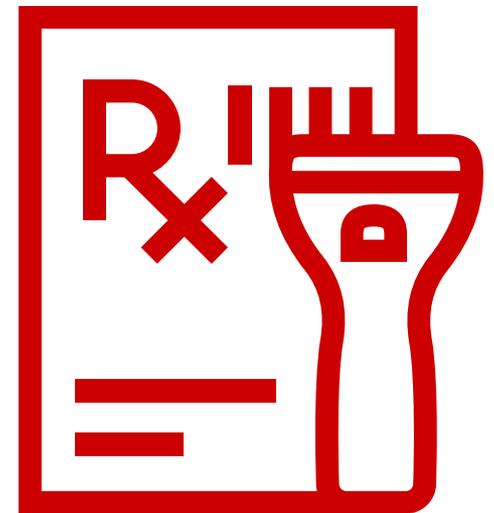


Leveraging Nutrition and Meal Delivery to Improve Health Outcomes: Policy Changes in Medicare Advantage Addressing Food Insecurity



Historically, CMS Allowed MA Plans to Offer Meals as Supplemental Benefits Under Limited Circumstances

An MA plan could cover physician-ordered meal services for a temporary duration of time under the following circumstances:

- 1 Immediately following an inpatient hospital stay:** accompanied by referrals to community and social services as needed for further meals
- 2 For a chronic condition such as cardiovascular disease, COPD, or diabetes:** as part of a supervised program to transition the enrollee to lifestyle modifications

Home delivery of meals may be offered if the services are needed due to illness, consistent with established medical treatment of the illness, and offered for a short duration

Social factors, by themselves, do not qualify an individual for meal services

Recent Policy Changes Allow MA Plans to Offer a Wider Array of Supplemental Benefits

VBID Model

- In 2017, CMS began limited test of how giving plan sponsors additional flexibility in benefit offerings for the chronically ill might impact use and outcomes
- Allows participating MA plans to offer tailored supplemental benefits or reduced cost sharing to enrollees with CMS-approved chronic conditions
- Although plans could not vary benefits by CMS-approved chronic conditions, they could not offer new benefits

CY 2019 Call Letter

- Beginning CY 2019, CMS added new flexibilities for MA plans by expanding the definition and scope of supplemental benefits
- CMS finalized new interpretation of uniformity requirements—giving plans greater flexibility in benefit provisions to enrollees with defined disease conditions
- Under CMS' new interpretation, supplemental benefits are “primarily health related” if they:
 - 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

Changes in BBA Effective 2020

- Beginning CY 2020, MA plans will be able to offer supplemental benefits for chronically ill enrollees that are not “primarily health-related”
- While CMS developed a list of allowable supplemental benefits under expanded definition of supplemental benefits, it did not redefine conditions for MA plans to offer nutrition support services

New Benefit Flexibilities Present Opportunities for Chronic Illness Prevention and Management

New rules allow MA plans to offer patients a wider array of covered services

EXAMPLES OF OTHER SUPPLEMENTAL BENEFITS



Social
Worker Line



Personal
Home Care



Support for
Caregivers



Remote
Access
Technologies*



Fitness
Benefit



Nutritional
Benefit

- For 2019, CMS began allowing benefits targeted to illnesses and demographics.
- Beginning CY 2020, MA plans may offer supplemental benefits for chronically ill enrollees that are not primarily health related, including non-medical transportation, home-delivered meals, and food and produce.
- Supplemental benefits must have a reasonable expectation of improving health or overall function, which could expand flexibility for nutrition-based benefits.

CMS: Centers for Medicare and Medicaid Services; MA: Medicare Advantage

Sources: CMS. Medicare Advantage and Part D Final Rule; Avalere Health analysis using PlanScape®, a proprietary database of plan formularies and benefit designs and 2019 MA and PDP data released by CMS on September 28, 2018; HHS. Reinterpretation of "Primarily Health Related" for Supplemental Benefits. 2018. <https://www.nahc.org/wp-content/uploads/2018/05/HPMS-Memo-Uniformity-Requirements-4-27-18.pdf>

This presentation contains trademarks or registered trademarks of CVS Pharmacy, Inc. and/or one of its affiliates.

©2019 CVS Health and/or one of its affiliates. Confidential and proprietary.

Framework For How MA Plans Could Address Beneficiaries' Nutritional Needs

Benefit Definition

Establish what a nutritional benefit looks like such as,

- Nutrition support benefit
 - Delivery of daily meals
 - Socialization
 - Safety check
- Wraparound services
 - Community connection
 - Care coordination
 - Nutrition education

Benefit Eligibility

Establish criteria that can help determine eligibility for nutrition support under the newly allowed non-medical parameters, such as:

- Whether short-term nutrition services will help prevent or mitigate the progression of a pre-existing condition;
- A need related to an acute medical event;
- Social circumstances that result in barriers to proper nutrition

Benefit Duration

Establish a reasonable length of time to deliver a nutrition benefit. For example, beneficiaries could be eligible for services for a flexible duration, but up to a limit of 3 to 6 months:

- Coverage could be reset following the reassessment of a medical provider;
- An assessment of social circumstance should be a factor in coverage determination.

Expanded guidance around the provision of nutrition support services could potentially be helpful so health plans and community based organizations like Meals on Wheels could offer more robust, coordinated support in addressing the role of nutrition in improving or maintaining health and preventing chronic disease.