



Age + Action

June 17–20, 2019 | Washington, DC

ncoa

National Council on Aging

New Medicare Advantage Opportunities for CBOs

June 19, 2019

[#AgeAction2019](#) | [#WeAgeWell](#)

PANELISTS:

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Health Care Trends

- Medicare*
 - 57M beneficiaries
 - 13M dual eligibles
 - MLTSS/Du
 - Medicare Advantage enrollment: 19M

- Medicaid*
 - 72M Medicaid beneficiaries
 - 16M qualified Aged, Blind, Disabled (ABD) category (ripe for CBO engagement)
 - *Approximately 20% ABD in Medicaid Managed care plans*
 - Managed care enrollment: 50M

* Medicare Payment Advisory Commission (MedPAC) Report

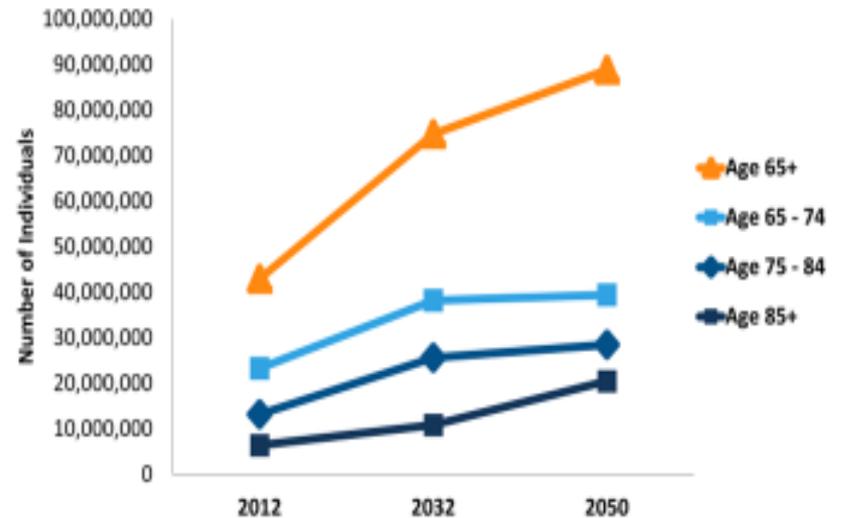
* Medicaid & CHIP Payment & Access Commission (MACPAC) Report

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› Aging of the baby boomers

According to 2012 estimates, among people age 65 and over, an estimated 70 percent will use LTSS, and people age 85 and over – the fastest growing segment of the U.S. population – are four times more likely to need LTSS compared to people age 65 to 84.^{1,2}

The 65 and Over Population Will More Than Double and the 85 and Over Population Will More Than Triple by 2050



SOURCE: A. Houser, W. Fox-Grage, and K. Ujvari. *Across the States 2012: Profiles of Long-Term Services and Supports* (Washington, DC: AARP Public Policy Institute, September 2012). http://www.aarp.org/content/dam/aarp/research/public_policy_institute/02/2012/atl-ross-AARP-ppi-12c.pdf



¹"Who Needs Care?" HHS, accessed December 10, 2015, <http://longtermcare.gov/the-basics/who-needs-care/>

²AARP Public Policy Institute, *Across the States 2012: Profiles of Long Term Services and Supports* (Washington, DC: AARP Public Policy Institute, September 2012)

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SOLUTIONS FOR COMMUNITY HEALTH

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Medicare Advantage Supplemental Benefits

- 2018 BiPartisan/Chronic Care Acts-SDoH
- Address complex care needs of Medicare consumers
- 2018-19 CMS publishes new rules for MA Plan Supplemental Benefits
 - Special Supplemental Benefits for the Chronically Ill (SSBCI)

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Supplemental Benefit Expansion

- Expansion of Medicare Advantage supplemental benefits
 - Flexibility for home and community-based services
 - SSBCI
- New policies:
 - Uniformity requirements
 - Targeting of beneficiaries
 - Exception for *primarily health-related*

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SSBCI Chronically Ill definition

Eligible consumers must meet all criteria to qualify

1. One or more co-morbid and medically complex chronic conditions
2. High risk of hospitalization or other adverse health outcomes
3. Intensive care coordination

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SSBCI: New Opportunities for AAAs

- Better care for Medicare Advantage consumers
- Expansion of HCBS
- Identification of existing services and new services to market
- Development of new community based provider relationships
- New revenue options

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CBO Value for Medicare Advantage Plans

Delivery of SDoH services

Person Centered Care

Leveraging resources

Better Population Health

↓ adverse healthcare utilization

↓ cost of care

Consumer activation

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Supplemental Benefits

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Christy Lau, Program Director

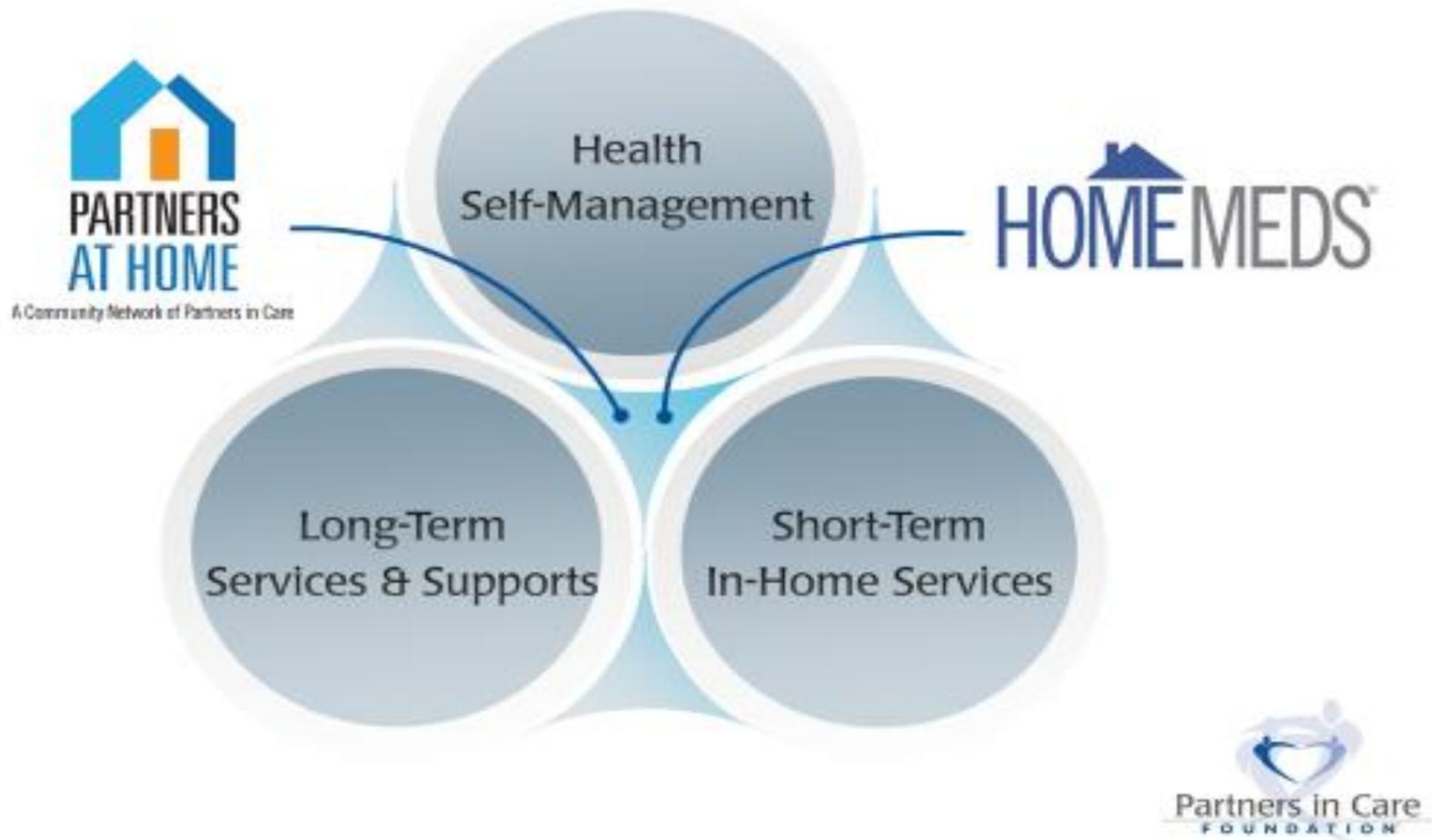
June 19, 2019

Partners in Care Foundation

Changing the Shape of Healthcare

- Partners is a **think-tank** and a **proving ground**
- Partners changes the shape of health care by **creating high-impact, innovative ways of bringing more effective clinical and social services to people and communities**
- Partners' direct services **test, measure, refine and replicate innovative programs and services, and bring needed care to diverse populations**

Our Service Lines: Overview



(2019 CMS Call Letter)

“To enable MA plans to better tailor benefit offerings, address gaps in care, and improve health outcomes for the chronically ill population.”

Medicare Advantage plans can now provide supplemental benefits based on member need – no longer one size fits all.

Definition of chronically ill:

1. 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;
2. Has a high risk of hospitalization or other adverse health outcomes; and
3. Requires intensive care coordination.

List of Covered Chronic Disorders

Chapter 16b, 20.1.2

1. **Chronic alcohol and other drug dependence;**
2. **Autoimmune disorders limited to:** • Polyarteritis nodosa, • Polymyalgia rheumatica, • Polymyositis, • Rheumatoid arthritis, and • Systemic lupus erythematosus;
3. **Cancer**, excluding pre-cancer conditions or in-situ status;
4. **Cardiovascular disorders limited to:** • Cardiac arrhythmias, • Coronary artery disease, • Peripheral vascular disease, and • Chronic venous thromboembolic disorder;
5. **Chronic heart failure;**
6. **Dementia;**
7. **Diabetes mellitus;**
8. **End-stage liver disease;**
9. **End-stage renal disease (ESRD) requiring dialysis;**
10. **Severe hematologic disorders limited to:** • Aplastic anemia, • Hemophilia, • Immune thrombocytopenic purpura, • Myelodysplastic syndrome, • Sickle-cell disease (excluding sickle-cell trait), and • Chronic venous thromboembolic disorder;
11. **HIV/AIDS;**
12. **Chronic lung disorders limited to:** • Asthma, • Chronic bronchitis, • Emphysema, • Pulmonary fibrosis, and • Pulmonary hypertension;
13. **Chronic and disabling mental health conditions limited to:** • Bipolar disorders, • Major depressive disorders, • Paranoid disorder, • Schizophrenia, and • Schizoaffective disorder;
14. **Neurologic disorders limited to:** • Amyotrophic lateral sclerosis (ALS), • Epilepsy, • Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia), • Huntington's disease, • Multiple sclerosis, • Parkinson's disease, • Polyneuropathy, • Spinal stenosis, and • Stroke-related neurologic deficit; and
15. **Stroke.**

What Are the Possible Range of Covered Benefits?

A reasonable expectation of improving or maintaining the health or overall function of an individual as it relates to their chronic condition or illness:

- Home Delivered Meals (beyond what is currently allowed), food and produce
- Transportation for non-medical needs
- Pest control
- Indoor air quality equipment and services
- Permanent ramps
- Widening of hallways and/or doorways
- ***Others as needed***

What does this mean for plans and us?

Supplemental Benefits

What Our Partners Are Looking For Now . . .

- Care Transitions
 - Short term support services
 - Using CPT Codes – Transitional Care Management
- *Partners* In-home Assessment
- HomeMeds
- Home Modification

What we Would Like to Provide . . .

- Private Duty Network
- Transportation to non-medical services
- Food Vouchers
 - Vouchers for Veggies
 - Farmers' Markets brought to affordable housing sites

Concerns!

- Referrals without payment

**Medicare Advantage
Supplemental Benefit
Opportunities:
Nutrition, Housing,
Transportation**



Medicare Advantage Supplemental Benefits

The screenshot shows a web browser window displaying an article on the AARP Blog. The browser's address bar shows the URL: <https://blog.aarp.org/2018/10/30/supplemental-benefits-in-medicare-advantage-whats-changing-in-2019-and-whats-not/>. The AARP logo is visible in the top left of the page, with the tagline "Real Possibilities". Navigation links include "Join", "Renew", "Help", "Member Benefits", "Rewards for Good", "Register", and "Login". A search bar is located in the top right.

The article title is "Thinking Policy" and the specific article title is "Supplemental Benefits in Medicare Advantage: What's Changing in 2019 and What's Not", posted on 10/30/2018. The authors are Jane Sung and Claire Noel-Miller. The article text discusses Medicare Advantage (MA) plans and their supplemental benefits. It notes that MA plans have new flexibility to offer more supplemental benefits in the coming years. It also mentions that under the new rules, insurers will be able to cover new benefits for the first time in 2019. An advertisement for monetary donations to help with the earthquake in Nepal is visible on the right side of the page.

Posted on 10/30/2018

Supplemental Benefits in Medicare Advantage: What's Changing in 2019 and What's Not

by Jane Sung and Claire Noel-Miller | Comments: 0 | [Print](#)

Medicare Advantage (MA)—Medicare's private plan option that now covers a third of all Medicare beneficiaries—has long offered extra benefits in addition to those covered by traditional Medicare. Known as supplemental benefits, these services have commonly included dental, vision, and hearing coverage.

Now MA plans have **new flexibility** to offer more supplemental benefits in the coming years—a consequence of new rules and a recent law. The result? People shopping for Medicare coverage could see offers for a wider range of supplemental benefits. These new benefits could potentially include services such as help for family caregivers, adult day care, housekeeping and non-medical transportation—all of which were previously not allowed.



The following is a look at the ins and outs of the changes and what they could mean for consumers.

Consumers will see few new benefits in 2019

Under the new rules, insurers will be able to cover new benefits for the first time in 2019. But how things play out is another question. Our analysis of newly released data on supplemental benefits included in MA plans reveals that only a small fraction of all MA plans are offering the much touted new benefits next year (Figure 1).

There is one exception: a new nicotine replacement therapy benefit will be widely covered, with almost half of all plans including it. But aside from that one benefit, **coverage of other new benefits is significantly less common.** The second biggest category is family caregiver support (e.g. respite care, counseling and training courses), which is covered by 13% of plans; followed by in-home support

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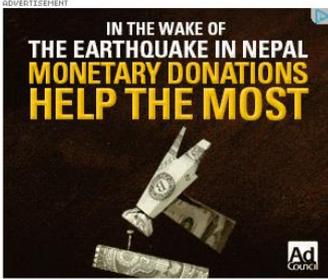
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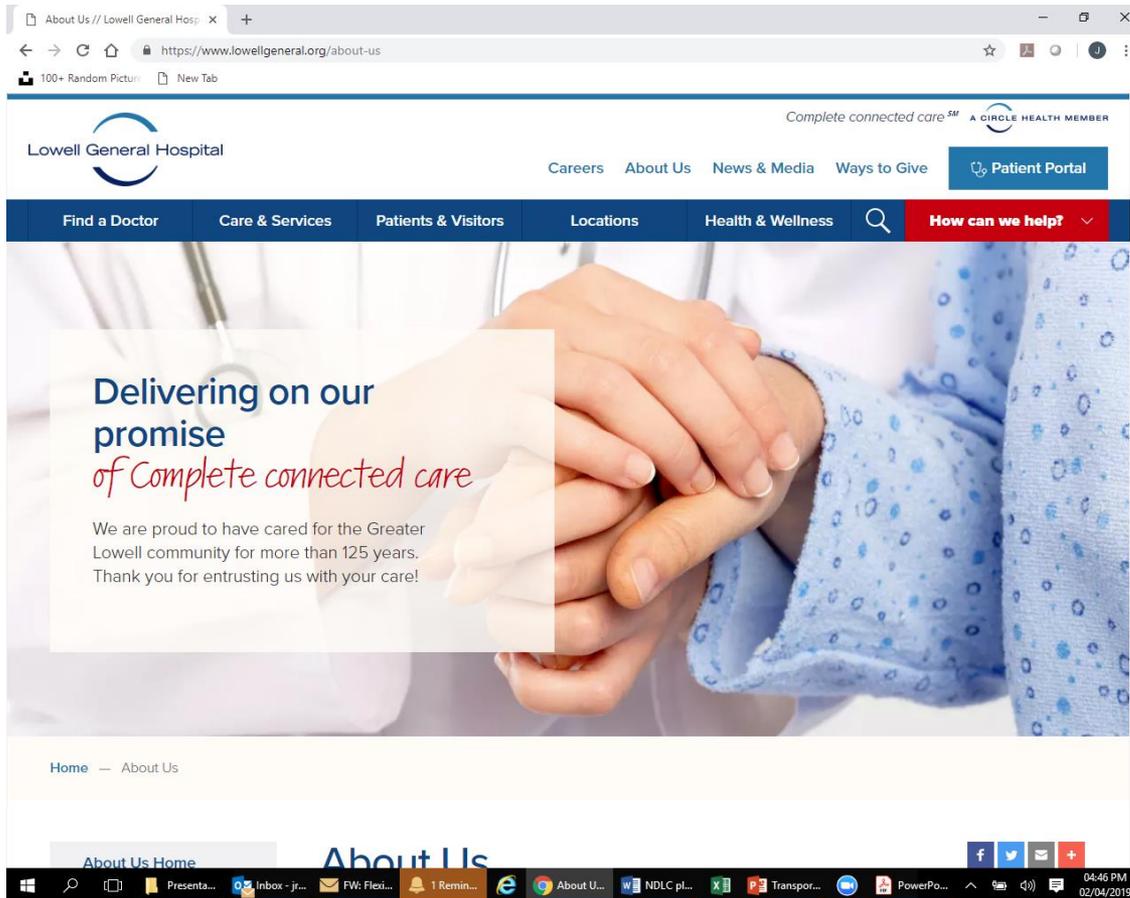
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COMES

Why Transportation

- ***Social Determinants of Health Care***
- ***Social Determinants of Health***
- ***Social Determinates of Health Equity***

RISHI MANCHANDA MD MPH
PRESIDENT, HEALTHBEGINS

Lowell General Hospital Pilot



Lowell, MA

- Gateway city
- Population 109,871
- 14.1% 60+
- 44.4% 60+ diabetes
- 24.1% foreign born
- 30 miles northwest of Boston
- Home to many new immigrants, including the nation's second largest Cambodian community.

Transit to Treatment

The screenshot shows the Circulation Health website. The header includes the Circulation logo and navigation links: PATIENTS, HEALTH PLANS, PROVIDERS, BLOG, ABOUT, CONTACT US, and LOG IN. The main content area features a map with a purple route starting from a location marked with a purple pin. The text reads: "The patient journey starts with a ride". Below this, it says: "Yet, lack of transportation is too often a barrier to care. Circulation's transportation exchange improves care by providing patients access to convenient, cost-effective, safe, reliable rides." A pink button labeled "SEE HOW" is positioned below the text. Underneath the button, it says "Or, calculate your revenue increase". In the bottom right corner, there is a chat bubble with a woman's profile picture and the text: "Hi there! Do you have any questions about the Circulation product?". The browser's address bar shows "https://www.circulation.com". The Windows taskbar at the bottom displays various open applications and the system clock showing 04:54 PM on 02/04/2019.

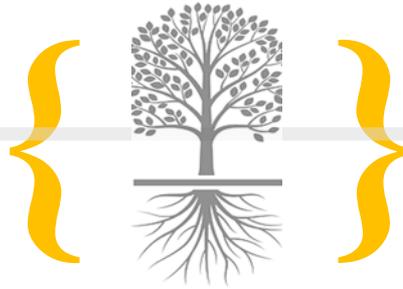
- Circulation Platform
- Scan of all transportation resources
- Partnership with 12+ area transportation agencies
- Uber/Lyft
- Contract covers referrals from hospital, physician group, senior centers
- Transportation to NEMT, EBPs, social engagement
- \$4.00 per round trip (or scholarship)

Contact Information

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