Acknowledgments

We would like to thank the many organizations that, in the spirit of collaborating for improvement, contributed to this report through sharing their experiences and insights. The policy opportunities outlined in this brief do not reflect the views of each individual organization we interviewed, rather they draw from the various perspectives that were shared with us during the interview process.

24 Hour Home Care

Anthem, Inc.

Blue Cross Blue Shield Association

CareOregon

CVS Health, Aetna

Element3 Health

FirstLight Home Care

Geisinger Health Plan

healthAlign

Kaiser Permanente Health Plan Mid-Atlantic States

Meals on Wheels America

Medicare Rights Center

Mom's Meals

National Council on Aging

Papa Inc.

Partners in Care Foundation

Project Well, Inc.

SCAN Health Plan

Solera Health, Inc.

UnitedHealthcare

UPMC Health Plan

WellCare, a Centene company

The Long-Term Quality Alliance and ATI Advisory would also like to acknowledge the members of the SSBCI Leadership Circle who provide guidance and insights on the direction of this project, including the development of the *SSBCI Guiding Principles*. A full list of SSBCI Leadership Circle members and organizations can be found on *this page*.

About ATI

ATI Advisory is a DC-based advisory services firm that helps business and government leaders transform care delivery for frail older adults and their families. ATI conducts research, develops new ideas and insights, and enables strategic partnerships to break down public and private sector barriers that prevent innovative solutions to siloed, broken systems across acute, post-acute, and long-term services and supports (LTSS). For more information, visit atiadvisory.com.

About LTQA

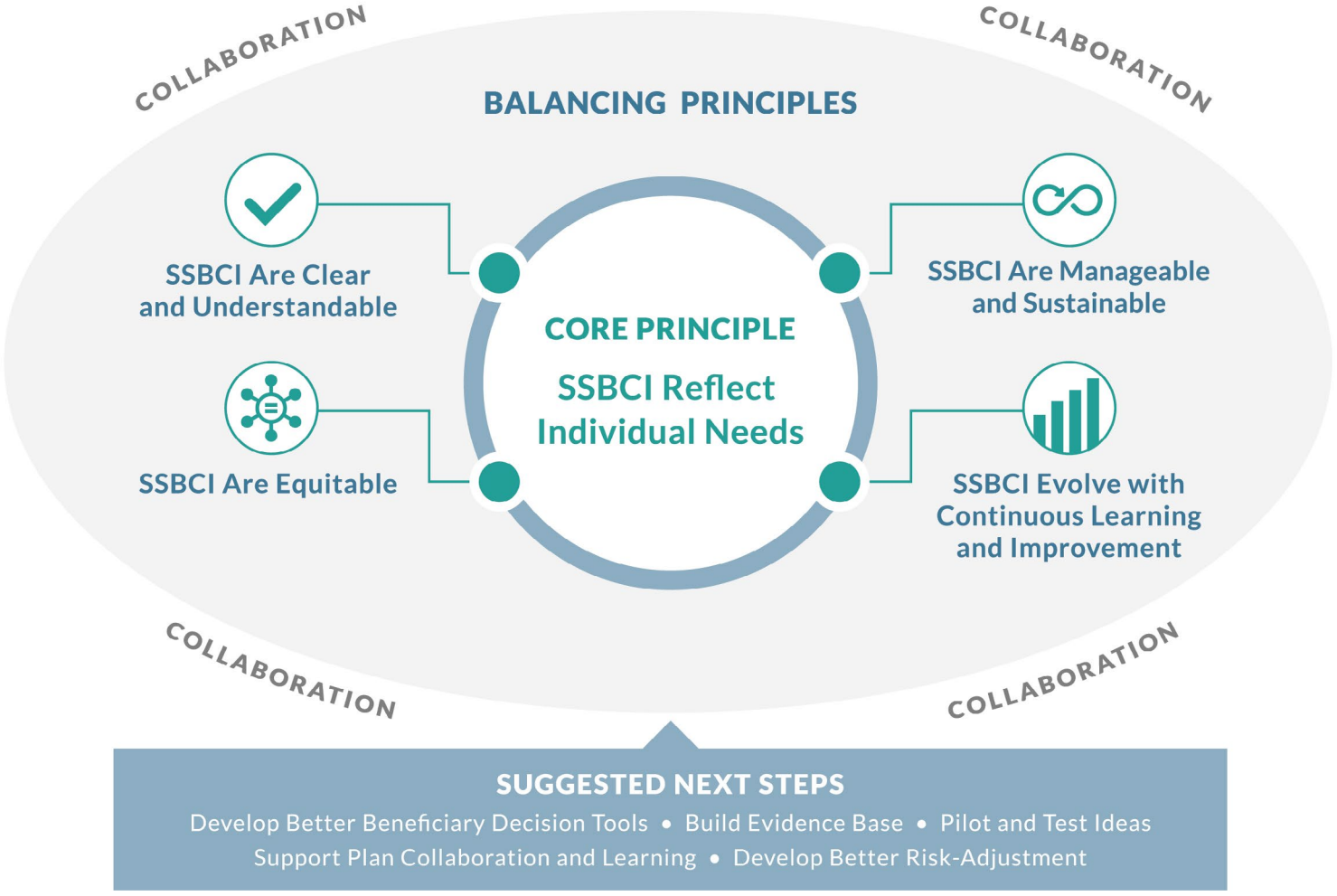
The Long-Term Quality Alliance (LTQA) is a 501(c)3 membership organization aimed at improving outcomes and quality of life for persons who are managing functional limitations, and their families. LTQA advances person- and family-centered, integrated long-term services and supports (LTSS) through research, education, and advocacy. For more information, visit www.ltqa.org.

Acknowledgment

Supported by a grant from The SCAN Foundation - advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

Appendix A

Guiding Principles for New Flexibility Under SSBCI



Appendix B

Description of Guiding Principles for New Flexibility Under SSBCI

Core Principle: SSBCI Reflect Individual Needs	**SSBCI flexibility–in benefit flexibility, types of services, and providers–allows for Medicare Advantage plans to meet the individual needs of chronically ill beneficiaries.**
Balancing Principle 1: SSBCI Are Clear and Understandable	Key stakeholders, including Medicare beneficiaries and their caregivers, providers, payers, enrollment counselors, and states, understand SSBCI as well as their limitations and the circumstances under which they are available.
Balancing Principle 2: SSBCI Are Equitable	Chronically ill Medicare Advantage enrollees receive SSBCI in a consistent, equitable, and nondiscriminatory manner that determines and meets individual need based on chronic illness and functional status.
Balancing Principle 3: SSBCI Are Manageable and Sustainable	Medicare program regulations and guidance, such as rate structures and quality measures, support Medicare Advantage plans in offering, managing, and sustaining their inclusion of SSBCI in MA plan benefit packages.
Balancing Principle 4: SSBCI Evolve with Continuous Learning and Improvement	The federal Department of Health and Human Services (HHS) and CMS, in conjunction with Medicare Advantage plans and other stakeholders, evaluate and measure the extent to which SSBCI are contributing toward meeting the needs of chronically ill enrollees and adapt SSBCI accordingly based on learnings.

Appendix C

Number of Plans Offering Non-Medical Supplemental Benefits in Plan Year 2020 and Plan Year 2021

	Benefit	Number of Plans Offering in 2020:[1]	Number of Plans Offering in 2021:
New Primarily Health-Related Supplemental Benefits	In-Home Support Services	223	429
	Adult Day Health Services	84	127
	Home-Based Palliative Care	61	134
	Support for Caregivers of Enrollees	125	95
	Therapeutic Massage	230	176
	TOTAL (offering at least 1 new primarily health-related supplemental benefit):	**499**	**737**
Special Supplemental Benefits for the Chronically Ill	Food and Produce	101	Data on 2021 SSBCI will be available in Q1 2021
	Meals (beyond limited basis)	71	
	Pest Control	118	
	Transportation for Non-Medical Needs	88	
	Indoor Air Quality Equipment and Services	52	
	Social Needs Benefit	34	
	Complementary Therapies	1	
	Services Supporting Self-Direction	20	
	Structural Home Modifications	44	
	General Supports for Living	67	
	Other: Service Dog Supports	51	
	TOTAL (offering at least 1 SSBCI):	**245**	

Source: ATI Advisory Analysis of CMS PBP files.

[1] For all ATI Advisory analyses, a 'plan' is defined as the combination of a Contract Number, Plan ID, and Segment ID. Analyses capture benefits that are filed under specific variables for the benefits above in the PBP files and do not capture benefits filed under "Other" categories. ATI Advisory analysis excludes Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMPs), Part B-only plans, and PACE.

Appendix D

Opportunities and Limitations of Different Pathways for Non-Medical Supports

	Opportunities	Challenges/Limitations
SSBCI	■ Can offer "non-primarily health-related" benefits to eligible chronically ill enrollees, including non-medical transportation, pest control, social needs, capital or structural improvements to homes, and a more expansive meal provision benefit than expanded PHRB ■ Benefits can vary, or be targeted to an individual's specific condition and needs (i.e., SSBCI can take into account the needs of an individual and the likelihood the benefit will improve or maintain their health) ■ Could be beneficial for partial-benefit dual-eligible individuals who meet the chronic condition criteria but do not qualify for Medicaid LTSS benefits	■ Three-part criteria can be limiting and administratively burdensome ■ Only available to individuals with a chronic condition diagnosis who have a high risk of hospitalization or other adverse health outcome and require intensive care coordination ■ Cannot target benefits based solely on financial need ■ Financed through limited/variable rebate dollars or premiums
Expanded Definition of PHRB	■ Can target benefits to particular groups based on health status or disease state through uniform flexibility ■ Can offer non-medical benefits, including services like adult day care services, home-based palliative care, in-home support services, and support for caregivers of enrollees	■ Must be "primarily health-related" ■ Financed through limited/variable rebate dollars or premiums
Value-Based Insurance Design (VBID)	■ Can target benefits based on condition and/or socioeconomic status ■ Can target entire dual-eligible population ■ Can test Part D cost-sharing benefits (i.e., offer lower cost-sharing or support for medication adherence based on condition and/or socioeconomic status)	■ Requires MA plans to apply and receive approval to participate in this demonstration (formerly limited to certain states) ■ More reporting requirements than expanded PHRB and SSBCI ■ Financed through limited/variable rebate dollars or premiums
Quality Improving or Clinical Programs	■ Can target activities or services without using a clinical diagnosis or meeting three-part criteria of SSBCI ■ Unlike a benefit that is provided to all who qualify, practitioners can tailor the services from a clinical program to specific needs in an individual care plan ■ Provides a way to test a potential benefit for a smaller group of beneficiaries or a smaller geography ■ Financing is not limited to rebate and premium dollars	■ Not a filed benefit, limiting the number of members that can be served ■ Cannot be marketed as a benefit ■ Must be evidence-based and require clinical expertise
Uniform Flexibility (UF)	■ Can identify and select target population(s) based on clinical criteria for expanded benefits (e.g., MA plans can use UF to target an existing post-discharge meal benefit to members with a certain diagnosis) ■ May be used to target reductions in cost-sharing and deductibles for similarly situated enrollees, in addition to items and services	■ Not a filed benefit, limiting the number of members that can be served ■ Cannot be marketed as benefit ■ Must be evidence-based and require clinical expertise ■ Cannot be used to tailor benefits as individually as SSBCI ■ Cannot target benefits based on socioeconomic status, or any other status except for health and disease state (using specific clinical criteria)

Appendix E

Key Terms

Centers for Medicare and Medicaid Services (CMS): The federal agency responsible for administering Medicare and working with States to administer Medicaid. Part of the Department for Health and Human Services (HHS).

Expanded Definition of Primarily Health-Related Supplemental Benefits (PHRB): In 2018 (to go into effect for Calendar Year 2019), CMS expanded the scope of "primarily health-related" from simply *an item or service whose primary purpose is to prevent, cure, or diminish an illness or injury* to also include services that *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 reduce avoidable emergency and healthcare utilization.*[2]

Long-Term Services and Supports (LTSS): Services, such as personal care, that individuals may require to perform activities of daily living, such as bathing and dressing.

Medicare Advantage (MA): MA plans (or Medicare Part C) are a type of Medicare health plan offered by a private health insurance company that contracts with Medicare to provide, at a minimum, Medicare Part A and B benefits. MA plans may also offer coverage of supplemental health benefits that are not covered by Medicare Parts A or B, and are required by law to cover preventive care and limit out-of-pocket spending.

Medicare Advantage Organization (MAO): MA plans are provided by Medicare Advantage Organizations (MAOs). An MAO is the legal entity that has a contract with the Medicare program to provide coverage. An MA plan is the package of Medicare benefits offered by the MAO to the beneficiary. An MAO may offer multiple MA plans from which beneficiaries can choose when selecting a plan that best meets their health care needs.

Medicare Advantage (MA) Supplemental Benefits: MA Supplemental Benefits provide coverage for services that are not available in original, fee-for-service Medicare, such as dental care.

Special Supplemental Benefits for the Chronically Ill (SSBCI): The *CHRONIC Care Act*, included in the Bipartisan Budget Act of 2018, created a new MA supplemental benefit category in statute: Special Supplemental Benefits for the Chronically Ill (SSBCI). A chronically ill enrollee is defined as having one or more complex chronic conditions that are life threatening or reduce the health and functioning of the enrollee; having a heightened risk of hospitalization or other negative health outcomes; and requiring coordination of care.[3]

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[2] The Centers for Medicare and Medicaid Services 2019 Final Rule. (April 2018). *https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf*.

[3] Bipartisan Budget Act of 2018. *https://www.congress.gov/115/plaws/publ123/PLAW-115publ123.pdf*.

Appendix F

Methods

Quantitative and qualitative data used to inform this policy brief were gathered using a number of sources. The quantitative analysis was based on Plan Benefit Package (PBP) Data, made available publicly by CMS. This data source provides information on which plans are offering the expanded definition of PHRB and SSBCI in Plan Year 2020 and the expanded definition of PHRB in Plan Year 2021, as well as information on the counties where these plans are offering these benefits. For all analyses, a 'plan' is defined as the combination of a Contract Number, Plan ID, and Segment ID. Analyses also excludes the following plan types: Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMPs), Part B-only plans, and PACE.

Interviews were also conducted with numerous stakeholders, including 10 Medicare Advantage Organizations (MAOs) (1 MAO responded through a questionnaire), 11 providers, and 2 beneficiary advocacy groups, to learn about their experiences with these non-medical benefits. Findings were further supplemented through conversations and guidance from the SSBCI Leadership Circle as well as other presentations and discussions with additional stakeholder groups.

Read the full Policy Brief *here*.