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Social Interventions Research & Evaluation Network

Understanding Opportunities and Barriers to Launching Social Care Initiatives in Medicare Advantage Plans



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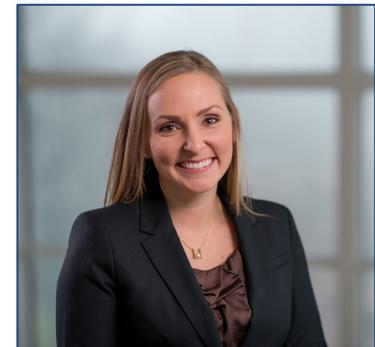
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SIREN Webinar

Understanding Opportunities and Barriers to
Launching Social Care Initiatives in Medicare
Advantage Plans

Medicare Advantage Plans' Adoption of New Supplemental Benefits in 2019 and 2020

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Disclosure & Acknowledgements

- Disclosures:
 - I have no commercial relationships to disclose.
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2019 Final Call Letter

- MA plans can offer supplemental benefits
- Previously, supplemental benefits must directly prevent or treat an illness, daily maintenance not allowed
- Expansion of “Primarily Health Related”
 - “it must diagnose, prevent, or treat an illness or injury, compensate for physical impairments, act to ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization”



2019 Final Call Letter

- Adult Day Care
- Caregiver Supports
- Home and Bathroom Safety Devices and Modifications
- Home-Based Palliative Care
- In-Home Support Services
- Non-Opioid pain management
- Memory Fitness Benefit
- Over-the-Counter Items

The Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act

- Bipartisan Budget Act of 2018
- Detailed in 2020 Call Letter
- Special Supplemental Benefits for the Chronically Ill (SSBCI)

Special Supplemental Benefits for the Chronically Ill (SSBCI)

- Items and services may include, but are not limited to:
 - meals furnished to the enrollee beyond a limited basis
 - transportation for non-medical needs
 - pest control
 - indoor air quality equipment and services
 - benefits to address social needs, so long as such items and services have a reasonable expectation of improving or maintaining the health or overall function of an individual as it relates to their chronic condition or illness

Methods

- 2019 and 2020 Plan Benefits Data
- Categorizing Benefits
 - Checkboxes
 - Free text fields qualitatively coded

Adoption of 2019 Benefits

2019 Expanded Benefits	2019	
	Plans	Enrollees
N	4,660	21,874,459
Adult Day Care	2 (<1%)	<1%
Caregiver Support	429 (9.2%)	17.7%
Home Based Safety Modifications	3 (0.1%)	<1%
Home Based Palliative Care	28 (0.6%)	<1%
In-Home Support	157 (3.4%)	2.9%
Non-Opioid pain management	22 (0.5%)	<1%
Memory Fitness Benefits	0 (0.0%)	0%
OTC Items	5 (0.1%)	<1%

Adoption of 2019 Benefits

2019 Expanded Benefits	2019		2020	
	Plans	Enrollees	Plans	Enrollees
N	4,660	21,874,459	5,419	20,438,131
Adult Day Care	2 (<1%)	<1%	83 (1.5%)	1.9%
Caregiver Support	429 (9.2%)	17.7%	125 (2.3%)	3.8%
Home Based Safety Modifications	3 (0.1%)	<1%	359 (6.6%)	7.0%
Home Based Palliative Care	28 (0.6%)	<1%	55 (1.0%)	2.0%
In-Home Support	157 (3.4%)	2.9%	275 (5.1%)	4.5%
Non-Opioid pain management	22 (0.5%)	<1%	225 (4.2%)	3.4%
Memory Fitness Benefits	0 (0.0%)	0%	14 (0.3%)	<1%
OTC Items	5 (0.1%)	<1%	58 (1.1%)	1.2%

Adoption of 2020 Benefits

Benefit	Plans	Enrollees
n	5419	20,438,131
Meals	64 (1.2%)	1.4%
Non-Medical Transportation		
Ride Share	586 (10.8%)	6.7%
Taxi	913 (16.8%)	12.9%
Public Transit	252 (4.7%)	3.7%
Van	1629 (30.1%)	29.1%
Pest Control	0 (0%)	0%
Air Quality Control	0 (0%)	0%

% of contracts and enrollees in Plans that offered any new SSCBI benefit in 2020

	Contract		Enrollees	
	n	%	n	%
Type				
HMO	1,715	47.6	6,356,009	49.9
PPO	266	15.9	811,075	11
Other	26	17.5	95,778	30.1
Enrollment				
Small (<4100)	480	45	113,543	42.1
Medium (4,100-23,500)	467	41.7	807,440	41.3
Large (>23,500)	492	43.2	6,341,879	34.8
Star Category				
2-2.5	4	30.8	2,853	20.7
3-3.5	409	43.3	1,184,388	38.5
4-4.5	1,111	51.6	5,456,409	49.4
5	123	54	527,928	31.3
Contract Age				
Prior to 2006	963	37.2	4,729,266	34.9
2006-2013	629	38	2,250,186	38.7
2014-2020	176	31.7	234,748	26.1
Tax Status				
For-profit	1,369	37.1	5,525,482	37.5
Non-profit	399	36	1,688,718	30.6

Conclusions

- Benefit adoption slow in 2019 and 2020
- With a second year, 2019 benefits have continued to grow
- Larger, higher rated plans most often offered new benefits



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November 22, 2019

Medicare Advantage Plans' Responses to the CHRONIC Care Act of 2018

VA



U.S. Department of Veterans Affairs

Veterans Health Administration
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Objectives

- Understand MA plan representatives' perspectives on the importance of addressing members' social needs and their responses to the passage of the CHRONIC Care Act



Study Design

- Semi-structured qualitative interviews
- Interviews conducted from July-October 2018
- Interviews coded and qualitatively analyzed using modified content analysis to understand overarching themes



Study Sample

- 38 upper management personnel from 17 MA plans (representing 65% of MA members nationally)
- Plans varied in geographic coverage, star ratings, organizational age, and enrollment



Main Finding: Theme 1

- Addressing members' social needs is important to improving members' health and enhancing the overall healthcare delivery system



Addressing Social Needs is Important

- Remain in the community and reduce healthcare costs

“We really try to keep people in the community as much as possible, and that means providing everything from transportation to home delivered meals, to durable medical equipment and things that will make it possible to keep people in their home...We feel pretty strongly that if we are able to maintain people in the community and address their social determinants that their health care costs go down. So it's a pretty high priority.” (Org 13)



Addressing Social Needs is Important

- Increasingly discussed topic in MA

“[SDOH] certainly is becoming much more of an area of focus for us....You can't go to any type of event where health care improvement is being discussed in the state or a national event or whatever, or even some of our own internal meetings, and the phrase social determinants of health comes up...Because it is clear that it plays a big role in people's health.” (Org 7)



Main Finding: Theme 2

- Perspectives on whether MA plans should directly address social needs and their methods for doing so, vary
 - Address SDOH by referring to and supporting CBOs
 - Address SDOH through formal benefit design



Address SDOH by Referring to and Supporting CBOs

- Plan vs. community responsibility

“That is the conundrum I think we’re in, in terms of what degree do we really want to innovate and get into lines of business that really are best served by providers or communities at large. It’s a fundamental question I think that we’re still working through.” (Org 12)



Address SDOH by Referring to and Supporting CBOs

- Leveraging community resources and referring

“Increasingly we're looking at care management programs that leverage community resources. We have a program that is kind of an aggregator of those services that is made available to our care managers that they can then bring to bear when they are engaging our members and they find that they have needs that are kind of outside of our benefits.”

(Org 2)



Address SDOH by Referring to and Supporting CBOs

- Investing in CBOs

“These community agencies have often really important long-term relationships with our members. That's really something we want to enable and empower them to continue to do without necessarily having to rely on their health plan to do so... we're investing close to a quarter of a million dollars in addressing social needs through community grants...Our communities are best positioned to be able to address their own needs. They're closest to it” (Org 12)



Addressing Social Needs through Benefit Design

- Target subgroups of members

“One challenge that the MA organizations have had for years has been that even if we have identified specific populations that have the need for specific programs, the requirement has always been that we provide them regardless of the need to everybody evenly.... In future years, we’ll have the ability to develop programs and benefits that are more targeted than maybe has been the case in the past.” (Org 1)



Addressing Social Needs through Benefit Design

- Meets needs and allows plans to be more competitive

“I’m looking to grow my membership. We’re a for-profit company, so the other thing that I’m looking at is what are going to be the things that are [going to] resonate out in marketplace that people want to see and want to have.” (Org 14)



Addressing Social Needs through Benefit Design

- Partnering with CBOs to meet members' social needs
 - Qualities in CBO partners



Qualities in CBO Partners

- Evidence of success

“The more evidence they have that their solution creates the outcomes to solve the problem that we have the better... It's proof points we're interested in... Quality of life, clinical outcomes, and more of the business financial result. So if they have that trifecta that's great. If they have one or two of them then that's okay and we kind of make a case by case decision... we want to know that there are health outcomes, and we want to know if there are business or financial outcomes.” (Org 6)



Qualities in CBO Partners

- Ability to scale services

“With [CBOs] there's such variability in their ability to execute at a high level. They might be really, really good at doing meals in a very confined geography for a very specific population, but they're not really able to take that to a higher level. So if they haven't really demonstrated their ability to do that, we would be hesitant to put all our marbles in that box.” (Org 4)



Qualities in CBO Partners

- Understanding MA compliance and regulatory issues

“Recognizing that we're regulated by CMS. So anytime any vendor would be coming to us and wanting to have the opportunity to interact with our members in some capacity, they would have to have sort of like a baseline knowledge of CMS compliance requirements.” (Org 2)



Conclusion

- MA plan participants indicate that social needs are important and should be addressed
- Plans approaches are distinctly different: some are interested in creating new, supplemental benefits while others prefer to support CBOs to address members' needs
- Participants discussed factors that make CBOs appealing partners in offering these benefits
- Changes in MA plans' benefit packages in response to CHRONIC will likely be modest



Thank you!

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How do Medicare Advantage plans leverage new opportunities to provide social care benefits?

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Michelle Tong, BA
Laura Gottlieb, MD, MPH

11/22/19

Study overview

- Random sample of nationally representative plans (14 plans, n=25 members of executive leadership teams)
 - Equally sampled plans on:
 - National, regional, and local coverage
 - Special needs plans (SNP) and non-SNP plans
 - For profit and non-profit

Rationale for addressing SDoH

What did we find?

- Mission and values over ROI drive action to change coverage



...it gives actuaries
heartburn.



It's a tight time frame for a plan to get a real understanding of the impact of the benefits...I sort of took a chance and pushed the team to expand it.

Evidence gaps

What did we find? (2)

- Evidence gaps hinder new benefit impact estimates
- Plans hoping ROI evidence will follow and will support mission



Most research has been about correlations between SDoH and health outcomes... what's missing is evidence around causation. If you addressed food insecurity, what happens to cost of care, admissions... the evidence is lacking, frankly.

What benefits do MA plans offer now,
and what changes are they planning?

What did we find? (3)

- New 2020 benefits were primarily for meals/transportation
- Plans slow to expand benefits despite flexibility
 - Some opted not to expand benefits
 - Challenges in resource allocation and capacity
 - Evidence of uptake of new benefits
- Plans are still evaluating some of their new benefits



We did significant reinvestment in our premiums, I know that's not as sizzly as adding a meal benefit, but that's literal money back in our members' pockets and we consider that really valuable.



We started looking at it from a financial perspective, and there wasn't a whole lot of data out there... We just weren't seeing many people take us up on the benefit.

Future Directions



Just because we aren't offering it in 2020 doesn't mean we're not having ongoing conversations. This flexibility [from CMS] is creating a whole new conversation we've never been able to take before, so we're all running down this road not sure where it's going to lead us but very interested in doing the right thing.



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Thank you!

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