Session Overview

• National Perspective
  – Regulatory framework
    • Recent changes
  – Similarities and Variation

• State Perspective
  – Supplemental benefits in NC and UT
  – Counseling
  – Training
  – Marketing activity
Supplemental Benefits Background

- Medicare Advantage (MA) plans offer benefits that Original Medicare does not cover
  - Longstanding rule: plan benefits must be offered uniformly to all enrollees residing in the plan’s service area
  - Supplemental benefits have been part of the MA (Part C) program from its beginning in 1999
  - Special Need Plans (SNPs) have offered targeted benefits to special needs enrollees since 2006
Supplemental Benefits Background

• Key concepts
  – Supplemental benefit types
    • Standard
    • Targeted (began in 2019)
    • Chronic (began in 2020)
  – “Reinterpretations” announced in 2018
    • Primarily health related requirement
    • Uniformity requirement
Supplemental Benefits to Extend Original Medicare Benefits

• Additional hospital and SNF days
• Waive 3 day prior hospital rule for SNF stays
• Worldwide emergency/urgent care
• Routine care
  – Chiropractic
  – Dental care
  – Eye care and eye glasses
  – Hearing exams and hearing aids
Other Eligible Supplemental Benefits
(A partial list)

- Acupuncture
- Alternative Therapies
- Bathroom Safety Devices
- Alternative Therapies
- Fitness benefit
- Health education
- Home safety assessment
- Meals
- Medical Nutrition Therapy
- OTC benefits
- PERS
- Point of Service (POS)
- Transportation
- Weight loss programs
- Wigs with chemo
Covered Over-the-Counter (OTC) “Health & Wellness” Products
Most Popular Supplemental Benefits

- Vision: 95% of plans
- Fitness: 89% of plans
- Hearing: 89% of plans
- Dental: 81% of plans
- OTC card: 72% of plans
Enrollee Access to Supplemental Benefits

• What percent of all MA plan enrollees have...?
  – Vision benefits: 79%
  – Telehealth: 77%
  – Dental benefits: 74%
  – Fitness programs: 74%
  – Hearing aids: 72%
  – OTC benefits: 61%
  – Meals: 39%
  – Transportation: 34%
  – In-home support: 4%
Supplemental Benefit Definitions

• CMS interprets “supplemental healthcare benefit” as an item or service
  – (1) not covered by Original Medicare
  – (2) that is primarily health related, and
  – (3) for which the Medicare Advantage (MA) plan must incur a direct medical cost
Supplemental Benefit Definitions

• In 2018, CMS reinterpreted...
  – “Primarily health related” in effort to expand benefits for all MA plan enrollees.
  – The “uniformity requirement” to allow lower cost-sharing and extra benefits targeted to “similarly situated” beneficiaries with specific conditions, e.g., congestive heart failure, pre-diabetes, opiate use disorder
Primarily Health Related: Before 2018

• The primary purpose of an item or service must be “to prevent, cure, or diminish an illness or injury.”
  – If the primary purpose is “comfort, cosmetic, or daily maintenance then it is not eligible as a supplemental benefit.”

• Ineligible benefits: homemaker and maid services, massage, meals at home unrelated to a hospital stay or chronic illness
Primarily Health Related: After 2018

- CMS will allow supplemental benefits if they are used to:
  1) diagnose, prevent, or treat an illness or injury;
  2) compensate for physical impairments or ameliorate the functional/psychological impact of injuries or health conditions; or
  3) reduce avoidable emergency and healthcare utilization
    - Eligible benefits: therapeutic massage, caregiver support, adult day health services, and more
Special Supplemental Benefits for the Chronically Ill

• Bipartisan Budget Act of 2018
  – Expanded supplemental benefits for the chronically ill to include:
    • Benefits that “have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee and may not be limited to being primarily health related benefits.”
  – Allows MA plans to offer benefits that are both...
    • Not primarily health-related and offered non-uniformly to eligible chronically ill beneficiaries
Special Supplemental Benefits for the Chronically Ill

• Who’s “chronically ill?”
• An individual who—
  – Has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits overall health or function;
  – Has a high risk of hospitalization or other adverse health outcomes; and
  – Requires intensive care coordination.
Special Supplemental Benefits for the Chronically Ill

• SSBCI can be in the form of—
  – reduced cost sharing for Medicare covered benefits (such as to improve utilization of high-value services)
  – Reduced cost sharing for primarily health related supplemental benefits
  – Additional primarily health related supplemental benefits; or
  – Additional non-primarily health related supplemental benefits.
Examples: Non-primarily health SSBCI

- meals (beyond a limited basis)
- food and produce (i.e., groceries)
- transportation for non-medical needs
- pest control, indoor air quality improvements
- programs and events to address social needs (e.g., non-fitness club memberships, social clubs, park passes, etc.)
- structural home modifications
- general supports for living (e.g., rent or utility subsidies)
Who’s Entitled to a New Mattress?

You Might be Entitled to Receive a New Mattress From Medicare
“And now a word from our sponsors...”

• TV Commercial with Joe Namath for the Medicare Coverage Help Line
  – [https://www.youtube.com/watch?v=gfnAQBqsNtI](https://www.youtube.com/watch?v=gfnAQBqsNtI)

• “How do I sign up for that free lunch?”
  – How SHIPs and SMPs manage expectations
Supplemental Benefit Challenges for SHIPs and SMPs?

- **Beneficiaries:** What are you hearing & seeing?
- **Information:** How are you learning about supplemental benefit offered in your state?
- **Training:** How are you educating team members about supplemental benefits?
- **Counseling:** What are the key messages and/or caveats you share with clients?
- **Marketing Conduct:** Can you monitor the message?
- **COVID-19:** Has it added to the challenges?
Tips

• **No guarantee**: MA plan customer service representatives and agents/brokers *cannot* confirm that a potential plan member will be eligible for the new SSBCI prior to enrollment.

• **BOLO**: SMPs and SHIPs should “be on the lookout” for beneficiaries who were promised the new benefits, induced to join a plan, and didn’t get the SSBCI after enrolling. Use the SEP for Contract Violation when necessary.

• **Appeal Rights**: Plan members can appeal SSBCI denials. Refer to a plan’s Evidence of Coverage (EOC) for the coverage rules. CMS requires plans to clearly identify SSBCI eligibility criteria in their EOC documents.
Questions and comments?
CMS Regulations and Guidance

- Final Rule with SSBCI regulations published in the [Federal Register](https://federalregister.gov), June 2, 2020
- CMS’ [manual guidance on Supplemental Benefits](https://www.cms.gov) awaits revision
- CMS’ MA [Marketing Guidance](https://www.cms.gov) prohibits:
  - “communications that are materially inaccurate, misleading, or otherwise make misrepresentations or could confuse beneficiaries”
Resources

• Medicare Messenger article: “Medicare Advantage Plans’ New Supplemental Benefits: What to Look For”

• Center for Medicare Advocacy Advocates Guide

• Medicare Advantage Supplemental Benefits Counseling Tips