



Data Insight: New Primarily Health-Related Benefits in 2021 Medicare Advantage Plans

The Medicare Annual Election Period begins October 15, and many Medicare Advantage organizations are unveiling new non-medical supplemental benefits available for 2021. Data from the Centers for Medicare and Medicaid Services (CMS) reveal that a growing number of plans are offering non-medical supplemental benefits under the expanded definition of primarily health-related benefits. Plans offering these benefits have increased from **499** plans in 2020 to **738** plans in 2021.



Background

Medicare has long limited the types of benefits that could be reimbursed in Medicare Advantage to only medical and primarily health-related services. Recently, however, CMS introduced flexibilities to allow for coverage of services not traditionally covered by Medicare, like In-Home Support Services and Adult Day Health Services.

CMS first introduced this flexibility in 2018 guidance by expanding the definition of what is considered “primarily health-related” to include services that 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. This broader definition was accompanied by [guidance](#) on what could be included in this definition, including the new services: In-Home Support Services, Adult Day Health Services, Home-Based Palliative Care, Caregiver Support, and Therapeutic Massage.



New for 2021

Now in the third year of these benefits, the number of plans offering new primarily health-related benefits has increased substantially since 2019. Certain benefits, like Home-Based Palliative Care and In-Home Support Services, are even seeing a nearly two- to three-fold increase from 2020 to 2021 (see Table 1 and Chart 1 below). While overall offerings are up, other benefits, such as Support for Caregivers and Therapeutic Massage, show a decrease in the number of plans offering. Much of this is due to some large insurers choosing to no longer offer these benefits in 2021.

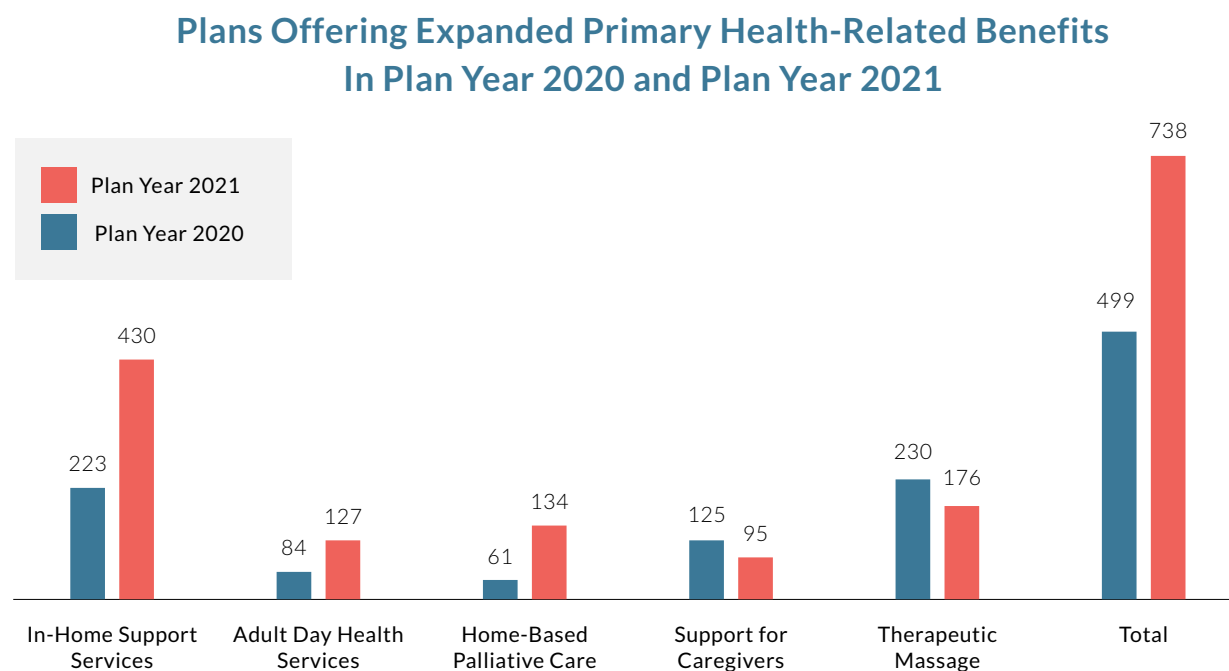
Table 1: Number of Plans Offering Expanded Definition of Primarily Health-Related Benefits

	Number of Plans Offering in 2020	Number of Plans Offering in 2021	Percent Change
In-Home Support Services	223	430	↑93% increase
Adult Day Health Services	84	127	↑51% increase
Home-Based Palliative Care	61	134	↑120% increase
Caregiver Supports	125	95	↓24% decrease
Therapeutic Massage	230	176	↓23% decrease
Total Number of Plans Offering at Least 1 of these Benefits	499	738	↑48% increase

Note(s): 'Plan' defined as the combination of a Contract Number, Plan ID, and Segment ID. Past ATI analyses did not exclude MMPs, which reduces the number of plans offering Adult Day Health Services in 2020 by 1.

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

Chart 1: Number of Plans Offering Expanded Primary Health-Related Benefits in 2020 and 2021

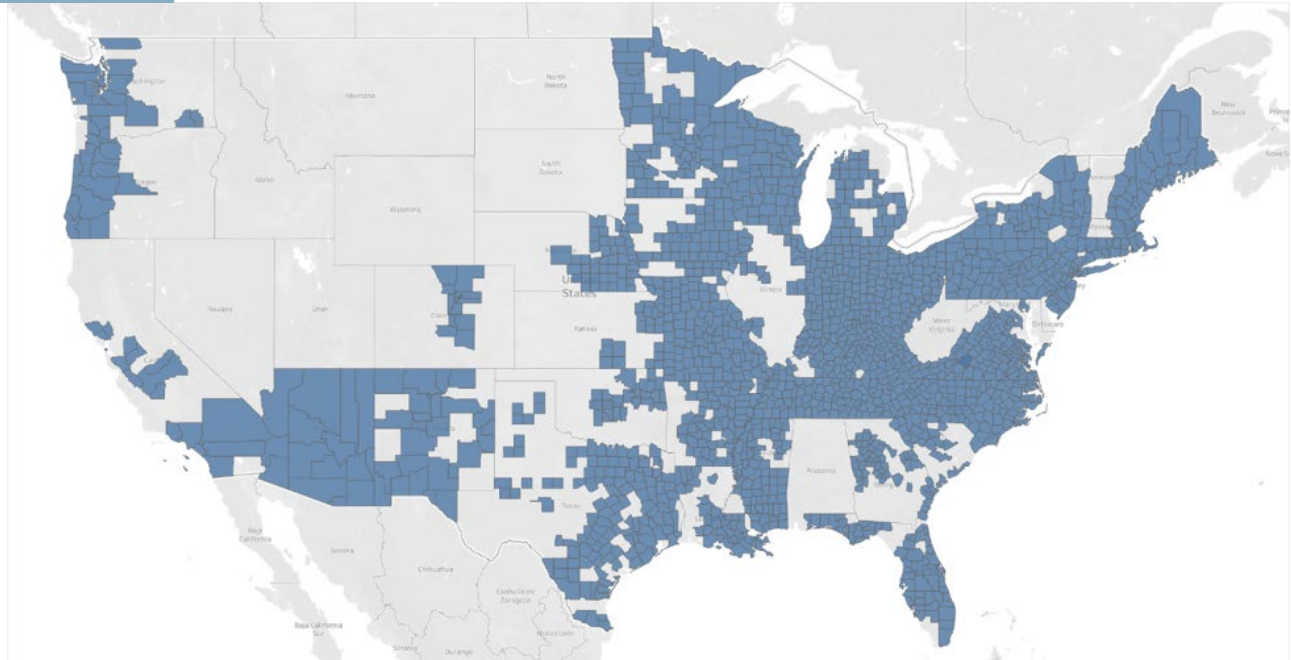


Source: ATI Advisory analysis of CMS PBP files, excludes PDPs, MMPs, Part B-only plans, and PACE.

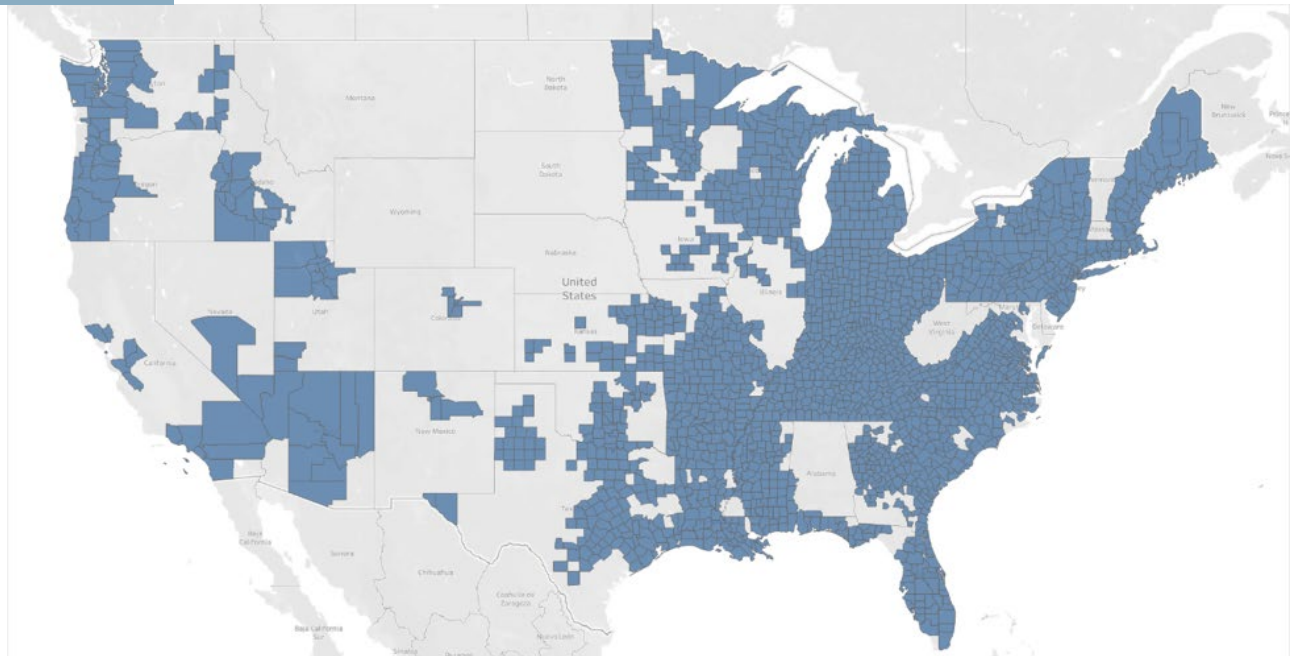
In Plan Year 2020, these five primarily health-related benefits were available across 1,886 counties in the U.S., including Puerto Rico. In Plan Year 2021, the number of counties is increasing to 1,943 counties, with some states like Washington, Georgia, and Kansas seeing more county coverage. These benefits are also newly available in some states where benefits were not offered in 2020, including in Idaho, Nevada, and Alabama (see maps below). However, other states, like New Mexico and Colorado, are experiencing the opposite, with a reduction in the number of counties where these benefits are available.

Maps of Counties with a Plan Offering an Expanded Primarily Health-Related Benefit in 2020 (top) and 2021 (bottom)

Plan Year 2020



Plan Year 2021



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

The number of plans offering these new primarily health-related benefits has increased by a dramatic 48 percent from 2020 to 2021. Beginning in January, nearly 12 percent of plans will offer these benefits. While the percentage of plans embracing these new primarily health-related benefits has steadily risen, these benefits are most popular among Special Needs Plans (SNPs) (see Table 2 below).

The higher benefit offerings within SNPs are likely driven by a number of factors. First and foremost, by definition SNPs are designed to target groups of beneficiaries with special and complex needs. The new supplemental benefit authorities allow benefit packages that are responsive to the high-need individuals likely to enroll in SNPs. For example, in 2021, Chronic Condition Special Needs Plans (C-SNPs) and Dual Eligible Special Needs Plans (D-SNPs) are more likely to offer In-Home Support Services, to better provide care for beneficiaries living at home. Conversely, Institutional Special Needs Plans (I-SNPs), which serve individuals who reside in nursing homes or have a nursing home level of need, are much less likely to offer In-Home Support Services and more likely to offer benefits like Medical Transportation – benefit offerings that are responsive to a population residing in a facility. Additionally, SNPs must have care plans and integrated care teams for all their members, which provide an underlying care management infrastructure that can facilitate the new primarily health-related benefits.

Table 2: New Primarily Health-Related Benefits in Special Needs Plans in 2021

	Number of Plans Offering Expanded Primarily Health-Related Benefit(s)	Total Number of Plans for 2021	Percent of Total SNPs (exclusive to row)
Chronic Condition Special Needs Plans (C-SNPs)	75	214	35.1%
Dual Eligible Special Needs Plans (D-SNPs)	154	628	24.5%
Institutional Special Needs Plans (I-SNPs)	15	176	8.5%
All Special Needs Plans (SNPs)	244	1,018	24.0%

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



Conclusion

Now in their third year, benefits available under the expanded definition of primarily health-related continue to grow in Medicare Advantage. As more plans consider offering these types of benefits, new opportunities arise for plans to partner with nontraditional providers, like home care agencies, to deliver these benefits. Despite the barriers plans face offering these benefits, including the unique challenges encountered during the COVID-19 pandemic, plans continue to offer these benefits to meet beneficiary need and have expanded their offerings, particularly Home-Based Palliative Care and In-Home Support Services, in 2021.



SSBCI and More Information

In 2018, Congress passed legislation creating Special Supplemental Benefits for the Chronically Ill (SSBCI). SSBCI were first available in Plan Year 2020, and CMS has not yet released the SSBCI data for 2021. CMS has [announced](#) that approximately 920 plans will be offering SSBCI in 2021, an almost four-fold increase from its first year in 2020. ATI Advisory will publish a data brief on SSBCI when data become available in early 2021.

For more information on what benefits (including SSBCI) were available in 2020, see ATI Advisory's previous [analysis](#).

For more information on a consensus-based vision for how SSBCI can address the needs of all stakeholders, with Medicare beneficiaries as the central focus, see [Guiding Principles for SSBCI](#).

With support from The SCAN Foundation, ATI Advisory and LTQA will be publishing a Roadmap detailing how plans and providers have been able to partner to offer new supplemental benefits in 2020 and considerations for the future. Look for the release of this Roadmap in mid-November, 2020.



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 10/1/2020)" file. For this analysis, a plan is defined as the combination of a Contract Number, Plan ID, and Segment ID. ATI Advisory analysis excludes 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.

Acknowledgement



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