



# Delivering on the Promise of the *CHRONIC Care Act*:

## Progress in Implementing Non-Medical Supplemental Benefits

Passed in the Bipartisan Budget Act of 2018, the *Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act* marked a significant turning point in the Medicare program as, for the first time, Medicare Advantage (MA) plans could offer supplemental benefits that were not primarily health-related. Combined with other authorities the Centers for Medicare and Medicaid Services (CMS) has made available,<sup>1</sup> MA plans now have unprecedented flexibility to offer targeted, innovative benefits to help meet the non-medical needs of Medicare beneficiaries.

Recognizing the magnitude of these new authorities, ATI Advisory (ATI) and the Long-Term Quality Alliance (LTQA) launched a project, with support from The SCAN Foundation, to inform delivery of these benefits. As part of this research, ATI and LTQA convened a group of national experts, known as the Special Supplemental Benefits for the Chronically Ill (SSBCI) Leadership Circle, to develop a set of consensus-based *Guiding Principles* as a vision for non-medical benefits.

Rooted in this vision, in 2020, ATI and LTQA released an actionable *Roadmap Report* providing strategies to successfully deliver benefits to Medicare beneficiaries, and a *Policy Brief*, outlining policy opportunities to advance these benefits. One year later, we went back to the plans and providers delivering these benefits on the ground to understand progress in implementation and uptake of these benefits and reviewed data on available benefits. This report provides the latest research on the landscape of supplemental benefits and the current state of SSBCI and other new, non-medical supplemental benefits in MA.

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<sup>1</sup> See previous *ATI and LTQA work* for more background on supplemental benefit authorities, including Special Supplemental Benefits for the Chronically Ill (SSBCI), Expanded Primarily Health-Related Benefits (EPHRB), Uniformity Flexibility (UF) and the Value-Based Insurance Design (VBID) demonstration.



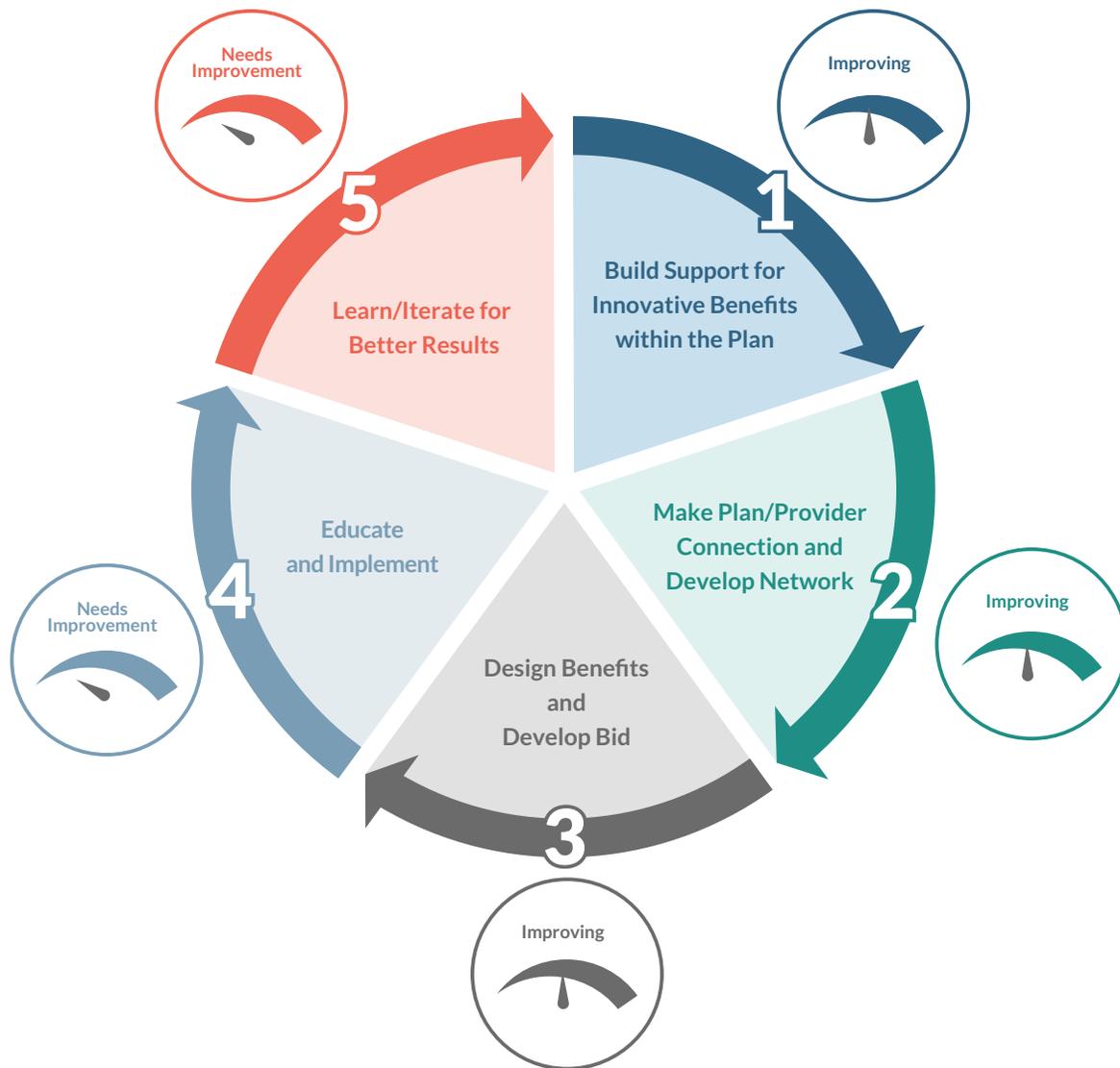
## Executive Summary

Medicare Advantage Organizations have faced an extraordinary year in healthcare amidst the continued Public Health Emergency. Despite these challenges, the sustained increase in the number of plans offering SSBCI and other new, non-medical supplemental benefits illustrates how plans value these authorities and remain committed to offering benefits of value to Medicare beneficiaries.

The number of plans offering new, non-medical supplemental benefits has grown steadily over the few years in which they have been available. We have seen a 240% increase in the number of plans offering SSBCI from 2020 to 2021 and a 111% increase in the number of plans offering Expanded Primary Health-Related Benefits (EPHRB) from 2020 to 2022. While still offered by a relatively small number of plans, this growth reflects increasing awareness about these benefits and a marketplace that is maturing over time.

Through interviews with more than 30 plans, providers, and beneficiary advocates, we found that plans have made significant progress, particularly on three of the five steps in our roadmap. However, plans are struggling more with two: 1) educating Medicare beneficiaries, plan staff, providers, and enrollment counselors about benefits and 2) measuring and sharing results to build an evidence base on what works to meet individual needs in Medicare. While we observe improvement in both of these areas, there is substantial room for improvement in **raising awareness and use of benefits** and in **assessing the impact of benefits offered**.

Figure 1: Progress on Implementation of New, Non-Medical Benefits



These interviews reveal that plans struggle with these steps because of significant complexity in the eligibility policy and a lack of clear information and data. Specifically,

1. Eligibility requirements, especially for SBCI authority, can be convoluted, burdensome, and may neglect other, vital determinants of health.
2. Lack of a clear understanding of these benefits and their eligibility criteria persists for MA plans, who struggle to market these benefits in a way that clearly emphasizes eligibility restrictions.
3. Data are missing, partially due to lack of standardized reporting requirements or incentives, around these benefits, their uptake, and their outcomes.

With strategies to overcome these roadblocks, SSBCI and other non-medical benefits can meet their potential. The Guiding Principles (see **Figure 2** below) point to where policy and business leaders need to focus to make these benefits a success for beneficiaries longer-term. Steps should be taken to provide clear, plain language information to beneficiaries about benefits and how to access them. Policymakers should consider simplifying the criteria for receiving supplemental benefits and encourage the sharing of data – about uptake and impact – to assess that SSBCI are equitable and that benefits improve through continuous learning.

**Figure 2: Progress on Implementation of the Guiding Principles**

