2020 – A Year of Growth

• Access to Medicare Advantage remains strong and stable
• Enrollment is growing
• Premiums continue to decrease
• More benefits are available
Access Remains Strong

2019

2020
Enrollment Continues to Grow

Note: July enrollment of the plan year is used for 2014-2020.
CY 2020 MA Supplemental Benefits

• Traditional Supplemental Benefits
  — Some of the most popular benefits based on enrollees, include vision (97%), hearing (89%), and dental (82%).

• Reinterpretation of Uniformity (MA Uniformity Flexibility)
  — Additional benefits or reduced cost sharing tied to enrollees with one or more disease states.

• Expanded Primarily Health Related Supplemental Benefits
  — Expanded definition of supplemental benefit considered to be “primarily health related.”
Beginning 2020 MA plans can offer Special Supplemental Benefits for the Chronically Ill for certain chronically ill enrollees.

- MA plans can choose to only offer these benefits for one or more specific chronic condition

- Reduced cost sharing for specific benefits (e.g., lower copay for specialist or acupuncture)

- Standard supplemental benefits offered only to the chronically ill enrollees (e.g., therapeutic massage)

- Non-health related supplemental benefits (e.g., transportation for non-medical needs, food and produce)
• A chronically ill enrollee is an individual who:

• Has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee;

• Has a high risk of hospitalization or other adverse health outcomes; and

• Requires intensive care coordination

• MA plans may offer a benefit to a chronically ill enrollee if it has a reasonable expectation of improving or maintaining their health or overall function
• Special Supplemental Benefits for the Chronically Ill (SSBCI)
  — Additional benefits or reduced cost sharing for certain chronically ill enrollees, including non-primarily health related benefits.
  — 7% of enrollees have access to at least one SSBCI through 267 plans.
  — The most popular benefits are food/produce, pest control, and transportation for non-medical needs.
• CMS announced in mid-March 2020 that MA plans were allowed to make mid-year benefit enhancements.

• Resulted from the unique circumstances related to outbreak of COVID-19
Medicare Advantage Networks

• Network Adequacy standards and methodology for Medicare Advantage plans are now codified in regulation. (42 C.F.R. § 422.116)

• The regulation defines, among other things:
  • Provider and Facility Specialty Types Subject to Network Adequacy Reviews
  • County Type Designations & Ratios
  • Minimum Number of Providers
  • Time & Distance
  • Exceptions to Standards
  • Telehealth Credit
  • Certificate of Need Law Credit
D-SNP “Look Alikes”

• Promoting integrated care for people dually eligible for Medicare and Medicaid is a CMS Priority

• Phase out “D-SNP look-alikes” – plans that almost exclusively serve dually eligible individuals but are not currently special needs plans.
  • Beginning for 2022, no new plans (other than SNPs) that project that 80% or more of their enrollment is dually eligible
  • By 2023, all plans with 80%+ dually eligible enrollment will need to be SNPs
  • New mechanisms to minimize disruption for people currently enrolled in a D-SNP look-alike.
Established 2 new SEPs

- SEP for Individuals Enrolled in a Plan Identified by CMS as a Consistent Poor Performer
- SEP for Individuals Enrolled in a Plan Placed in Receivership

SEP for Government Entity-Declared Disaster or Other Emergency

- As of 1/1/21 replaces SEP for Individuals Affected by a FEMA-Declared Weather-Related Emergency or Major Disaster
- Does not require FEMA declaration; not limited to weather-related events
- Starts as of the date the declaration is made, the incident start date or, if different, the start date identified in the declaration, whichever is earlier
- Ends 2 full calendar months following the end date identified in the declaration or, if different, the date the end of the incident is announced, whichever is later

Resource Mailbox:  [https://deepportal.lmi.org/deepmailbox/](https://deepportal.lmi.org/deepmailbox/)
• The CURES Act expanded enrollment options for individuals with end stage renal disease (ESRD).

• Starting January 1, 2021, beneficiaries with ESRD will be able to enroll in any Medicare Advantage (MA) plan in their area.
Questions

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