Aging and Disability BUSINESS INSTITUTE

Connecting Communities and Health Care

n4a

advocacy | action | answers on aging

ASA

American Society on Aging

CBO Partnership Opportunities with Medicare Advantage Plans

Part of the Aging and Disability Business Institute Series- a collaboration of n4a and ASA

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The “Business Institute”

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.n4a.org/businessinstitute

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Speakers

- Paul Cantrell, Executive Director and CEO of Comprehensive Care Connections (C3)
- Tim McNeill, RN, MPH, Independent Healthcare Consultant
- Kathy Vesley-Massey, President and CEO of VAAACares

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Partners and Funders

Partners:

- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence

Funders:

- Administration for Community Living
- The John A. Hartford Foundation
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation

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Know Your Audience

What motivates MA plans

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Medicaid LTSS
vs
Medicare Advantage

How are their priorities different?

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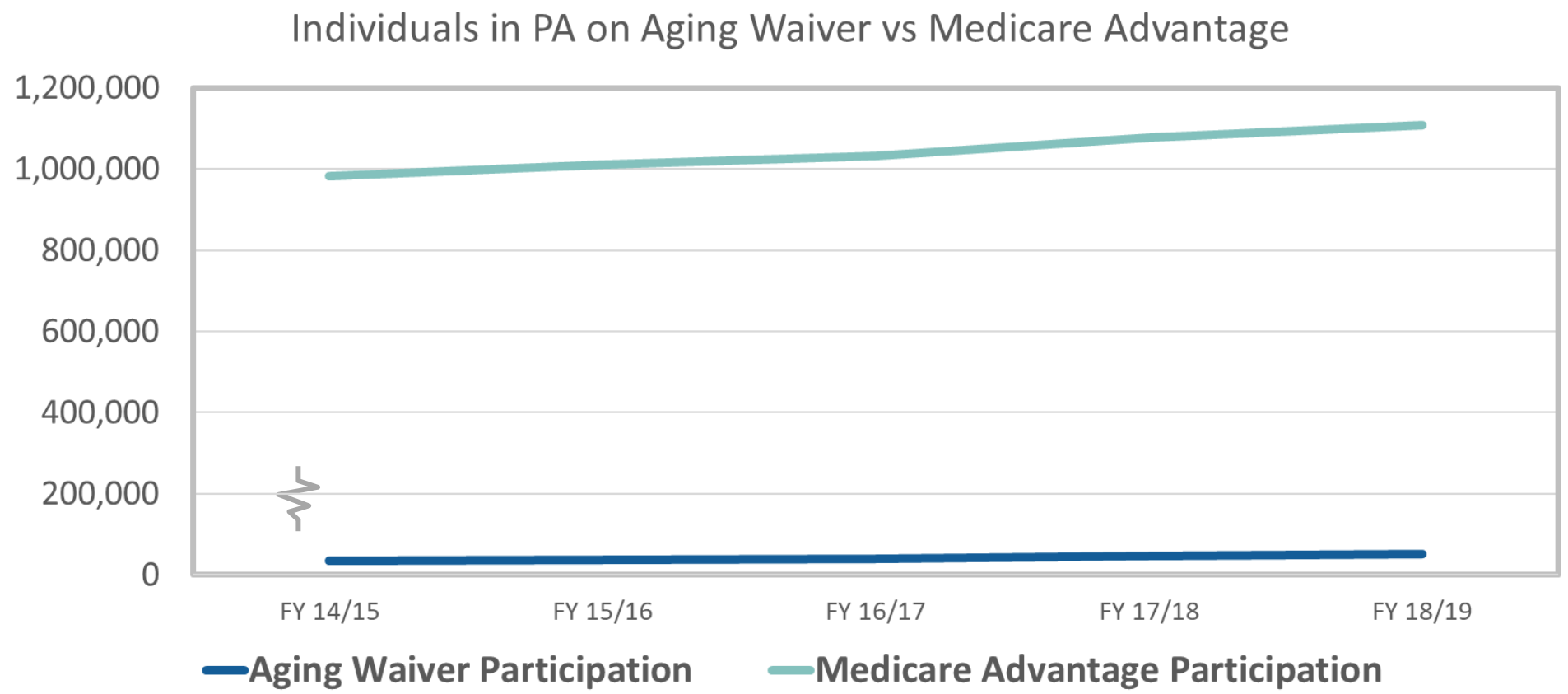
Why are opportunities in Medicare Advantage ("MA") important for CBOs?

- **36%** - # of Medicare beneficiaries enrolled in an MA plan for 2019 (est.)
- **41%** - Percent of Medicare enrollees in MA in 2027

The Opportunity: Medicaid vs. Medicare Adv.



Sources: Aging Waiver data from SAMS, projected after 2018. Medicare Advantage from CMS, projected after 2018.

Medicaid vs MA from 50,000 ft.

Medicaid:

- **State** and federal coordination
- **All ages/means-tested** eligibility
- Behavioral health **carveouts**
- LTSS enrollees: **Multiple, chronic conditions**
- MLTSS: Active and **Passive** enrollment
- MLTSS enrollment: Varies by state (EX: **monthly**)
- Medicaid HCBS: **5.9** million people (2012)
- Medicaid HCBS: **$94** billion (2016)

Sources: https://www.macpac.gov
https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/1115/downloads/list-of-eligibility-groups.pdf

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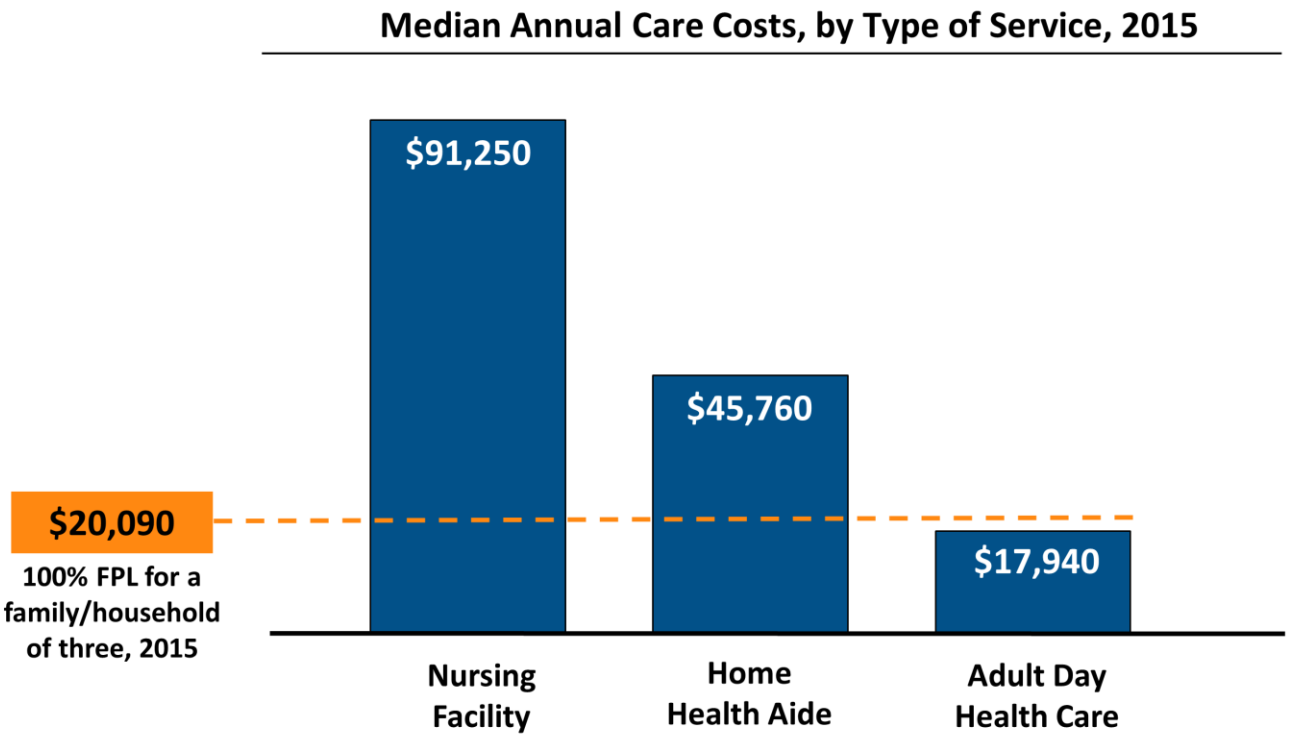
Figure 2

Long-Term Services and Supports Are Expensive, Often Exceeding What Beneficiaries and Their Families Can Afford



SOURCES: Genworth, *Genworth 2015 Cost of Care Survey* (Richmond, VA: Genworth Financial, Inc., April 2015), https://www.genworth.com/dam/Americas/US/PDFs/Consumer/corporate/130568_040115_gnw.pdf; U.S. Department of Health and Human Services, 2015 Poverty Guidelines, https://aspe.hhs.gov/2015-poverty-guidelines.

THE HENRY J. KAISER FAMILY FOUNDATION

https://kaiserfamilyfoundation.files.wordpress.com/2015/12/8617-02-figure-2.png

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Medicaid vs MA from 50,000 ft.

Medicare Advantage ("MA"):

- Federal program
- O65 and disabled individuals
- No LTC
- Enrollment: Annual/special open enrollment periods
- Across the continuum of health and wellness
- Active enrollment only (compete w/Original Medicare)
- HCBS: limited and rules are changing *(why we're here today!)*
- No housing (nursing facility) or HCBS benefit (pre-2019)
- MA enrollment: **22.6** million people (2019 projected)

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What will be important to the MCOs?

- Did the new benefits help the MCO with their **quality metrics** (EX: HEDIS)?
- Did the effort **identify previously unidentified health conditions**?
- Did the new benefit(s) lead to **measurable health or behavior change**(s)?
- Did the new benefit(s) lead to **measurable savings for the MCO**?

Know Your Audience

What motivates MA plans

- Triple Aim
- Closing HEDIS gaps
- Improving Star ratings
- Client satisfaction
- ROI

HEDIS: https://www.ncqa.org/wp-content/uploads/2018/08/20190000_HEDIS_Measures_SummaryofChanges.pdf
Star: https://www.medicare.gov/find-a-plan/staticpages/rating/planrating-help.aspx

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So, what changed to make SDOH a focus for MA Plans and a new opportunity for CBOs?

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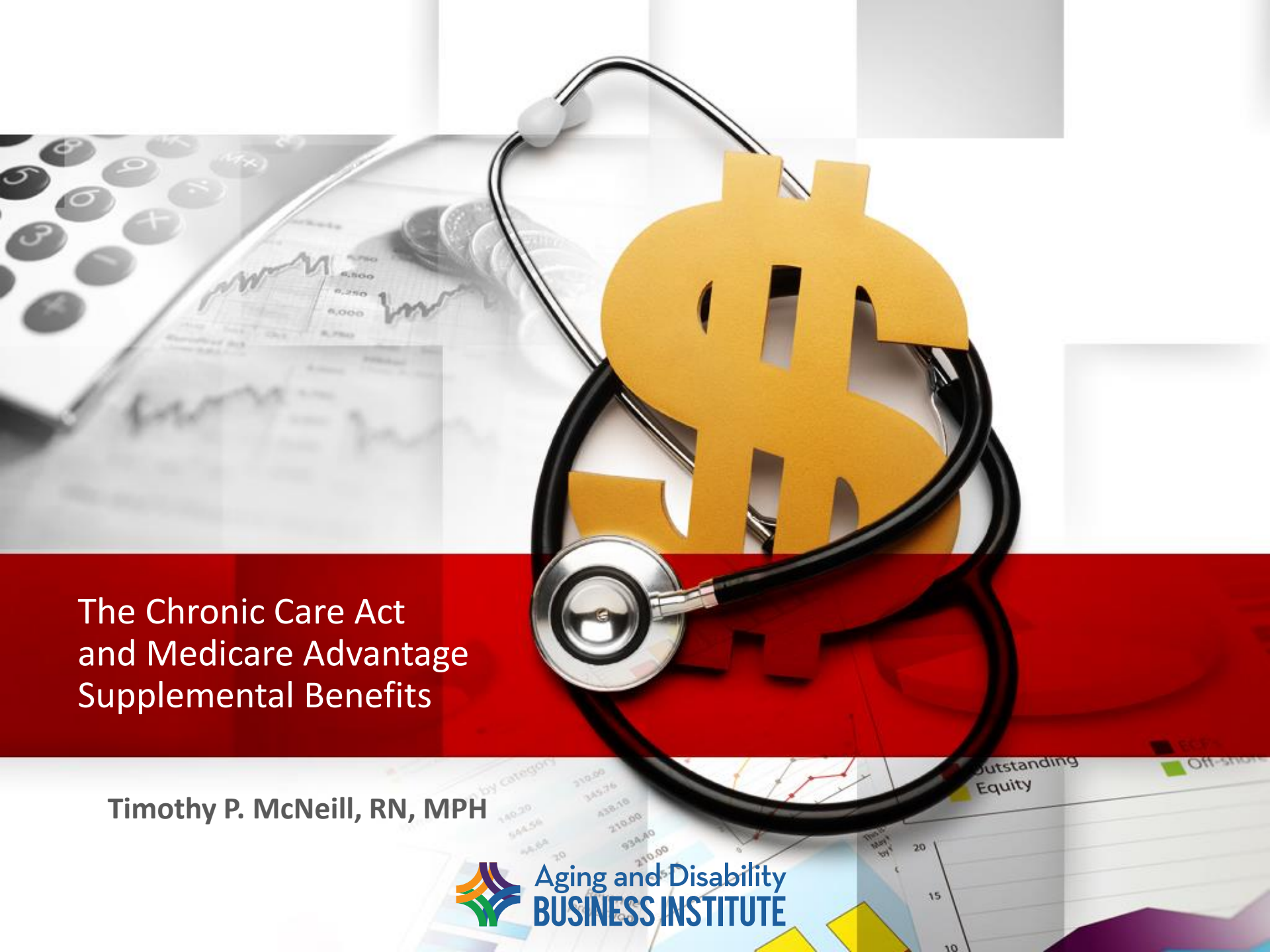

The Chronic Care Act and Medicare Advantage Supplemental Benefits

Timothy P. McNeill, RN, MPH

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CMS Rule Changes for Medicare Advantage Plans

- CMS Announced Medicare Advantage Plan requirement changes to increase plan flexibility to tailor services to the needs of the beneficiary:
  - Proposed Ruling released in two parts
    - December 27, 2017
    - February 1, 2018
  - Final Policy Released
    - April 2, 2018
  - CMS Guidance Memo Released
    - April 27, 2018

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2019: Expanding Health Related Supplemental Benefits

- The previous regulations limited supplemental MA plan benefits to health-related services.
  - There were specific limitations on supplemental benefits that include daily maintenance.
- This requirement prevented some plans for designing supplemental benefit packages that included non-skilled services that could reduce readmissions or improve health outcomes.

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2019 Re-interpretation of the Supplemental Benefit

- "Under this reinterpretation, CMS would allow supplemental benefits if they are used to 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."

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Uniformity Flexibility

- There was a rule that required health plan benefits to be made available to all beneficiaries uniformly
- Some plans would not develop targeted benefits for specific population because of fear of violating this rule.
- The 2019 rule change:
  - CMS has determined that plans can provide certain enrollees with access to different benefits and services.

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CMS Rule Changes Effective Date

- The Supplemental Benefit and Uniformity Flexibility rules take effect for the 2019 benefit year.
- 2019 Bid review correspondence will be sent by June 30, 2018.
- 2019 MA Plan bid training began April 2018
- MA plans are preparing their 2019 bids for submission later this year (2018).

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MA Plan Bid Package

- Release of MA Rate Book (April)
- Initial Bid Submission (June)
- Bid must be certified by a qualified actuary
- MA plans must offer all items covered by Medicare Part A & B
- MA plans may offer additional benefits
  - Supplemental Benefits
  - Optional Benefits

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Bipartisan Budget Act of 2018

- Provides greater flexibility in the definition of supplemental benefits
- Includes the Chronic Care Act
- Changes required by the Bipartisan Budget Act of 2018 take effect beginning 2020, and subsequent plan years
- Plans have more time to define their plan for supplemental benefits than under the CY2019 change

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Excerpt from Legislation

- For plan year 2020 and subsequent plan years, in addition to any supplemental health care benefits otherwise provided under this paragraph, an MA plan, including a specialized MA plan for special needs individuals (as defined in section 1859(b)(6)), may provide supplemental benefits described in clause (ii) to a chronically ill enrollee (as defined in clause (iii)).

Supplemental Benefits Defined

- AUTHORITY TO WAIVE UNIFORMITY REQUIREMENTS.—The Secretary may, only with respect to supplemental benefits provided to a chronically ill enrollee under this sub- paragraph, waive the uniformity requirements under this part, as deter- mined appropriate by the Secretary.

CMS Guidance Memo Released

- April 27, 2018: CMS released guidance on services that can be included as a supplemental benefit. Key categories include:
  - Adult Day Care Services
  - In-Home Support Services
  - Support for Caregivers of Enrollees
  - Stand-alone Memory Fitness Benefit
  - Home & Bathroom Safety Devices & Modifications
  - Transportation

Market Response to the Rule Change for 2019

- CMS Press Release dated Sep 28, 2018
  - 270 MA plans are providing nearly 1.5 million enrollees with access to new supplemental benefits
  - Approved supplemental benefits include
    - Adult Day Care services
    - In-home support services
    - Caregiver support services
    - Home-based palliative care
    - Non-urgent transportation

Better Medicare Alliance Research

- Report commissioned by the Better Medicare Alliance and conducted by Milliman found in CY2019, 102 plans reported offering specific supplemental benefits in three primary categories:
  - Home-based Palliative Care: 29 plans in 5 states (MN, NY, OR, PA, WA)
  - In-home Support Services: 51 plans in 15 states (CA, FL, GA, HI, IL, KY, MD, NJ, NY, OK, PA, RI, SC, TX, VA)
  - Medically-Approved non-opioid pain management: 22 plans in 5 states (FL, ME, MA, NH, NM)

CY2019 Large MA Plan Promotion of Supplemental Benefits

- United Healthcare
  - Transportation: About 1.7 million people will have access to transportation for doctor appointments and other health-related needs
  - Solutions for Caregivers: Caregiver resources including access to care management, personalized care plan development and emotional support

CY2019 Large MA Plan Promotion of Supplemental Benefits

- Humana
  - Dental benefits
  - Hearing and Vision coverage
  - Fitness Program memberships
  - Home-delivered meals following an inpatient hospital stay

CY2019 Large MA Plan Promotion of Supplemental Benefits

- Cigna
  - Transportation to medical appointments and pharmacies
  - Home-delivered meals for one week following an acute inpatient hospital stay

CY2019 Large MA Plan Promotion of Supplemental Benefits

- Aetna
  - Home-delivered meals after a hospital discharge
  - Transportation to plan-approved locations

VAAACares example

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VAAACares

- Define the makeup of the network
- Reach of the Network
- Network members
- Regions covered
- Healthcare partnerships

Supplemental Benefit Business Strategy

- Identify services that the network is currently providing that aligns with the CMS supplemental benefit guidance.
- Define the capacity of the partnering agencies to deliver services to additional beneficiaries
- Define a value proposition of obtaining supplemental benefits from the network

Proposal and Presentation Sample

- VAAACares developed a proposal and presentation template that outlines the following:
  - Proposed list of supplemental benefits
  - Regions of the State where the network can deliver supplemental benefits
  - Value proposition
    - Use of supplemental benefits to reduce readmissions and SNF diversion
    - In-home assessment
    - Person-Centered planning and intervention management

Clinical Integration Strategy – Health System Partner

- Direct contracting with one of the largest health systems in the State of Virginia for care transition services
- Developed a joint sustainability plan for care transition services that includes contracting with MA plans
- Leveraging the health system relationship and access to MA plans to jointly present the supplemental benefit offering
- Targeting supplemental benefits to MA plan members that are admitted to the health system

Clinical Integration Strategy – Independent Physician Grp

- Direct contracting with one of the States largest physician-led accountable care organizations.
- The ACO is a major primary care provider for MA plans.
- Targeting supplemental benefits to MA plan members that are current patients of the ACO
- Jointly presenting (Physician Grp + VAAACares) to MA plans the value of covering supplemental benefits to patients we jointly manage.

Pilot Testing the Model

- Large Health System and Hospital-owned physician group desires to purchase care transitions services for Medicare beneficiaries.
- Hospital-owned physician group identifying MA plan members that could benefit from supplemental benefits.
- Directly marketing to MA plans for specific members with the physician group to cover expanded supplemental benefits as part of the medical management plan.

Questions & Answers:
Please Submit Using the “Questions” Box

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http://www.asaging.org/series/109/aging-and-disability-business-institute-series

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