

Policy Recommendations for the Administration to Advance Non-Medical Supplemental Benefits in Medicare Advantage

In recent years, Medicare Advantage (MA) plans have had unprecedented flexibility to offer a wide range of supplemental benefits and target them to members with specific conditions and individual need. These benefits include expanded primarily health-related benefits and Special Supplemental Benefits for the Chronically Ill (SSBCI). In alignment with the *Guiding Principles* developed by a group of *national experts*, the Centers for Medicare & Medicaid Services (CMS) can take several actions to advance these benefits and meet beneficiary needs. ***The priority recommendations identified as having the most potential impact are indicated in bold text with an asterisk.**

Core Principle: SSBCI Reflect Individual Needs



NEAR-TERM

CMS should:

- **Provide guidance clarifying that members with functional need meet the eligibility criteria for SSBCI.***
- **Test new targeting criteria [e.g., functional need, social determinants of health (SDOH) need outside of low-income subsidy (LIS) status] in the Center for Medicare and Medicaid Innovation (CMMI) Value-Based Insurance Design (VBID) demonstration.***

LONG-TERM

- **Consider using evidence from VBID to expand SSBCI eligibility criteria to include LIS eligibility through CMMI authority, if the evidence base is sufficient and the Office of the Chief Actuary approves such a change.***
- Convene a workgroup, in collaboration with the U.S. Administration for Community Living (ACL), to develop guidance around braiding of MA plan funding with other sources of funding, such as the *Older Americans Act (OAA)* funds, to address SDOH.



Balancing Principle 1: SSBCI Are Clear and Understandable



NEAR-TERM

CMS should:

- **Develop resources and training for State Health Insurance Assistance Programs (SHIP) counselors about benefits and provide information on the available benefits each year as early as possible.***
- **Require training on these benefits in the 2022 agent and broker training and testing guidelines.***
- Update Chapter 4 of the Medicare Managed Care manual to reflect current guidelines around non-medical supplemental benefits.
- Establish standardized disclaimer language that clarifies that coverage of an SSBCI benefit is not guaranteed.

LONG-TERM

- **Expand the categories of supplemental benefits listed in Medicare Plan Finder and indicate more clearly when limits apply.***



Balancing Principle 2: SSBCI Are Equitable



LONG-TERM

CMS should:

- Develop incentives for plans to submit data on utilization for all supplemental benefits, including key demographic information, to support efforts to measure and ensure equitable access to these benefits. Consider adopting a quality bonus payment for reporting of key data.*



Balancing Principle 3: SSBCI Are Manageable and Sustainable



NEAR-TERM

CMS should:

- Promote the use of ICD-10 Z-codes among providers to identify social needs through additional and broader training efforts, guidance on referrals to social services, and possible financial incentives. Consider leveraging plans to assist with this effort, including encouraging or incentivizing plans to provide incentives to providers for using ICD-10 Z-codes.



Balancing Principle 4: SSBCI Evolve with Continuous Learning and Improvement



LONG-TERM

CMS should:

- Support the convening of a multi-stakeholder workgroup to develop recommendations around building, managing, and disseminating a stronger evidence base on non-medical supplemental benefits by December 2022.*

For more details on the context and rationale for these recommendations, please see the full *Policy Brief*. For more information on the implementation landscape, please see the accompanying *Progress Report*.

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

