

ATI Advisory Itqa

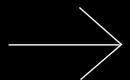
DATA INSIGHT:

Expanded Primarily Health-Related Benefits in 2023 Medicare Advantage Plans

November 2022



Data from the Centers for Medicare and Medicaid Services (CMS) show the continued growth of non-medical supplemental benefits under the expanded definition of primarily health-related benefits in 2023 Medicare Advantage plans. Plans offering these benefits have increased from **1,034** plans in 2022 to **1,438** plans in 2023.



2023 EPHRB Offerings

This year marks the fifth year plans could offer Expanded Primarily Health-Related Benefits (EPHRB) in Medicare Advantage (MA).¹ Continuing the upward trend over the past several years, the number of MA plans offering the five EPHRB continues to grow. In 2023, 1,438 plans offer at least one benefit, representing one-quarter of all MA plans (see Table 1). While the total number of plans

offering EPHRB has increased, most of the increase comes from the number of plans offering In-Home Support Services and Caregiver Supports, with these benefits seeing an increase of 50 percent and 83 percent, respectively. At the same time, we see a decrease in Adult Day Health Services, likely a result of fewer providers in operation throughout the COVID-19 pandemic.

Table 1: Number of Plans Offering Expanded Primarily Health-Related Benefits, 2022-2023

	Number of Plans Offering in 2022:	Number of Plans Offering in 2023:	Percent Change
In-Home Support Services	729	1,091	↑ 49.7%
Caregiver Supports	160	293	↑ 83.1%
Home-Based Palliative Care	147	157	↑ 6.8%
Therapeutic Massage	183	188	↑ 2.7%
Adult Day Health Services	50	41	↓ 18%
Total plans offering at least one of these benefits	1,034	1,438	↑ 39.1%
Total MA Plans	5,376	5,741	↑ 6.8%

Note: "Plan" defined as the combination of a Contract Number, Plan ID, and Segment ID. Sum of individual benefits does not equal total because plans may offer more than one benefit.

Source: ATI Advisory analysis of CMS PY2022 and PY2023 PBP files, excludes employer plans, PDPs, MMPs, Part B-only plans, and PACE.

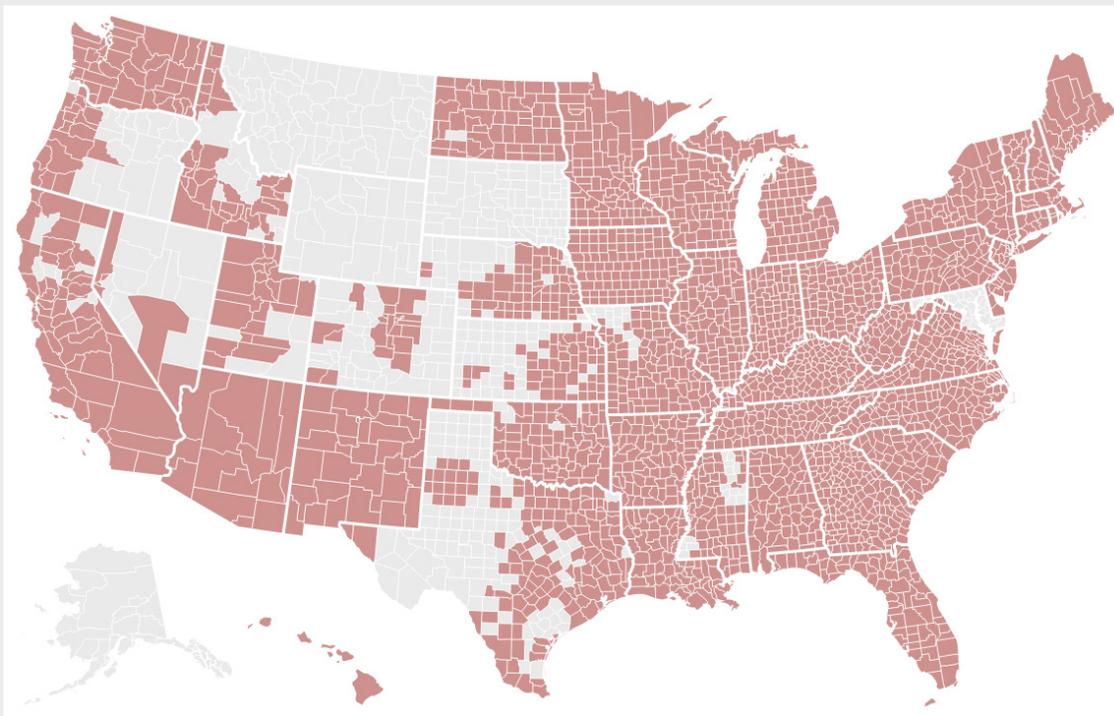
1. For additional information on EPHRB, see the April 27, 2018 CMS announcement and ATI Advisory's [2021 Data Insight on EPHRB](#).



In Plan Year 2023, plans offering EPHRB are available in 2,618 counties in 45 states, Washington DC, and Puerto Rico (see Chart 1), an increase from 2,376 counties in 44 states and Puerto Rico in 2022.² Benefits are newly available in North Dakota and Washington DC, and nine states (Alabama, California, Oklahoma,

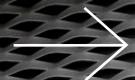
Nebraska, Nevada, New Mexico, Washington, West Virginia, and Wisconsin) have a greater number of counties where EPHRB are available since 2022. Many areas where EPHRB are not available (e.g., Montana, Wyoming, Alaska) also have few MA plans and lower MA enrollment penetration.

Chart 1. Map of Counties with a Plan Offering At Least One EPHRB in 2023



2 For a 2022 EPHRB coverage map, see slide 4 of ATl Advisory's [2022 Chartbook](#).

Thirty-one states have plans offering EPHRB in every county.



Special Needs Plans More Likely to Offer EPHRB

While overall growth in EPHRB offerings continues, special needs plans (SNPs) continue to offer EPHRB at a higher rate than general MA plans (see Table 2). Almost one-half of Chronic Condition SNPs (C-SNPs) and over one-third of Dual Eligible SNPs (D-SNPs) offer EPHRB. These plans are designed to target groups of beneficiaries based on specific and complex needs, and subsequently offer a package of benefits to meet the needs of their members. The most popular EPHRB offerings also vary

according to SNP type. For example, C-SNPs offer Caregiver Supports at a higher rate than other plans, while both C-SNPs and D-SNPs offer In-Home Support Services at higher rates than general MA plans. Institutional SNPs (I-SNPs) offer the fewest number of EPHRB, most likely because these plans are available for residents of long-term care settings who receive similar or more advanced services due to their care setting.

Table 2: Types of Plans Offering EPHRB in 2023

Plan Type	Number of Plans Offering EPHRB	Total Number of Plans for 2023	Percent of Row
C-SNP	150	320	46.9%
D-SNP	320	823	38.9%
I-SNP	29	192	15.1%
Total SNPs	499	1,335	37.4%
Non-SNPs	939	4,406	21.3%

Source: ATI Advisory analysis of CMS PY2023 PBP files, excludes employer plans, PDPs, MMPs, Part B-only plans, and PACE.



MAOs Expand Availability of EPHRB

Many Medicare Advantage Organizations (MAOs) have expanded the availability of EPHRB in their 2023 plans (see Table 3). Elevance Health (formerly Anthem), Humana, and Centene offer the most plans with at least one EPHRB benefit, as they did in 2022. Of these three MAOs, Elevance offers EPHRB in more than half of their plans, the majority of which are offering In-Home Support Services (230 plans), either as the only EPHRB or in combination with other EPHRB. Other MAOs that made major expansions of EPHRB

availability include Molina Healthcare, Blue Cross Blue Shield (BCBS) of Michigan, and The Carle Foundation, all of whom had a greater than 60 percentage-point increase in the proportion of their plans offering EPHRB in 2023 compared to 2022. The expansion of EPHRB across MAOs' plans shows how, for some MAOs, these benefits are trending from niche options in a few markets to standard benefits offered across the majority of the MAO's portfolio to serve their members' non-medical needs.

Table 3: Top 10 MAOs by Number of Plans Offering EPHRB in 2023

Medicare Advantage Organizations	Number of 2023 Plans Offering EPHRB	Total Number of Plans in 2023	Percent of 2023 Plans Offering EPHRB	Percentage-Point Change in Proportion of Plans Offering EPHRB (2022-2023)
1. Elevance Health	255	424	60.1%	+6.3
2. Humana	148	823	18.0%	+10.3
3. Centene	124	490	25.3%	-0.8
4. CIGNA	64	270	23.7%	+13.1
5. Molina Healthcare	55	56	98.2%	+84.6
6. SCAN Group	53	66	80.3%	-0.8
7. BCBS of Michigan	51	59	86.4%	+63.8
8. Guidewell	47	72	65.3%	-16.8
9. Cambia Health Solutions	41	41	100%	0
10. The Carle Foundation	39	44	88.6%	+75.4

Source: ATI Advisory analysis of CMS PY2022 and PY2023 PBP files. Excludes employer plans, PDPs, MMPs, Part B-only plans, and PACE.



Conclusion

The fifth year of EPHRB shows tremendous growth in both the number of plans offering these benefits and within MAOs' portfolio of plans. Major increases in In-Home Support Services and Caregiver Supports mean beneficiaries have greater access to care where many are more comfortable: in their own homes.

As MA enrollment continues to grow, new enrollees will have more options for non-medical benefits to help meet their needs in 2023. It is

important to note that benefit offerings are not uniform across plans and differ in scope and breadth.

Further analysis of other plan year 2023 non-medical benefits, such as Special Supplemental Benefits for the Chronically Ill (SSBCI) and Value-Based Insurance Design (VBID) Model benefits, will show additional options for Medicare beneficiaries to receive services for non-medical needs.

Method

The analyses were run using CMS' publicly available files: 2022 information was pulled from the "PBP Benefits – 2022 (Updated as of 10/04/2021)" file and 2023 information was pulled from the "PBP Benefits - 2023 - Quarter 1" file. For this analysis, a plan is defined as the combination of a Contract Number, Plan ID, and Segment ID. ATI Advisory analysis excludes

employer plans, Prescription Drug Plans (PDPs), Medicare-Medicaid Plans (MMPs), Part B-only plans, and PACE. Only benefits that were filed in the Plan Benefit Packages under specific variables in File PBP B14 were included in this analysis. Any benefits filed under the "Other" category are not included in this analysis.



ATI Advisory

ATI Advisory is a DC-based advisory services firm that helps business and government leaders transform care delivery for frail older adults and their families. ATI conducts research, develops new ideas and insights, and enables strategic partnerships to break down public and private sector barriers that prevent innovative solutions to siloed, broken systems across acute, post-acute, and long-term services and supports (LTSS). For more information, visit atiadvisory.com.

ltqa

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ACKNOWLEDGEMENT

With support from The SCAN Foundation, ATI Advisory and Long-Term Quality Alliance (LTQA) have released a number of reports and resources on non-medical supplemental benefits in Medicare Advantage, including implementation reports, policy recommendations and briefs, data briefs, rule summaries, and blogs. This work, and more, are all available on the [Advancing Non-Medical Supplemental Benefits in Medicare Advantage landing page](#).

