



# **GUIDE FOR MEDICARE ADVANTAGE PLANS**

**How to Design a Home-Delivered Meals Benefit for 2023**

**Including Special Supplemental Benefits for the Chronically Ill**





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Dear Colleague:

Over the past year, health plans had to move quickly and innovate to care for members during the public health emergency surrounding the COVID-19 pandemic. Teams were busy designing benefit packages for mid-year filings and seeking out new solutions and partners to help members stay safe at home and meet a growing number of outstanding social needs.

The Medicare population – individuals age 65 and older – have been hit hardest by the pandemic. Not only are they most likely to become hospitalized or die from COVID-19, but they are also more susceptible to food insecurity, which is especially problematic when 80% of older adults have one or more chronic diseases,<sup>1</sup> and thus unique nutritional needs.

Fortunately, Medicare Advantage plans can support their members with a combination of food, nutrition and chronic condition needs with home-delivered meals through a variety of pathways. Since 2020, these pathways have included Special Supplemental Benefits for the Chronically Ill (SSBCI). Adoption trends of SSBCI between 2020 and 2021 showed that three times as many plans offered benefit in 2021, compared with 2020, and meals was the most common SSBCI benefit offered, followed by food and produce. This clearly shows the the importance of nutrition benefits to both members and health plans.

### **That's where Mom's Meals fits in.**

Mom's Meals is pleased to share with you a Guide for Medicare Advantage Plans: How to Design a Home-Delivered Meals Benefit for 2023, including Special Supplemental Benefits for the Chronically Ill.

We are a leading national provider of refrigerated, home-delivered meals and nutrition services for individuals recuperating at home after an inpatient hospital stay or persons managing a health condition. **Our team works with hundreds of health plans nationwide, including Medicare Advantage and Medicaid plans, that currently offer or plan to offer a home-delivered meals benefit.** We have deep knowledge of legislative policy surrounding nutrition services to populations in need and are passionate about improving health outcomes.

**The 2023 benefit year is coming up soon. Let's work together to design a home-delivered meals benefit under Special Supplemental Benefits for the Chronically Ill (SSBCI) for your members with chronic conditions.**

# GO TO MARKET IN 2023 WITH YOUR HOME-DELIVERED MEALS BENEFIT

Many MA plans are already underway in their efforts to establish a home-delivered meals benefit for the 2023 benefit year. Where are you in this process? **Now is the time to get started.**

## UNDERSTANDING THE OPTIONS FOR INCLUDING A MEALS BENEFIT IN YOUR PLAN DESIGN

Historically and even today, many plans cover meals benefits on a limited basis. Often, members receive home-delivered meals for a period of time subsequent to an inpatient hospital, skilled nursing or rehab stay in an effort to help them recover after an illness or injury and avoid a readmission.

On April 24, 2019, CMS issued a memo to MA plan sponsors detailing new benefits that may be offered to enrollees with chronic conditions. It defined the scope under a new category of supplemental benefit, called, **“Special Supplemental Benefits for the Chronically Ill” (SSBCI).**<sup>2</sup> Filing your benefit under SSBCI allows you to tailor benefits for members with chronic conditions and innovate with the newly available flexibility in benefit design.

CMS gives MA plans new flexibility to offer benefits that “have a reasonable expectation of improving or maintaining health or overall function of an individual as it relates to their chronic condition or illness,” including:

- Meals furnished to the enrollee beyond a limited basis
- Transportation for non-medical needs
- Pest control
- Indoor air quality equipment and services
- Benefits to address social needs

CMS makes several clarifications with respect to specific SSBCI benefits. These are important to understand since they differ from previous years.<sup>3</sup> When it comes to meals benefits under SSBCI:

- Meals benefits “may be offered beyond a limited basis.”
- Meals benefits do not have to be “uniform.” Plans may tailor benefits to the needs of specific enrollees based upon their condition.

### SUPPLEMENTAL BENEFITS FLEXIBILITY<sup>4</sup>

	2019		2020-2021	
<b>Benefit Type</b>	<b>“Standard”</b>	<b>“Targeted”</b>	<b>“Chronic”</b>	<b>“COVID-related”</b>
<b>Eligibility</b>	All MA beneficiaries	Specific health status or disease state	“Chronically ill” beneficiaries (defined in statute)	Must be provided in connection with COVID-19 outbreak
<b>Benefit Flexibility</b>	Benefits must: (1) not be covered by original Medicare; (2) must be primarily health-related (new, more flexible definition) (3) MA plan must incur a non-zero direct medical cost		Benefit that has a reasonable expectation of improving or maintaining enrollee health or overall function	
<b>Uniformity Flexibility</b>	Supplemental benefits are uniform across all beneficiaries	Ability to tailor similarly situated beneficiaries	Ability to tailor to individual beneficiaries’ specific medical condition and needs	Must be provided uniformly to all similarly situated enrollees

# POLICY UPDATES TO CONSIDER FOR YOUR 2023 PLANNING

Although 2020 saw the introduction of many changes to Medicare Advantage Supplemental benefits, in 2021, CMS focused on codifying existing program policy, instead of making further significant changes to benefits themselves.

## **2023: CMS Puts Emphasis on Patient Experience in Measuring Medicare Advantage Star Ratings.**

According to its Contract Year 2021 Medicare Advantage and Part D Final Rule, CMS doubled the weight of patient experience measures used to calculate Star Ratings. This change effectively means patient access to care and experience will carry the same weight as outcome measures when calculating Star Ratings. Although this change will impact Star Ratings for plans in 2023, those ratings will be based on care delivered in 2021.<sup>10</sup>

Although this change is not directly related to meals, we feel it is relevant to mention in this guide since our own research indicates more than half of all Medicare enrollees would like home-delivered meals as a paid benefit from their health insurance plans. Likewise, over 1 in 3 Medicare enrollees feel home-delivered meals are more important during/since COVID-19 (see page 12 for more details).

**May 22, 2020:** Previously, CMS limited the chronic conditions an enrollee must have to be eligible under SSBCI to a specific list of conditions outlined in the Medicare Managed Care Manual (Chapter 16b).

"However, the agency recognizes that there may be other chronic conditions that may meet the statutory definition of a chronic condition, but are not included in Chapter 16b.

**Therefore, beginning in contract year 2021, CMS allowed plans to target other chronic conditions."<sup>9</sup>**

Essentially, this means plans are no longer limited to a specific list of chronic conditions that would make a member eligible for benefits under SSBCI, giving them

additional flexibility to provide targeted benefits to their members according to their unique health and nutrition needs.

## **April 21, 2020: In response to COVID-19, CMS announced changes allowing Medicare Advantage plans greater flexibility for nutrition benefits.**

CMS is temporarily relaxing enforcement of a 2008 rule prohibiting mid-year benefit enhancements for Medicare Advantage organizations (73 Federal Register 43628), as long as the new enhancements are:

- Provided in connection with the COVID-19 outbreak
- Beneficial to enrollees
- Provided uniformly to all similarly situated enrollees<sup>7</sup>

To date, CMS has not clarified an end to this flexibility, but we believe there is a reasonable possibility it will last so long as COVID-19 continues to be a public health emergency. According to some estimates, the U.S. may continue to see annual surges in COVID-19 infections through to 2025 and beyond.<sup>8</sup>

## **February 5, 2020: CMS confirms all End-Stage Renal Disease (ESRD) patients will be eligible to enroll in a Medicare Advantage plan starting in 2021.**

Following guidance from the 21st Century Cures Act and CMS, all ESRD beneficiaries had the option to enroll in a Medicare Advantage plan in 2021, even if they were diagnosed prior to enrolling in the plan.<sup>5</sup> CMS estimates that, following this change, an additional 83,000 individuals with ESRD will enroll in an MA plan by the year 2026.<sup>6</sup>



## STEP 1: IDENTIFY YOUR TARGET

### Definition of a Chronically Ill Enrollee

To qualify for SSBCI, beneficiaries must meet all three of these criteria:

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



#### Chronic Conditions

Previously, enrollees needed to have a chronic condition listed in Chapter 16b of the Medicare Managed Care Manual (MMCM) to be eligible for SSBCI.

However, on May 22, 2020, CMS announced plans may target "other chronic conditions" beginning in contract year 2021.

**Approximately 80% of older adults live with at least one chronic disease, and 77% have two or more.<sup>11</sup>**

2

Has a high risk of hospitalization or other adverse health outcomes

3

Requires intensive care coordination



There is no requirement that an individual participates in care coordination. As long as an MA plan has established a process to determine if an individual meets the statutory definition and clearly documents its determination that a beneficiary meets the definition, the plan is not required to ensure an individual is "participating" in intensive care coordination.

In defining their benefit-eligible population, some health plans choose to narrow their focus and offer home-delivered meals to those for whom the benefit can have the greatest impact.

Consider:

- Most expensive disease categories
- Members with a high risk of admission
- Risk scores
- Readmissions rates
- Comorbidities
- Members with social determinants of health (SDOH) needs

CMS allows plans flexibility and has not set forth specific rules for defining criteria. However, all organizations must clearly define who is eligible for SSBCI, and must document eligibility criteria to ensure communication to members is consistent and non-discriminatory.

**Ensure that enrollees who meet eligibility requirements can access benefits, despite cultural or language barriers, use of assistive technology, disabilities or health disparities.**

This goal should be balanced with avoiding unnecessary administrative burden on providers, plans or enrollees.

**Mom's Meals provides detailed reporting on benefit utilization and can help you ensure your benefits are being utilized at anticipated rates.**



## STEP 2: FORECAST COST AND UTILIZATION

How much will it cost to add a home-delivered meals benefit? How many meals should be included? Who will take advantage of the benefit? What kind of outcomes could your health plan expect?

As you design your benefit, you need answers to key questions like these. In partnering with your actuarial team, Mom's Meals can help you forecast the impact of your home-delivered meals benefit based on our work with hundreds of health plans across the country.

For your health plan, home-delivered meals can translate into:

- Fewer readmissions
- Shorter lengths of stay in the hospital
- Lower total cost of care

A typical program design for chronic care enrollees may look like this:

- 12-week cycle of meals
- 2–3 condition-appropriate meals per day until the condition is controlled

An example of return on investment for chronic care meals may look like this:<sup>12</sup>

**ROI RANGE = 2:1-4:1**  
BASED ON BENEFIT DESIGN

**PATIENTS = 500**  
QUALIFYING 500 HIGHEST-RISK MEMBERS  
FOR 12 WEEKS OF MEALS WITH 2 MEALS/DAY

	Without Meals	With Meals
Investment	\$0	~\$588,000
Hospitalizations	125 (25% admit rate)	63 (12.5% admit rate; 50% reduction)
Length of stay (days)	5.2	3.1 (40% reduction)
IP costs (\$2,500/day)	\$1,625,500	\$488,250
<b>Net cost savings, annual</b>	<b>\$0</b>	<b>\$1,137,250*</b>

Does not include cost savings on ER, emergency transportation or other costs, or quality bonus payments.

There is no guarantee that your program design or benefit will result in similar ROI results.

**Mom's Meals is happy to share with you studies proving home-delivered meals positively impact the lives of chronically ill enrollees and contribute to overall lower health spending.**



## STEP 3: DETERMINE MEASUREMENT CRITERIA

While in the development phase, think about the criteria you'll use to measure the results of your benefit. This step presents a prime opportunity to bring cross-functional areas of the plan together for alignment around the new benefit.

The results you measure can help you to:

- Improve clinical outcomes for members
- Strengthen and increase your plan performance in future benefit years
- Contribute to higher HEDIS and Star ratings
- Differentiate your plan to enrollees and network providers
- Assist CMS in addressing the cost of chronic conditions
- Address food insecurity for members with unmet social needs

Based on our experience, Mom's Meals has pinpointed eight main measurement criteria:

1

### MEMBER SATISFACTION & ENGAGEMENT

**How satisfied are members with your home-delivered meals benefit? Were case management encounters more successful?**

For example...

In a member satisfaction survey by a Mom's Meals partner, 95% of respondents said Mom's Meals helped them manage their chronic condition, and 98% would recommend the plan because it offered a home-delivered meals program.

3

### LENGTH OF INPATIENT STAY

**Has the length of inpatient stays decreased among enrollees?**

For example...

A study published in Journal of Primary Care and Community Health<sup>12</sup> found that members who receive meals have fewer hospital readmissions (50%), shorter lengths of inpatient stay (37%) and lower total cost of care (31%).

2

### ADMISSIONS/READMISSIONS

**Did you realize a lower rate of hospital admissions/readmissions among enrollees?**

For example...

A study reported a 38% reduction in 30-day readmissions for patients receiving post-discharge meals.

4

### ER & EMERGENCY TRANSPORTATION USE

**Has the number of trips to the ER decreased among enrollees? Have enrollees used emergency transportation less frequently?**

For example...

A study published in Health Affairs<sup>13</sup> reported a 70% reduction in emergency room visits by dually eligible Medicare and Medicaid beneficiaries within a six-month time period.



According to its Contract Year 2022 Medicare Advantage and Part D Final Rule, **CMS will double the weight of patient experience measures** used to calculate Star Ratings. This change effectively means patient access to care and experience will carry the same weight as outcome measures when calculating Star Ratings. Although this change will impact Star Ratings for plans in 2024, those ratings will be based on care delivered in 2022.

## 5 TOTAL COST OF CARE

**Has there been a decrease in total cost of care among enrollees?**

For example...

A study published by Health Affairs<sup>14</sup> reported that meal delivery programs reduce the overall healthcare spend in dually eligible Medicare and Medicaid beneficiaries by 40%.

## 7 HEDIS & STAR MEASURES

**Has your home-delivered meals benefit helped your plan achieve higher HEDIS and/or Star measures?**

For example...

A study among people with diabetes by a Mom's Meals partner showed therapeutic improvements in blood sugar control (5.9%), which helped to address the Star measure for Diabetes Care (Controlled Blood Sugar).

## 6 CLINICAL IMPROVEMENTS

**What type of clinical improvements have enrollees experienced?**

For example...

A study among people with diabetes by a Mom's Meals partner showed a therapeutic reduction in body mass index (5.8%).

## 8 INDIVIDUAL OUTCOMES/ SUCCESS STORIES

**Are enrollees talking about how home-delivered meals have impacted their lives? What are they saying?**

Quotes from a few recipients of Mom's Meals:

"I ordered the diabetic food. This has helped me to manage my diabetic numbers."

"Mom's Meals prevent me from eating junk food and have helped me lose 35 pounds over the last year."

## STEP 4: INCLUDE A MEALS BENEFIT IN YOUR BID

When preparing your bid, you have several options for including a home-delivered meals benefit. Meals are covered as a supplemental benefit that may be included in an MA plan under two primary categories.

1

### NON-PRIMARILY HEALTH-RELATED SUPPLEMENTAL BENEFIT FOR CHRONICALLY ILL ENROLLEES CONSISTENT WITH THE SSBCI PROVISIONS (filed in PBP Category B9b/13i)

Home-delivered meals included as SSBCI are considered a **non-primarily health-related benefit**.

Home-delivered meals may be provided **beyond a limited basis** as a non-primarily health-related benefit to chronically ill enrollees, under the SSBCI provisions.

SSBCI are **not time limited**, which allows MA plans the flexibility to design the benefit for home-delivered meals for the length of time they believe will create the most value.

Meals offered as a non-primarily health-related benefit to chronically ill enrollees under the SSBCI provisions are **not required to meet the uniformity requirements**.

Clarified by CMS in its HPMS Memorandum (Implementing Supplemental Benefits for Chronically Ill Enrollees 5 (April 24, 2019)).

2

### PRIMARILY HEALTH-RELATED SUPPLEMENTAL BENEFIT (filed in PBP Category B13c)

Many plans have already included home-delivered meals as a **primarily health-related** benefit. Some plans file different benefit types for different plans, such as HMO, PPO, D-SNP and C-SNP.

Home-delivered meals may be provided on a **limited basis** consistent with existing guidance set forth in the Medicare Managed Care Manual (MMCM).

For example...

- Immediately following surgery or an inpatient hospital stay, for a temporary duration, (typically a four-week period), provided they are ordered by a physician or non-physician practitioner.
- For a chronic condition, including but not limited to cardiovascular disorders, COPD or diabetes for a temporary period, typically two weeks. Meals must be ordered by a physician or non-physician practitioner and be part of a supervised program designed to transition the enrollee to life style modifications.

Primarily health-related benefits **fall under uniformity requirements** and must be available to all plan members.

## What About Nutrition Education?

Health education and medical nutrition therapy (MNT) offered as supplemental benefits are considered **primarily health-related**, and should be filed in PBP Category B14c. The services must be provided by practitioners who are practicing in the state in which s/he is licensed or certified, and are furnishing services within the scope of practice defined by their licensing or certifying state. (i.e., physician, nurse, registered dietitian nutritionist).



## STEP 5: COMMUNICATE YOUR BENEFIT

Once your benefits package is approved by CMS, you will need to move purposefully and swiftly to let eligible and prospective members, case managers, your provider network, and agents or brokers know that home-delivered meal benefits are now available under your plan.

### Outreach to Eligible Members

In all cases, home-delivered meals benefits must be explained within plan materials, such as the Evidence of Coverage, member handbook or other official plan documents.

To make it easy for our MA plan partners, Mom's Meals has created a library of attractive, easy-to-use materials to communicate with eligible members about the plan's specific home-delivered meals benefit. These have been useful not only in helping eligible members to make informed decisions about participating, but also for establishing a point of differentiation for the plan.



### Outreach to Case Managers & Care Coordinators

Case managers and care coordinators will have direct contact with enrollees who are eligible for your home-delivered meals benefit. Introduce case managers to your benefit, and help them to understand how it works and what's included.

For our MA plan partners, Mom's Meals has conducted on-site and virtual training sessions with case managers to teach them about the benefit, how to access the benefit, and how to identify and refer eligible members.

### Outreach to Your Provider Network

Meals can be a helpful tool to providers who are caring for members with chronic conditions.

Mom's Meals is able to deliver to any U.S. address, which means that you can support members living in hard-to-reach areas who may benefit from home-delivered meals.

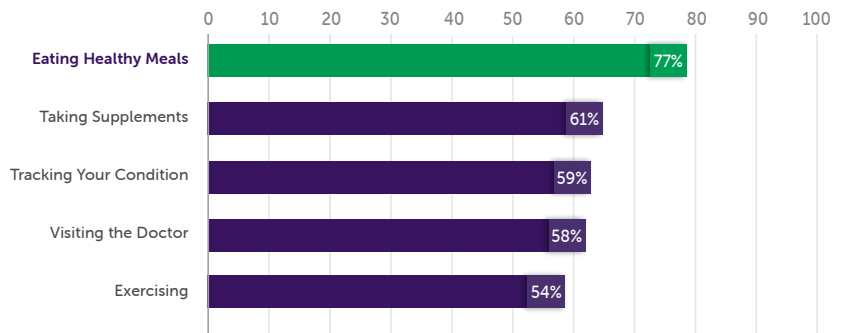


# COVID-19: IMPACT ON CONSUMER ATTITUDES TOWARD HEALTH PLAN BENEFITS

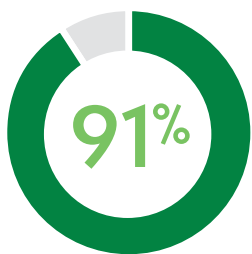
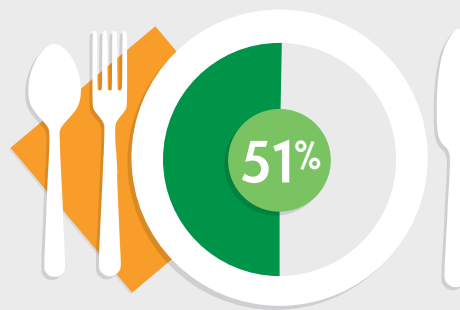
In August of 2020, Mom's Meals commissioned a third party to conduct a survey among a random sample of Medicare Advantage customers with at least one chronic condition (n=1,378) to assess their attitudes and opinions about home-delivered meals as a health plan benefit.

Here are some of our most significant findings from the study:

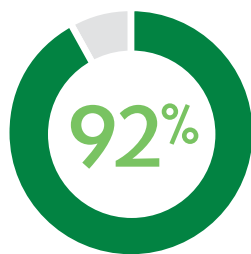
**77%** of Medicare respondents enjoyed eating **healthy meals** significantly more than any other condition self-care-related activity. They either "liked" it or "really liked" it.



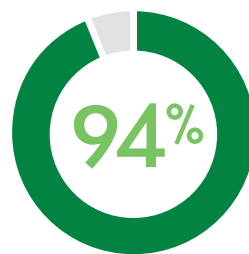
**51%** of Medicare respondents said they were interested or very interested in having **home-delivered meals** as a paid benefit from their health insurance plan.



**91%** are satisfied Mom's Meals helps treat their condition



**92%** are satisfied with the taste of our meals



**94%** eat "most" or "all" of the food provided



**97%** agree the ability to choose meals is important

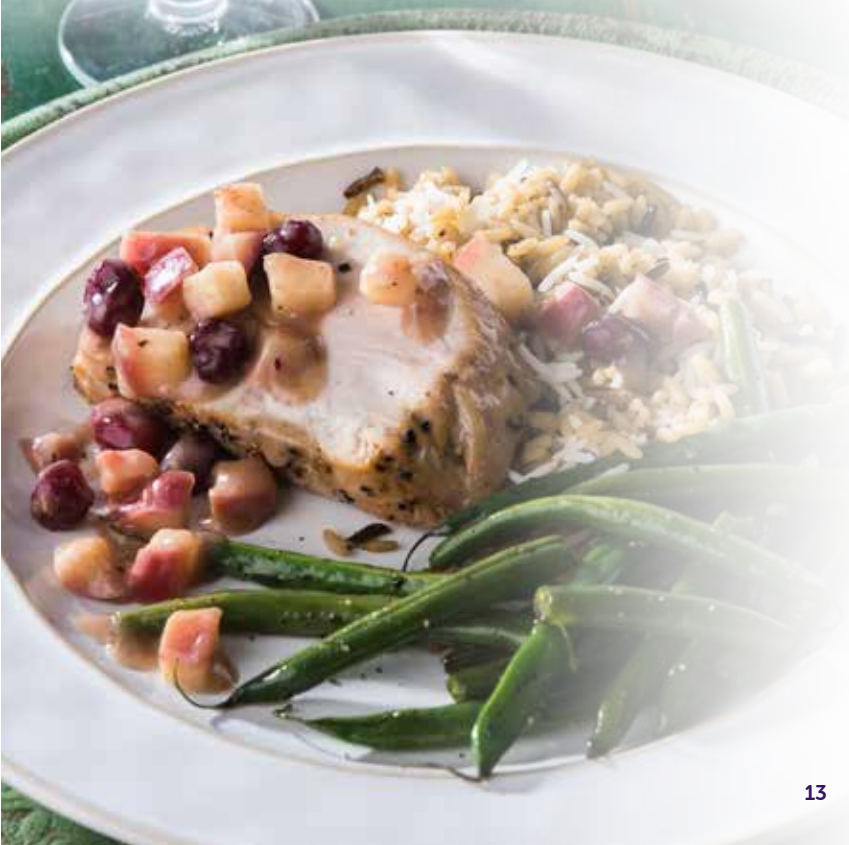
Today, with greater attention on whole-person care, we see individuals, providers, and health plans taking a deeper interest in overall well-being. Meanwhile, the COVID-19 pandemic has caused consumer attitudes to shift. Many Americans are taking charge of their own health by delaying in-person health care, embracing telehealth, sharing their personal data, and participating in clinical trials. Many more also struggle with social determinants of health, especially food insecurity.

Read our complete findings [here](#)

“ The supplemental benefits offered by Medicare Advantage plan are very appealing to consumers deciding whether to select traditional (fee-for-service) Medicare or an MA plan. This is particularly true for people with with chronic conditions. A recent study from McKinsey & Co. showed that seniors with one chronic condition are 55 percent more likely to choose MA than those with none, and those with five or more chronic conditions are 70 percent more likely to choose MA.<sup>15</sup> The pandemic brought to light that many seniors are food insecure, which when coupled with one or more chronic conditions, can lead to avoidable high-cost utilization. With new policy flexibility, we’re seeing more MA plans support members with chronic conditions through healthy home-delivered meals benefits. These programs support member condition self-management and successfully fend-off hospitalizations. Nutrition, which is low-cost and highly effective at delivering SDOH and clinical improvements, isn’t only a “nice-to-have” – it’s an absolute need as part of any MA plan’s 2023 benefit strategy. ”



**Catherine Macpherson,**  
MS, RDN SVP of Healthcare Strategy  
and Chief Nutrition Officer  
Mom’s Meals



“ Members are coming to expect more from their health plans, including new options to enrich their health and maintain independence in the comfort of their own homes. The good news is that SSBCI gives plans fresh opportunities to stand out in a fiercely competitive market and to enhance the care continuum for their members in a thoughtful, cost-effective way. With growing interest from the public sector as well, we expect home-delivered meals to be in every plan’s playbook before long. ”



**John Phillips**  
Vice President of National  
Program Development  
Mom’s Meals



Talk with our team about developing a home-delivered meals benefit specifically for your chronically ill members under SSBCI for the 2022 benefit year.

**Catherine Macpherson, MS, RDN,  
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To learn more, visit [momsmeals.com](https://momsmeals.com).



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