Meals in Medicare Advantage

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Panelist Slides

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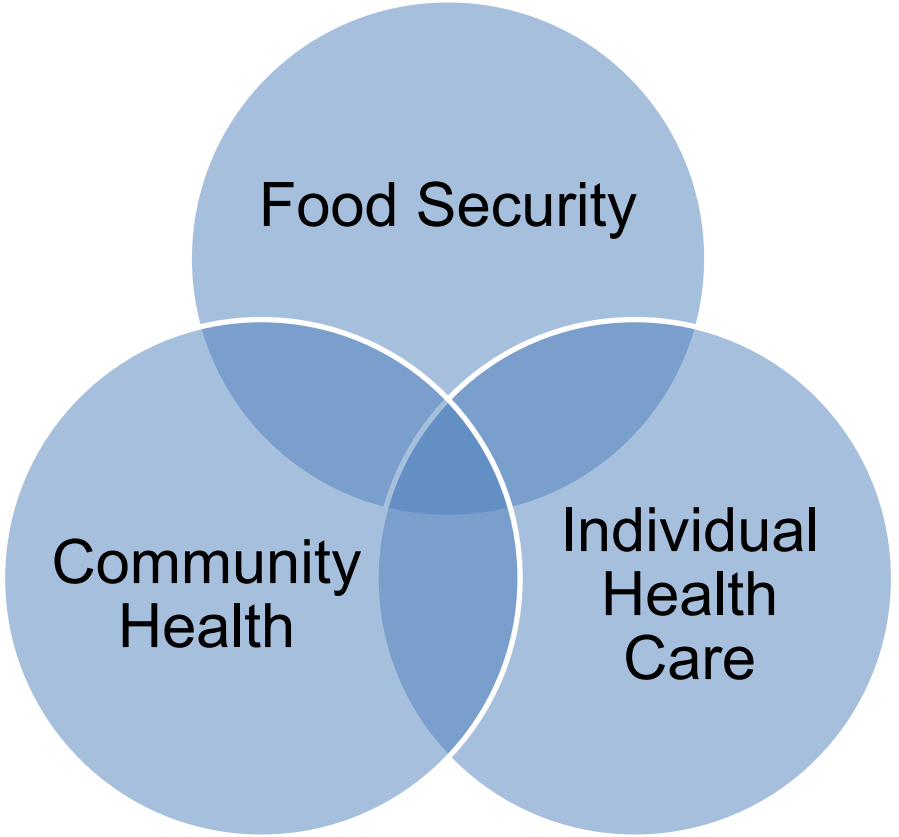
SERVING VERMONT & NEW HAMPSHIRE



Strategic network planning to integrate food access across the continuum of care in rural health care systems *(Federal Grant Funded Project at Bi-State Primary Care Association)*

Medically Tailored Meals

Food Is Medicine Research Action Plan Definition:

Fully prepared meals designed by a Registered Dietitian Nutritionist to address an individual's medical diagnosis, symptoms, allergies, and medication side effects. January, 2022.

Meals in Medicare Advantage:

Home delivery of meals may be offered as a supplemental benefit if the services are:

1) Needed due to an illness;
2) Consistent with established medical treatment of the illness; and
3) Offered for a short duration.

See https://www.vtfoodinhealth.net/project/mtm for broader Vermont capacity review.

Elements of Note in Benefit Design

Elements to look for in this discussion that are broadly relevant as Vermont health care practices consider their own program design.

These are important if their targeted payment structure is for “primarily health related” services – regardless of whether Medicare Advantage is the specific plan type.

Elements of Note in Benefit Design

- **What is the qualifying medical condition(s)?**
- **How does that condition help define program structure?**
  - Levels and types of food tailoring
    - David Waters interview on the ability to layer multiple complex restrictions. Christine Moldovan interview on standard therapeutic meal tailoring at Age Well.
  - Mobility and physical constraints – and how will these be reduced? Are we looking at a transition to less intensive services or no anticipated improvement (would make it a different category of benefit)?
  - What is the anticipated timeline for transition to less intensive services? How will we measure progress?
  - What is the appropriate "dose" of the meals intervention?

    Older Americans Act Funded = 1/3 of recommend daily intake

    vs.

    Medically Tailored Meals = > 50%

Elements of Note in Benefit Design

- **Clinical staff involved and their responsibility?** For example:
  - Who is qualified to make the referral to the program?
  - Who monitors treatment efficacy and adjusts as needed?
  - What role to Registered Dietitians play?
    - Usually the minimum is RDs supervising overall recipe portfolio design, reviewing patient meal plan at intake, communication with referring provider & patients for adjustments along the way. See VTFoodInHealth.net for a full overview.
  - Who is providing customer service to participating patients and what training do they require?
  - Where is a patient referred if they contact the food program with a medical question?

Elements of Note in Benefit Design

- **Mechanics of vendors interfacing with the health care system?** How to handle:
  - Data and PHI
  - Closed loop referrals
  - Verifying vendor credentials
  - Care coordination
  - Coding
  - Billing & payment

- **How do we ensure equitable access to the benefit within a payer's full coverage territory?**
  - Everyone with a qualifying medical condition can receive the appropriate services to treat that condition.

Elements of Note in Benefit Design

- What is the qualifying medical condition(s)?
- How does that condition help define program structure?
- Clinical staff involved and their responsibility?
- Mechanics of food program vendors interfacing with the health care system?
- How do we ensure equitable access to the benefit within a payer's full coverage territory?

. . . Plus others. There will be a Q&A period at the end of the presentations to explore topics of interest.

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HARVARD LAW SCHOOL

FOOD AS A BENEFIT IN MEDICARE ADVANTAGE

KATIE GARFIELD, JD
CENTER FOR HEALTH LAW AND POLICY INNOVATION

Overview: Medicare

- Federally-administered public health insurance for individuals 65+ and those living with disabilities or certain chronic health conditions

- Divided into four parts:
  - Part A: Hospital Insurance
  - Part B: Medical Insurance
  - Part C: Medicare Advantage
  - Part D: Prescription Drug Coverage

- Beneficiaries choose to receive benefits through:
  - Original Medicare (Part A + Part B)
    - Administered directly by federal government
    - **<u>No</u> coverage of home-delivered meals and other HRSN interventions**
  - Medicare Advantage (Part C)
    - Administered by private insurers
    - **Flexibility to provide <u>additional services</u>**

Window: Medicare Advantage

- Medicare Advantage plans must provide all services covered under Original Medicare

- MA Plans may also **choose** to cover **additional** services
  1. **General Supplemental Benefits**
     - Long-standing category, expanded slightly in 2019
  2. **Special Supplemental Benefits for the Chronically Ill (SSBCI)**
     - Newly-created category, available as of 2020
     - Additional benefits for enrollees with **chronic illnesses**

A Deeper Dive: General Supplemental Benefits

Basics of General Supplemental Benefits

- Not covered under Original Medicare
- Primarily health related
- Non-zero medical cost
- Must be available to *all* plan members **OR** *targeted* by disease state

Meal Coverage in Supplemental Benefits

1. Only when due to illness, consistent with established medical treatment, and offered for a short duration; **AND**
2. Only when offered immediately following surgery or inpatient hospital stay OR part of a program to transition an enrollee with a chronic health condition to lifestyle modifications

Note: *Other forms of food (e.g., produce prescriptions) likely* ***cannot*** *be covered via this option*

A Deeper Dive: Special Supplemental Benefits for the Chronically Ill (SSBCI)

SSBCI: Key Distinctions

- Recipients must be **chronically ill**
- Do **NOT** need to be primarily health-related:
  - Must have a "reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee"
- Can be tailored to the **individual** enrollee

Food Coverage in SSBCI

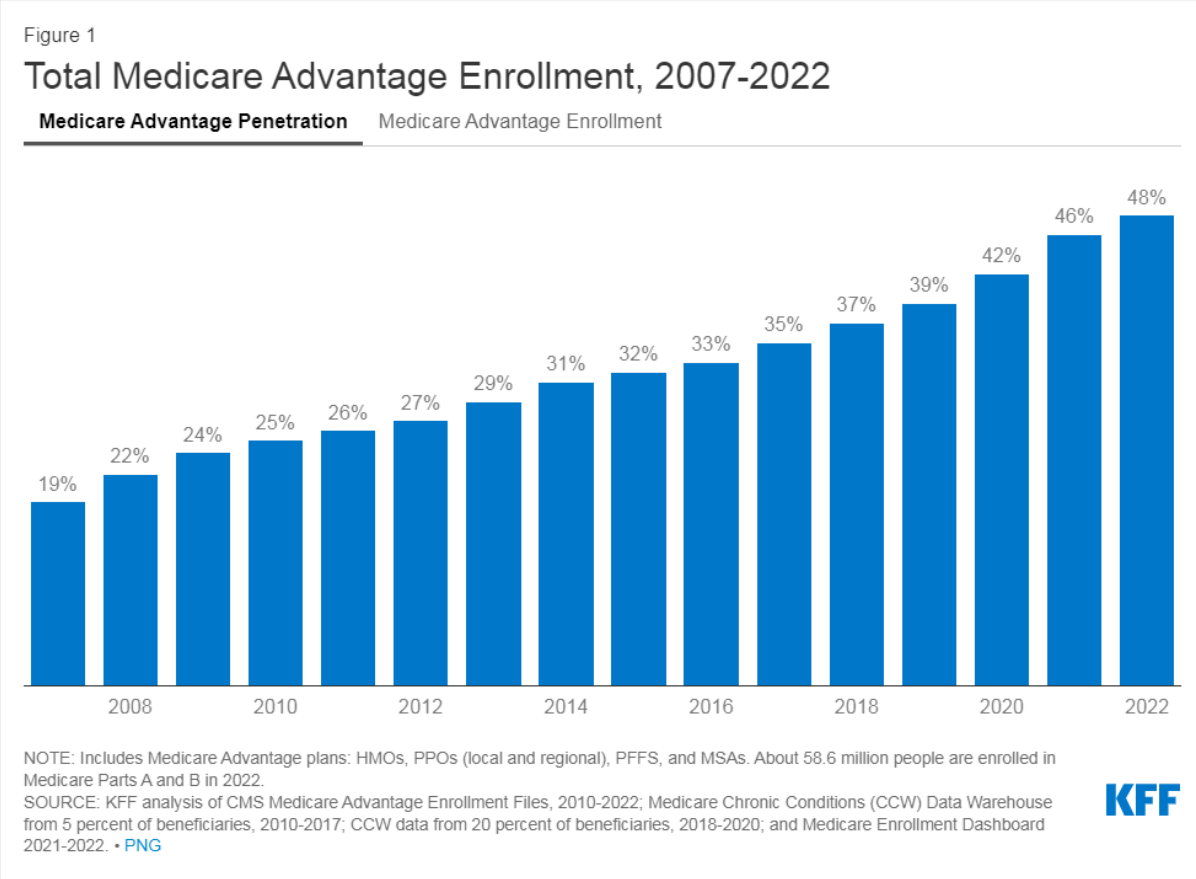
1. Can include meals **beyond a limited basis**
2. Can include **other forms of food** (e.g., produce)

For more information, see https://www.healthlawlab.org/wp-content/uploads/2021/06/Produce-Prescription-as-a-Novel-Supplemental-Benefit-in-Medicare-Advantage-2021.pdf

KEY TRENDS: MEDICARE ADVANTAGE GENERALLY

Growth of Medicare Advantage (MA)

- In 2022, 28.4 million people are enrolled in MA plans (~48% of Medicare enrollees)
- Meaning that MA is on the brink of **50%** of Medicare enrollment



Source: Meredith Freed et al., *Medicare Advantage in 2022: Enrollment Update and Key Trends,* Kaiser Family Foundation (Aug 2022) https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-enrollment-update-and-key-trends/

KEY TRENDS: GENERAL SUPPLEMENTAL BENEFITS

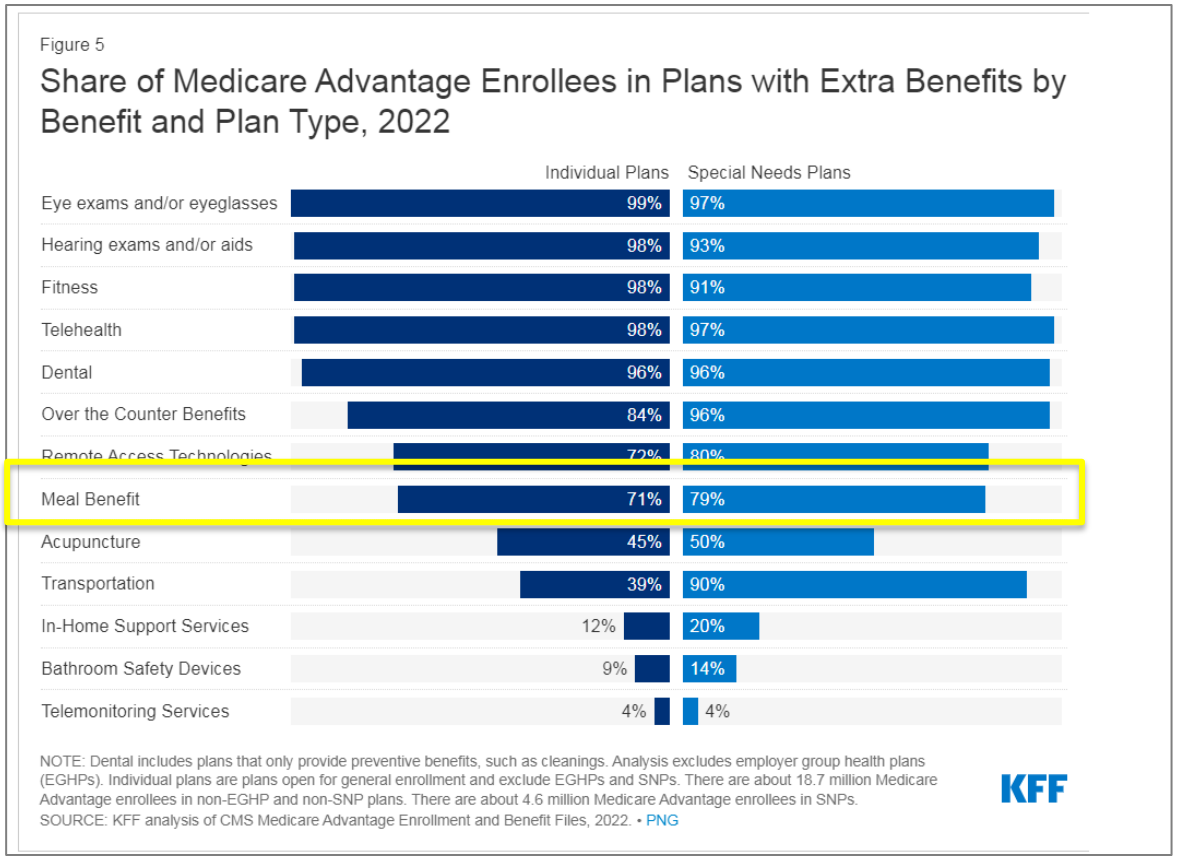
Percentage of MA enrollees in plans that offer meals as a supplemental benefit is **increasing**

Exhibit 5

Medicare Advantage Plan Offerings of and Enrollment in Expanded Supplemental Benefits, 2018–2020

Supplemental benefit type	Percent of plans offering (Number of plans offering)			Percent of beneficiaries enrolled (Number of beneficiaries enrolled)		
	2018	2019	2020	2018	2019	2020
Acupuncture	11% (251)	16% (430)	20% (611)	16% (2,080,596)	21% (3,033,724)	23% (3,580,201)
Adult day care	0% (0)	0% (0)	1% (42)	0% (0)	0% (0)	3% (388,469)
Community-based services	0% (0)	0% (0)	2% (74)	0% (0)	0% (0)	3% (445,522)
Home-based palliative care	0.09% (2)	0.37% (10)	2% (52)	0% (63,066)	1% (87,269)	9% (1,328,190)
Home modifications	6% (132)	7% (189)	10% (304)	4% (489,610)	6% (851,254)	2% (366,341)
In-home support services	8% (170)	15% (404)	16% (490)	6% (739,704)	16% (2,230,836)	19% (2,875,219)
Meals	20% (460)	39% (1,047)	46% (1,443)	22% (2,796,594)	40% (5,657,753)	45% (6,916,861)
Medically approved nonopioid pain management	1% (19)	1% (37)	1% (22)	5% (683,193)	6% (799,336)	5% (797,584)
Nutrition/Wellness	16% (353)	16% (432)	17% (541)	17% (2,248,621)	18% (2,617,277)	20% (3,134,904)
Support for caregivers of enrollees	0% (0)	14% (374)	2% (52)	0% (0)	24% (3,396,801)	2% (351,828)
Telehealth	7% (153)	6% (173)	59% (1,854)	5% (675,348)	6% (812,024)	73% (11,176,784)
Transportation	19% (423)	28% (768)	35% (1,091)	21% (2,775,728)	32% (4,562,542)	34% (5,243,867)

Thomas Kornfield et al., *Medicare Advantage Plans Offering Expanded Supplemental Benefits: A Look at Availability and Enrollment* (Commonwealth Fund, Feb. 2021). https://doi.org/10.26099/345k-kc32



Source: https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-premiums-out-of-pocket-limits-cost-sharing-supplemental-benefits-prior-authorization-and-star-ratings/

KEY TRENDS: SSBCI

Percentage of MA enrollees in plans that offer meals as SSBCI **low, but increasing**

Exhibit 6

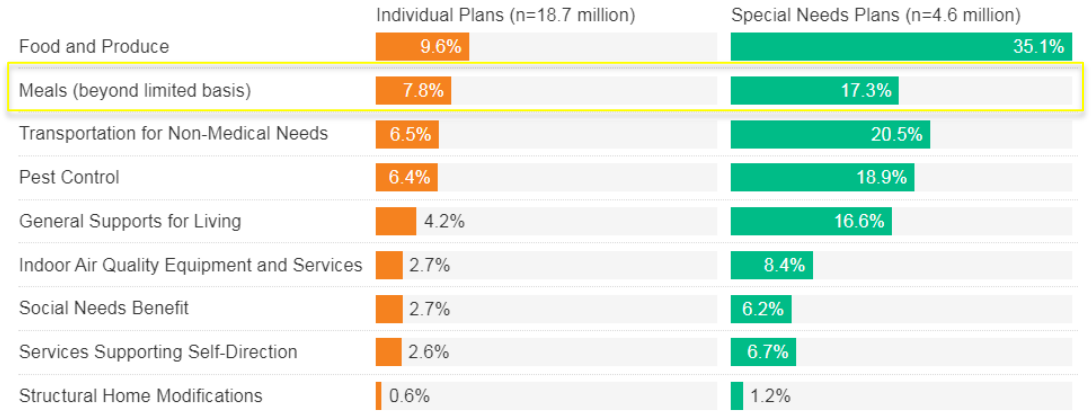
Medicare Advantage Plan Offerings of Special Supplemental Benefits for the Chronically Ill and Beneficiary Enrollment in These Plans, 2020

SSCBI benefit category	Non-SNP			SNP			Total MA plans		
	Number of plans	Total plan enrollment	Percent of total MA enrollment*	Number of plans	Total plan enrollment	Percent of total MA enrollment*	Number of plans	Total plan enrollment	Percent of total MA enrollment*
Complementary therapies	1	37,150	0%	0	0	0%	1	37,150	0%
Food and produce	61	514,735	3%	38	191,757	6%	99	706,492	4%
Indoor air quality equipment and services	42	196,730	1%	2	49,537	1%	44	246,267	1%
Meals**	39	180,575	1%	31	94,466	3%	70	275,041	1%
Pest control	80	513,682	3%	32	128,848	4%	112	642,530	3%
Service dog support	30	350,793	2%	21	105,071	3%	51	455,864	2%
Services supporting self-direction	15	100,384	1%	4	12,363	0%	19	112,747	1%
Social needs benefit	20	132,198	1%	13	16,835	1%	33	149,033	1%
Structural home modifications	37	78,295	1%	1	9,038	0%	38	87,333	0%
Transitional/temporary supports	45	181,866	1%	15	106,103	3%	60	287,969	2%
Transportation for nonmedical needs	53	194,295	1%	28	177,793	5%	81	372,088	2%

Thomas Kornfield et al., *Medicare Advantage Plans Offering Expanded Supplemental Benefits: A Look at Availability and Enrollment* (Commonwealth Fund, Feb. 2021). https://doi.org/10.26099/345k-kc32

Figure 6

Share of Medicare Advantage Enrollees in Plans with Special Supplemental Benefits for the Chronically Ill (SSBCI), by Benefit and Plan Type, 2022



NOTE: Some plans may offer variations of the same plan, but with different SSBCI benefits, so shares enrolled may be slight overestimates of actual enrollment. Social needs include access to community or plan-sponsored programs and events, such as non-fitness club memberships, community or social clubs, and park passes. Indoor air quality equipment and services may include temporary or portable air conditioning units, humidifiers, or dehumidifiers. General supports for living such as housing may be provided. Services supporting self-direction may include services to assist in the establishment of decision-making authority for healthcare needs (e.g., power of attorney for health services) and/or may provide education such as financial literacy classes. Individual plans are plans open for general enrollment and exclude employer group health plans and SNPs.

SOURCE: KFF analysis of CMS Landscape and Benefit files for 2022. • PNG

KFF

Source: https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-premiums-out-of-pocket-limits-cost-sharing-supplemental-benefits-prior-authorization-and-star-ratings/

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UVM Health Advantage

A Unique & Collaborative Approach to Healthcare

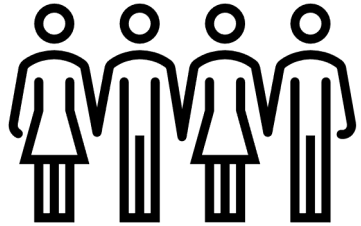
Our commitment to our customers.

Created based on unmet needs.

We created UVM Health Advantage based on what customers told us they want and need.

Partners in the customers health journey.

With UVM Health Advantage, the doctors and the health insurance company work together as partners in a customers health journey.



A committed team of Guides.

From the moment a customer enrolls in UVMHA, they will have a committed team of Guides to coach them and ensure they are receiving maximum value from their benefits.

UVM Health Advantage Plans

In & Out of Network Benefits

- Maximum Out of Pocket
- Medicare Participation Network

"Non-Traditional" Benefits Included

- Comprehensive Dental
- Eyewear & Hearing Aids
- Meal Delivery
- Over-the-Counter Allowance
- Transportation

Administration

- No Referrals
- Limited Prior Authorizations
- Single Plan

Prescription Drug Coverage

- Mail Order Savings
- Insulin Savings Cap and Rewards Program

Tailored Benefits for Chronic Disease Care

Congestive Heart Failure & Diabetes

Supporting successful transitions home

Eliminating access barriers to chronic disease care

Behavior change & lifestyle support

Self-care Support through Tools

Meal Delivery after Hospital Stay

FREE meal delivery after an inpatient hospital admission.

We want to ensure you get the nutrition you need when recovering from a hospital stay:

- Meals can be tailored for most health conditions
- High quality, 14 refrigerated meals delivered to your home
- Meals are easy to prepare – just heat, eat & enjoy!

Condition-Specific Meal Delivery

3-Months of Food Delivery

CHF Diagnosis

- ✓ Post Inpatient hospitalization or Observation stay

Diabetes Diagnosis

- ✓ Post Inpatient hospitalization or Observation stay

Mental Health Diagnosis

- ✓ Post Inpatient hospitalization

UVM Health Advantage Care Guides

- Helps to navigate you through your health journey
- Can schedule appointments
- Provides detail and how to take advantage of all benefits included with your plan
- Can work directly with your doctor and family as needed (and with your permission)

Care Guides: A differentiating consumer experience

“Having my own Care Guide has been great. Because I have someone **who is familiar with me** and who I have a kind of a track record with. It’s reassuring to know I have one person who I feel knows me. I know they are going to answer my phone call, know who I am and understand my needs.”

Eleanor
UVM Health Advantage Customer
Vermont

Questions?

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