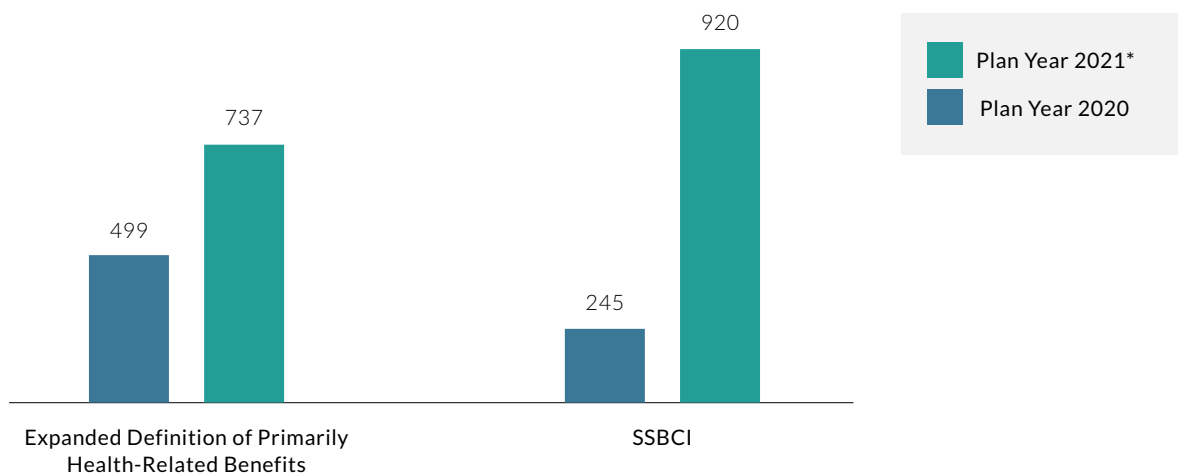


A Roadmap for Plans and Providers

Part 2: The Competitive Landscape for New, Non-Medical Benefits

First available in 2019 and 2020 respectively, expanded primarily health-related benefits and SSBCI continue to be offered by more plans over time. As Plan Year 2021 approaches, these benefits continue to expand, in many instances through MAOs with 2020 experiences offering these benefits across more of their plans. However, in Plan Year 2021 alone, the number of MAOs offering an expanded primarily health-related benefit has increased from 36 to 58 organizations.

Plans Offering New, Non-Medical Benefits
In Plan Year 2020 and Plan Year 2021

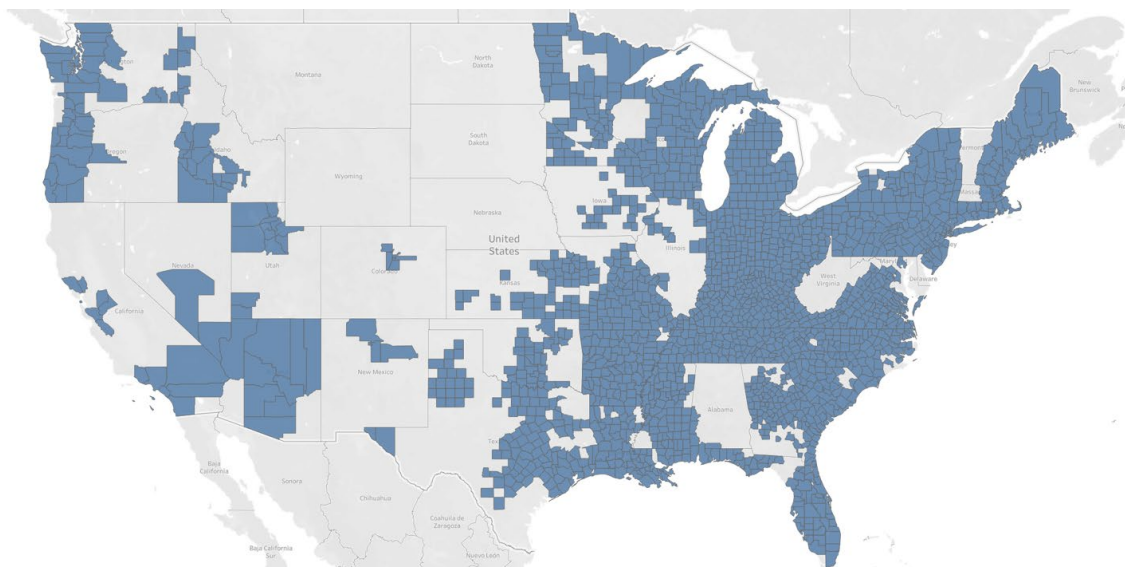


***Note:** Plan Year 2021 SSBCI numbers taken from CMS press release, which uses language “about X plans” so numbers are approximate.
Source(s): ATI Advisory analysis of CMS PBP files. CMS Press Release released September 24, 2020: <https://www.cms.gov/newsroom/press-releases/trump-administration-announces-historically-low-medicare-advantage-premiums-and-new-payment-model>.

Expanded Primarily Health-Related Benefits

In Plan Year 2019, the first year expanded primarily health-related benefits were available, few plans chose to offer these benefits. Only 102 plans offered expanded primarily health-related benefits, excluding Dual-Eligible Special Needs Plans (D-SNPs).¹ Much of this low uptake was due to the late release of CMS' Medicare Advantage final rule, compressing plans' abilities to alter or submit their bids.² By Plan Year 2020, however, these benefits expanded considerably to 499 plans. In 2021, 737 plans will be offering these benefits in 41 states and Puerto Rico, across more than 1,900 counties (see map below).^{3,4}

Map of Counties with a Plan Offering an Expanded Primarily Health-Related Benefit in 2021



Note: This map does not include Hawaii, Alaska, or other U.S. territories (like Puerto Rico) where plans may be offered.
Source: ATI Advisory analysis of CMS PBP files.

¹ Better Medicare Alliance, analysis by Milliman. (2020). https://www.bettermedicarealliance.org/wp-content/uploads/2020/04/MA-Supplemental-Benefits-Milliman-Brief_20200327.pdf. **Note:** Milliman analysis excluded EGWPs, Cost plans, MSA plans, MMPs, and D-SNPs.

² Long-Term Quality Alliance. (2018). <http://www.ltqa.org/wp-content/themes/LtqaMain/custom/images/LTQA-Report-on-MA-Flexible-Supplemental-Benefits-FINAL-11-9-18.pdf>.

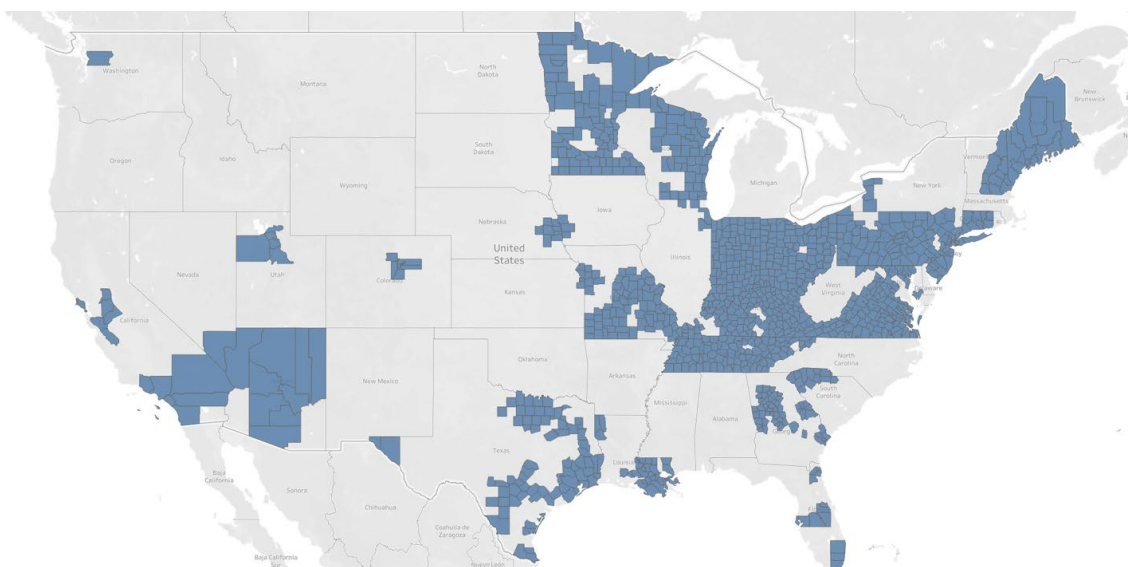
³ For this report, expanded primarily health-related benefits include Therapeutic Massage, Adult Day Health Services, Home-Based Palliative Care, In-Home Support Services, and Home-Based Palliative Care. Analysis captures benefits filed under specific variables in the PBP files and do not capture benefits filed under "Other" categories.

⁴ **Note:** 2019 analysis showing 102 plans excluded D-SNPs. Comparable numbers, excluding D-SNPs, are 361 plans for 2020 and 584 plans for 2021.

SSBCI

SSBCI uptake also grew considerably for Plan Year 2021, the second year that plans can offer these benefits. In 2020, SSBCI were offered by 245 plans, with Pest Control, Food and Produce, and Transportation to Non-Medical Locations as the most popular SSBCI offered by plans (see map below for which counties had SSBCI available in 2020). CMS has announced that over 920 plans will be offering SSBCI in 2021, an almost four-fold increase year-over-year. CMS has not yet released additional details. ATI Advisory will publish a data brief on Plan Year 2021 SSBCI once the data become available in early 2021.

Map of Counties with a Plan Offering SSBCI in 2020



Note: This map does not include Hawaii, Alaska, or other U.S. territories (like Puerto Rico) where plans may be offered.
Source: ATI Advisory analysis of CMS PBP files.

In Plan Year 2020, 11 percent of Medicare Advantage plans offered either an expanded primarily health-related benefit or SSBCI. In comparison, however, more popular benefits were more widely available across plans: dental in 69%, vision in 76%, hearing in 71%, and medical transportation in 34% of plans. Entering Plan Year 2021, however, these new, non-medical benefits have a much larger footprint (see Table 1 below).⁵

⁵ ATI Advisory analysis of plans offering dental, vision, and hearing benefits excludes PDPs, Part B-only plans, and PACE. These methods are used consistently throughout the report. Analysis includes employer plans, accounting for possible differences between other reports' analyses.

Table 1: Number of Plans Offering Non-Medical Supplemental Benefits

	Benefit	Number of Plans Offering in 2020: ⁶	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.

⁶ 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.

Benefit Details

The continued growth of these new, non-medical benefits from Plan Year 2020 into Plan Year 2021 indicates that plans are increasingly interested in the ability of these services to better meet beneficiary need. Additionally, demand for non-medical services has grown throughout the COVID-19 pandemic. These authorities have provided plans additional flexibility to meet Medicare beneficiary needs during the COVID-19 pandemic, particularly for services that address key challenges like food insecurity and social isolation, exacerbated by the pandemic's effect on caregivers. At the same time, some services, such as Adult Day Health, are less likely to be used during the pandemic.⁷

We provide a more detailed view of the structure and generosity of three of the more popular of these benefits: In-Home Support Services, Meals (beyond limited basis), and Transportation for Non-Medical Needs. We also provide details on Social Needs Benefits. Though only 34 plans offered Social Needs Benefits in 2020, we expect these offerings, along with others, to grow significantly in 2021 given the needs arising from the COVID-19 pandemic.

As ATI Advisory and LTQA continue research in this space, we will explore what factors have encouraged continued uptake and growth of non-medical benefits as a whole. While plans have limited dollars to offer these new benefits, there is important opportunity to test services that can improve members' well-being. As part of this, plans and providers are navigating uncharted territory in the Medicare environment.

⁷ ATI Advisory and LTQA. (2020). "Meeting Medicare Beneficiary Needs During COVID-19: Using Medicare Advantage Supplemental Benefits to Respond to the Pandemic" https://atiadvisory.com/wp-content/uploads/2020/05/05-26-2020_Meeting-Medicare-Beneficiary-Needs-During-COVID-19.pdf.

Read the full Roadmap *here*.

What Are In-Home Support Services?¹



"In-home support services to assist individuals with disabilities and/or medical conditions in performing ADLs and IADLs within the home...Services must be provided by individuals licensed by the state to provide personal care services, or in a manner that is otherwise consistent with state requirements"

Which Plans Offered In-Home Support?²

In CY 2020,
available in **223 plans**

In CY 2021,
available in **429 plans**

In CY 2020,
48% of plans offering IHSS were a Special Needs Plan (SNP)

43% of plans were offered by Anthem and **36%** of plans were offered by WellCare

In CY 2021,
45% of plans offering IHSS are a Special Needs Plan (SNP)

33% of plans are offered by Anthem and **24%** of plans are offered by WellCare

What Did In-Home Support Services Look Like in CY 2020?³

170 plans had a maximum hour limit per year in their Evidence of Coverage document:

49% of these plans offer **24 hours or fewer** per year
18% of these plans offer **between 24 and 60 hours** per year
33% of these plans offer **greater than 60 hours** per year
2 plans offer a maximum limit of **248 hours per year**

44 plans had a maximum hour limit per discharge in their Evidence of Coverage document:

77% of these plans offer **20 hours or fewer** of services per discharge
23% of these plans offer **more than 20 hours of services** per discharge

What Are Meals (SSBCI)?¹



"Meals may be offered beyond a limited basis as a non-primarily health-related benefit to chronically ill enrollees. Meals may be home-delivered and/or offered in a congregate setting"

Which Plans Offered Meals (SSBCI)?²

In CY 2020, available in **71 plans**

In CY 2020,
44% of plans offering Meals as an SSBCI were a Special Needs Plan (SNP)

61% of these plans were offered by Anthem and **17%** were offered by Martin's Point Health

What Did Meals (SSBCI) Look Like in CY 2020?³

67 plans explicitly state the maximum number of meals in their Evidence of Coverage document:

27% allow fewer than **100 meals** over a certain period:
16 plans allow **20 meals or fewer**
2 plans allow **90 meals** over 30 days

73% allow **more than 100 meals** over a certain period:
1 plan allows **168 meals** over 12 weeks
41 plans allow **180 meals** over 90 days
7 plans allow 20 meals per month for a total of **240 meals** in one year

What Is Non-Medical Transportation (SSBCI)?¹



"Transportation to obtain non-medical items and services, such as for grocery shopping, banking, and transportation related to any other SSBCI, is a non-primarily health-related benefit. Such transportation may be reimbursed, arranged, or directly provided by an MA plan as a SSBCI"

Which Plans Offered Transportation (SSBCI)?²

In CY 2020, available in **88 plans**

In CY 2020,
32% of plans offering Transportation as an SSBCI were a Special Needs Plan (SNP)

50% of plans were offered by Geisinger and **14%** of plans were offered by SCAN Health Plan

What Is a Social Needs Benefit (SSBCI)?¹



"Access to community or plan-sponsored programs and events to address enrollee social needs, such as non-fitness club memberships, community or social clubs, park passes, and access to companion care, marital counseling, family counseling, classes for enrollees with primary caregiving responsibilities for a child, or programs or events to address enrollee isolation and improve emotional and/or cognitive function"

Which Plans Offered Social Needs Benefits (SSBCI)?²

In CY 2020, available in **34 plans**

In CY 2020,
38% of plans offering Social Needs Benefits were a Special Needs Plan (SNP)
35% of plans were offered by Martin's Point Health and **18%** of plans were offered by Alignment Health Plan

What Did Non-Medical Transportation (SSBCI) Look Like in CY 2020?³

40 plans explicitly state the maximum number of trips in their Evidence of Coverage document:

58% of these plans allow **20 trips or fewer** a year
42% of these plans allow **more than 20 trips** a year, **2 plans** allow **unlimited trips**
Where trip limitations were available, trips varied between a maximum of **30 to 75 miles per trip**

Plans list the following types of locations as examples of plan-approved locations: banks, senior centers, fitness centers, or for errands

44 plans have an annual maximum annual benefit:

98% of these plans limits services to a maximum of **\$1,000** per year and **1 plan** limits services to a maximum of **\$3,000** per year
The annual maximum is distributed across all SSBCI offered by the plan, including meals, personal care, transportation, pest control, air services, home modifications, and transitional supports

What Did Social Needs Benefits (SSBCI) Look Like in CY 2020?³

15 plans limit companionship or social needs services to an hourly limit per year in their Evidence of Coverage document:

67% of these plans limit services to **48 hours** or less a year
13% of these plans limit services to **96 hours** a year
20% of these plans limit services to **120 hours** a year

Additionally, **15%** of all plans offering this benefit allow beneficiaries beauty shop visits to increase social interaction and address enrollee isolation

Source(s): 1. April 2018 CMS *Guidance*; April 2019 CMS *Guidance*. 2. ATI Advisory analysis of CMS PBP files. **Note:** Analysis excludes Prescription Drug Plans, Medicare-Medicaid Plans, Part-B only plans, and PACE. 3. ATI Advisory analysis of Medicare Advantage Organization's Evidence of Coverage documents.