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IDEAS TO ACTION IN HEALTHCARE & AGING

Data Insight: Special Supplemental Benefits for the Chronically Ill in Plan Year 2021

Now entering their second year, Special Supplemental Benefits for the Chronically Ill (SSBCI) have grown exponentially. Data from the Centers for Medicare and Medicaid Services (CMS) reveal that a larger share of Medicare Advantage (MA) plans, as well as Medicare Advantage Organizations (MAOs), are now offering SSBCI. The number of MA plans offering SSBCI has increased from **267 plans** in Plan Year 2020 to **942 plans** in Plan Year 2021. While this increase is partially driven by large insurers offering SSBCI across more of their plans, we are also seeing smaller and regional MAOs choosing to offer SSBCI, some for the first time, in 2021.

New for 2021

There are considerable increases in SSBCI from Plan Year 2020, the first year these benefits were available, to Plan Year 2021 (see Table 1 and Chart 1 below). Certain benefits that can help fill critical needs for a chronically ill population – particularly during the COVID-19 pandemic – such as Food & Produce, Meals (beyond a limited basis), and Social Needs Benefits, saw some of the largest increases. The Social Needs Benefit, in particular, saw an increase of over 500% from its first year.

The number of plans offering non-primarily health-related SSBCI increased from 245 to 831, while the number of plans utilizing SSBCI authority to provide any supplemental benefit, including primarily health-related SSBCI, increased from 267 to 942.

What are SSBCI?

SSBCI are benefits that can be offered to Medicare Advantage members with one or more complex chronic conditions, who are at high risk for hospitalization or adverse health outcomes, and who require intensive care coordination.

These benefits are in addition to the benefits that traditional Medicare covers, and can include non-primarily health related benefits so long as there is a reasonable expectation of improving or maintaining the health or overall function of the member. These benefits can be targeted to individual need. For more background on SSBCI, see the "SSBCI Background" section below.

Table 1: Number of Plans Offering SSBCI, Plan Year 2020 to Plan Year 2021

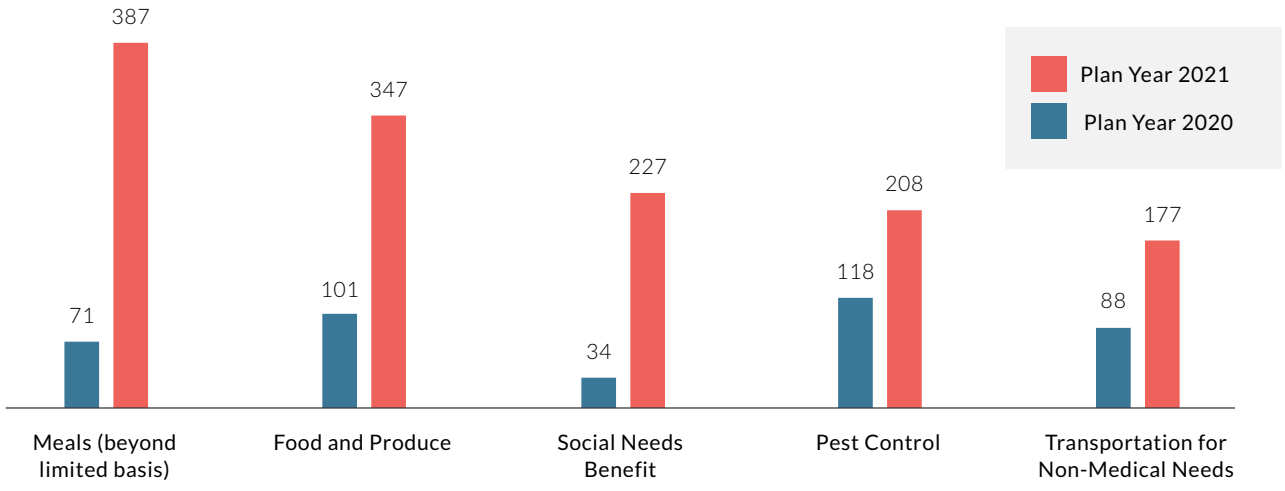
Benefit	Number of Plans Offering in 2020	Number of Plans Offering in 2021	Percent Change
Food and Produce	101	347	⬆244% increase
Meals (beyond limited basis)	71	387	⬆445% increase
Pest Control	118	208	⬆76% increase
Transportation for Non-Medical Needs	88	177	⬆101% increase
Indoor Air Quality Equipment and Services	52	140	⬆169% increase
Social Needs Benefit	34	227	⬆568% increase
Complementary Therapies	1	0	⬇100% decrease
Services Supporting Self-Direction	20	96	⬆380% increase
Structural Home Modifications	44	42	⬇5% decrease
General Supports for Living	67	150	⬆124% increase
Other Non-Primarily Health-Related SSBCI	51	208	⬆308% increase
Total Number of Plans Offering Non-Primarily Health-Related SSBCI*	245	831	⬆239% increase
Primarily Health-Related SSBCI**	22	111	⬆405% increase
Total Number of Plans Offering SSBCI	267	942	⬆253% increase

Note(s): 'Plan' defined as the combination of a Contract Number, Plan ID, and Segment ID. Plans may be offering more than one of the above benefits so numbers are not mutually exclusive. Some plans filed "Social Needs Benefit" in "Other Non-Primarily Health-Related SSBCI;" those plans are counted in the "Social Needs Benefit" row total instead of "Other."

**Previous ATI analysis focused on non-primarily health-related SSBCI. **For this analysis, numbers also include plans using SSBCI authority to offer benefits that are primarily health-related in nature (e.g., dental services, post-discharge meals). Primarily health-related benefits are those "used to diagnose, compensate for physical impairments, act to ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization."*

Chart 1: Number of Plans Offering Top 5 Non-Primarily Health-Related SSBCI

Top 5 SSBCI in Plan Year 2021 by Plan Count



Source: ATI Analysis of CMS PBP files, includes employer plans, excludes PDPs, MMPs, Part B-only plans, and PACE.

Plans are also introducing brand new SSBCI in 2021 (see Table 2 below). In 2020, only Service Dog Supports were offered as "Other" SSBCI. In 2021, plans are offering a much wider variety of "Other" SSBCI, including Grocery or Prescription Shopping and Door Drop, Thorough House Cleaning, and a Data Plan benefit, to name a few.

Table 2: Number of Plans Offering "Other" SSBCI

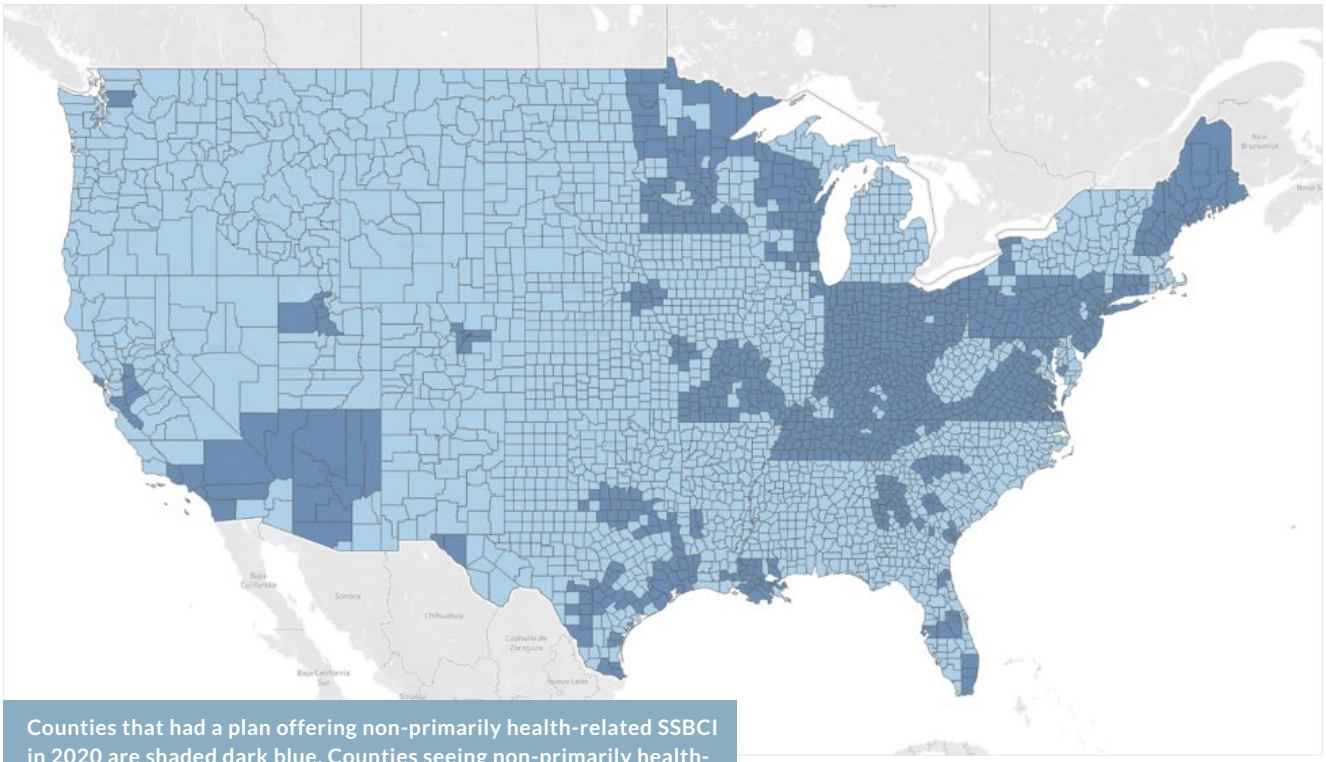
Other Non-Primarily Health-Related SSBCI	Number of Plans Offering in 2021	Percent of Plans Offering Other SSBCI (n = 208)
Service Dog Support	80	39%
Virtual Visit	62	30%
Grocery Shopping and Door Drop	62	30%
Prescription Pickup and Door Drop	62	30%
Grocery Delivery Coverage	30	14%
Pet Services	16	8%
Independence and Safe Mobility with AAA	8	4%
Thorough House Cleaning	7	3%
Data Plan	2	1%
Pet Care Services	2	1%
Healthy Foods	1	1%
Total Number of Plans Offering Other Non-Primarily Health Related SSBCI	208	100%

**Note: Plans may be offering more than one of the above benefits, so numbers are not mutually exclusive.*

Source: ATI Analysis of CMS PBP files, includes employer plans, excludes PDPs, MMPs, Part B-only plans, and PACE.

For the first time, certain SSBCI are available in at least one plan in every county in the country (see Visual 1 below). In 2021, there is nationwide coverage of both Meals and Social Needs Benefits. Similarly, the percentage of plans offering non-primarily health-related SSBCI has increased from 4% in 2020 to 13% of plans in 2021. Several major MAOs comprise nearly half (46%) of all plans offering these types of SSBCI, including Cigna (19%), Anthem (17%), and Humana (10%).

Visual 1: Map of Counties with at Least One Plan Offering **Non-Primarily Health-Related SSBCI, 2021**



Counties that had a plan offering non-primarily health-related SSBCI in 2020 are shaded dark blue. Counties seeing non-primarily health-related SSBCI for the first time in 2021 are shaded light blue.

Source: ATI Analysis of CMS PBP files, includes employer plans, excludes PDPs, MMPs, Part B-only plans, and PACE.

Special Needs Plans More Likely to Offer SSBCI

Special Needs Plans (SNPs) offer SSBCI in larger percentages than their counterparts (see Table 3 below). SNPs, by definition, are targeted to groups of individuals who have special and/or complex needs, including individuals who have certain chronic conditions, have an institutional level of need, and/or are dually-eligible for Medicaid. Many of these new benefits, like Non-Medical Transportation and Extended Meals, are well-suited to help meet the needs of these populations and may ultimately reduce unnecessary healthcare utilization. In addition, as SNPs have requirements in their model of care to conduct health risk assessments and create individualized care plans for their enrollees, these plans are better able to record, track, and possibly direct beneficiaries to benefits for which they are eligible. This is in contrast to the MA plans available to all Medicare beneficiaries, where it can be difficult to identify who is eligible for SSBCI under the three-part definition of "chronically ill."

Table 3: Types of Plans Offering SSBCI in 2021

	Number of Plans Offering SSBCI	Total Number of Plans for 2021	Percent of Row
Chronic Condition Special Needs Plans (C-SNPs)	68	214	31.8%
Dual Eligible Special Needs Plans (D-SNPs)	207	627	33.0%
Institutional Special Needs Plans (I-SNPs)	20	174	11.5%
Total Number of SNPs	295	1,015	29.1%
Total Number of Non-SNPs	647	5,204	12.4%
Total Number of Plans	942	6,219	15.1%

Source: ATI Analysis of CMS PBP files, includes employer plans, excludes PDPs, MMPs, Part B-only plans, and PACE.

Conclusion

Plans are offering an increased number of SSBCI in 2021, the second year that CMS has allowed this benefit option. During a time where the healthcare ecosystem has been placed under considerable strain due to the COVID-19 public health emergency, increased uptake of SSBCI by MA plans demonstrates the value plans perceive from these benefits. ATI Advisory, together with the Long-Term Quality Alliance, will continue to explore what influences plan decisions to offer these new supplemental benefits.

For More Information

With support from The SCAN Foundation, ATI Advisory and the Long-Term Quality Alliance released two resources in the Fall of 2020, available on the *Advancing Non-Medical Supplemental Benefits in Medicare Advantage* landing page. The first resource is a roadmap for plans and providers with strategies for overcoming obstacles related to these new supplemental benefits. The second resource is a policy brief with short- and long-term policy opportunities to enhance the availability of these benefits.

To see which of these new, non-medical benefits plans are offering in Plan Year 2021, see our *chartbook here*. Also see our last data insight, "New Primarily Health-Related Benefits in 2021 Medicare Advantage Plans," as well as our past work and analyses, on our *landing page*.

SSBCI Background

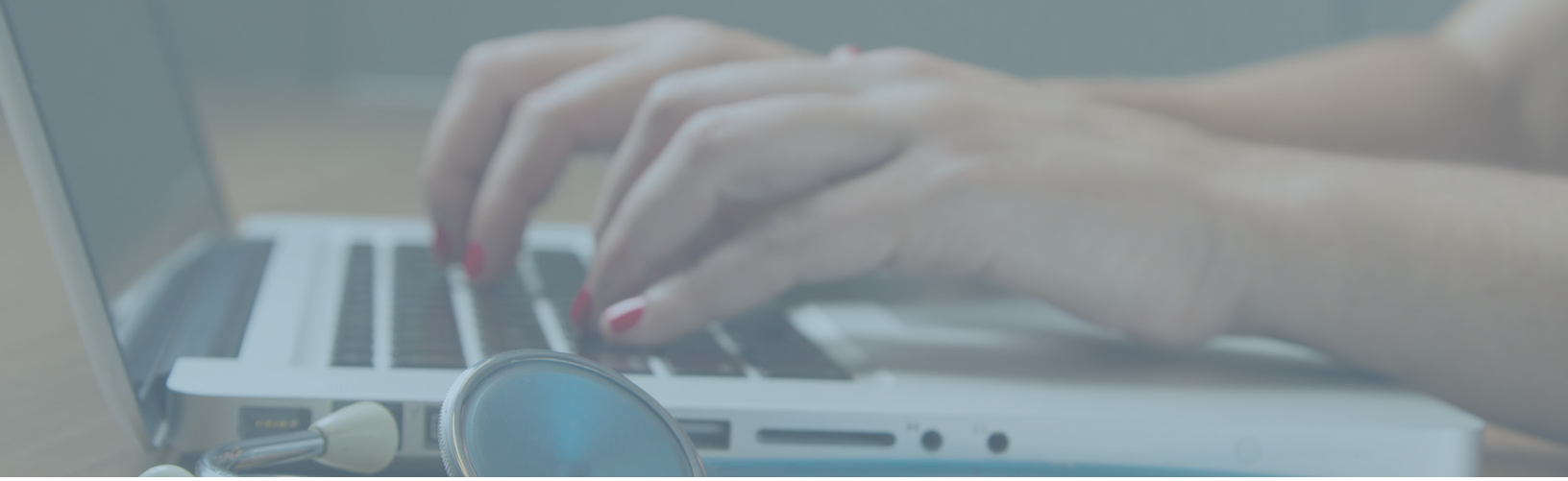
Congress created SSBCI through the *Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act*, enacted as part of the Bipartisan Budget Act of 2018. In creating SSBCI, Congress introduced unprecedented flexibility, permitting MA plans to provide supplemental benefits that are non-primarily health-related in nature for the first time. Additionally, these new benefits can be offered non-uniformly, meaning they can be targeted and tailored to individual need.

In order to qualify as SSBCI, benefits "must have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee." A "chronically ill" enrollee is defined in statute, through a three-part test, as an enrollee 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.

CMS released *guidance* in 2019 to clarify this new authority and provide examples of what types of benefits could qualify as non-primarily health-related SSBCI. Some of the examples of SSBCI in this guidance included Food and Produce, Pest Control, and Social Needs Benefits. CMS noted, however, that this list was not exhaustive and that plans could offer other benefits they believe fit the definition of non-primarily health-related. Plans can also offer additional primarily health-related benefits, such as Medical Transportation or Post-Discharge Meals, and reduced cost sharing for Medicare covered benefits or for primarily health-related supplemental benefits as SSBCI.

In addition to SSBCI, plans are able to employ a number of other authorities to target or offer supplemental benefits, including the expanded definition of primarily health-related benefits, uniformity flexibility, and the Value-Based Insurance Design (VBID) Model. This data brief only reviews SSBCI authority and offerings.



Methods

This analysis was run using CMS' publicly available files: 2020 information was pulled from the "PBP Benefits – 2020 – Quarter 4" file and 2021 information was pulled from the "PBP Benefits – 2021 (Updated as of 1/12/2021)" file. For this analysis, a plan is defined as the combination of a Contract Number, Plan ID, and Segment ID. ATI analysis includes Employer Group Health Plans (EGHPs) and excludes Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMPs), Part B-only plans, and PACE. For this analysis, benefits are pulled from specific variables in the PBP files. Previous ATI analysis focused on non-primarily health-related SSBCI.

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.