Improve marketing guidance and consumer information

MAOs noted that there were substantial marketing and communication challenges with a supplemental benefit that is not universally available to plan enrollees. This policy opportunity also supports the first balancing principle (“SSBCI Are Clear and Understandable”) by encouraging standardized practices and improving consumer tools so beneficiaries and caregivers can better understand these new, non-medical benefits.

- **CMS marketing guidance** – CMS should provide clear guidance on how MAOs can communicate to beneficiaries and providers around non-medical supplemental benefits as they become available. For instance, some stakeholders recommended that guidelines could include standard language for marketing materials that clarifies that coverage of an SSBCI is not guaranteed. CMS should also establish guidance and guardrails for brokers who are often a key source of information for beneficiaries on these benefits. This policy opportunity aligns with a policy recommendation from the Bipartisan Policy Center.³
- **Medicare Plan Finder** – CMS should improve the quality of the information displayed on Medicare Plan Finder regarding non-medical supplemental benefits. Proposed modifications include redesigning the supplemental benefits listed on the results page and enhancing transparency on eligibility details and the scope of benefits offered by each MA plan (e.g., number of meals included in benefit; limits on the number of supplemental benefits members may receive; limits based on chronic conditions). The search function could also be improved by allowing users to filter by specific supplemental benefits. Not all beneficiaries will be eligible for the non-medical supplemental benefits, so there should be disclaimers informing beneficiaries of eligibility requirements.

3. Release guidance around non-medical supplemental benefits earlier

Also in accordance with the first balancing principle (“SSBCI Are Clear and Understandable”), CMS should release more timely guidance around these benefits to allow MAOs sufficient time to assess the market, design the benefit, and determine its net cost. The release of guidance in November or December of the prior year (instead of the following April) would better support MAOs’ ability to build new, non-medical supplemental benefits into their bids, and likely increase overall MAO uptake of these benefits.

Long-Term Opportunities

MAOs and other stakeholders shared varying perspectives and recommendations on the future of non-medical benefits and improving care for Medicare beneficiaries. In addition to the short-term opportunities for CMS outlined above, policymakers and other stakeholders should be aware of the following longer-term opportunities worthy of further analysis and consideration.

³ The Bipartisan Policy Center. (July 2019). “Next Steps in Chronic Care: Expanding Innovative Medicare Benefits.” <https://bipartisanpolicy.org/wp-content/uploads/2019/07/Next-Steps-in-Chronic-Care.pdf>.

1. Encourage learning and sharing among plans, providers, and other stakeholders

As highlighted in the fourth balancing principle (“SSBCI Evolve with Continuous Learning and Improvement”), CMS should explore ways to foster learning and sharing among MA plans, providers, and other stakeholders, while respecting the plans’ and providers’ intellectual property. For instance, this could be through a learning collaborative facilitated by a neutral and trusted third-party entity. Another potential route is to encourage neutral and trusted third-party entities, such as trade associations, to encourage sharing of learnings through webinars, conferences, public forums, etc. This would provide stakeholders with a macro-level view of how provision of these benefits is impacting beneficiaries, which interventions are having the most impact, and how to best advance the policy field.

It may be challenging to evaluate outcomes across MA plans due to the lack of standard desired outcomes of offering these benefits. Efforts to evaluate the impact of these benefits should seek to minimize additional administrative burden to plans and providers.

2. Consider options to improve sustainability of non-medical benefits

Given the challenges posed by relying on rebate and premium dollars to finance these benefits, there is an opportunity to develop better risk adjustment and explore other strategies to provide a more sustainable funding mechanism for these benefits. This opportunity aligns with the third balancing principle (“SSBCI Are Manageable and Sustainable”).

Some MAOs may be reluctant to offer or expand non-medical benefits due to the challenges posed by relying on rebate and premium dollars to finance these benefits. In addition to the general unpredictability of rebate dollars year-to-year, risk adjustment presents an additional challenge to the sustainability of this funding mechanism. The rebate amount a plan receives depends on the plan’s risk-adjusted base payment rate. However, risk adjustment currently does not capture functional limitations which are typically associated with higher Medicare costs. Plans that offer non-medical benefits may attract beneficiaries with higher costs that will not be captured in risk adjustment.

Policymakers should consider opportunities to promote the sustainability of these benefits in the short- and long-term. In the immediate term, assessing the impact of the COVID-19 pandemic on medical utilization and spend and the ensuing impact on benchmarks will be a critical component of the provision of SSBCI and expanded PHRB in 2022. If 2020 utilization and spend are deflated as a result of COVID-19, CMS should consider adjusting the benchmarks as plans prepare their bids for Calendar Year 2022. If these benchmarks are not adjusted, plans will receive a lower rebate amount in 2022, which will, in turn, limit the availability of non-medical benefits.

Future Considerations for Expansion of Non-Medical Supplemental Benefits

As evidence is collected on the effectiveness of certain non-medical interventions, there may be value in expanding the provision of promising benefits and populations served. Several opportunities for potential future consideration are outlined below.

1. Consider offering non-medical benefits as a preventive benefit to address health needs and/or social risk factors in the absence of chronic illness

While SSBCI are currently targeted toward individuals with chronic conditions, several stakeholders expressed interest in expanding the parameters to allow for provision of non-medical benefits to individuals with certain health risk factors but who do not yet have a chronic condition diagnosis. Expanding these guardrails may allow MAOs to be more proactive in preventing chronic illness among beneficiaries.

Policymakers can also consider allowing social risk factors as a primary criterion for non-medical supplemental benefits. Currently, a social risk factors alone cannot be used to determine SSBCI eligibility – a beneficiary must have a chronic condition diagnosis in order to be eligible. Some MAOs chose to offer benefits through the VBID demonstration rather than SSBCI, citing VBID’s flexibility to target benefits based on socioeconomic status. Policymakers can refer to the growing body of evidence that SDOH impacts health.⁴ This policy opportunity supports the core principle (“SSBCI Reflect Individual Needs”).

Focusing on medical diagnoses as a condition for receiving non-medical services leaves out a population with functional limitations for whom these services and supports could prevent medical events. Policymakers may also want to consider better ways to incorporate functional limitations (defined in terms of need for assistance with activities of daily living (ADLs)) to get beyond diagnoses and medical conditions and broaden the population of Medicare beneficiaries who can benefit from these services.

2. Assess the potential to test promising benefits in Medicare FFS, possibly using CMMI authority

Testing promising non-medical benefits in traditional Medicare FFS through a value-based model, possibly through a CMMI demonstration, would allow for strong and public evaluation and facilitation of learning and sharing. However, testing new benefits in Medicare FFS should be done in a way that preserves incentives for market differentiation and rewards MA plans for innovation.

Some stakeholder organizations would also like to see non-medical supplemental benefits made more available to Medicare FFS beneficiaries in addition to MA

⁴ Health Affairs. (October 2019). “When Talking About Social Determinants, Precision Matters.” <https://www.healthaffairs.org/doi/10.1377/hblog20191025.776011/full/>.

beneficiaries. This would expand access to promising benefits as well as move the Medicare program towards a more integrated approach overall. However, this is a controversial issue due to key differences in the Medicare FFS and MA models. For instance, there is currently no funding mechanism available to fund these benefits in Medicare FFS. Total cost of care value-based models in Medicare may provide an opportunity to offer these benefits in FFS, but additional analysis is needed. MA plans provide supplemental benefits using rebate dollars, which they only receive if they are able to better manage spending on Medicare Parts A and B benefits compared to FFS. Furthermore, these new, non-medical benefits are not the only supplemental benefits that are only available under MA—for example, dental, vision, and hearing services are not covered under Medicare FFS.

Conclusion

New MA non-medical supplemental benefits are here to stay. MAOs, providers, policymakers and other stakeholders must work together to ensure these benefits meet beneficiaries' needs. This policy brief outlines the factors MAOs are considering when deciding whether, and how, to offer expanded PHRB and SSBCI as well as potential short- and long-term policy opportunities to increase the availability and utilization of these benefits among Medicare beneficiaries.

With the guidance of the SSBCI Leadership Circle and the support of The SCAN Foundation, LTQA and ATI Advisory plan to continue the conversation and provide more venues for collaboration and sharing through data analysis, insights, and additional research. Please see the accompanying Roadmap in the “For Plans and Providers” section of [this page](#) for actionable steps and tactics for plans and providers to overcome roadblocks and deliver new, non-medical benefits to Medicare beneficiaries. A future policy brief will present more specific, concrete recommendations based on further insights from implementing these new benefits in Calendar Year (CY) 2021 and planning for CY 2022.

Read the full Policy Brief [here](#).