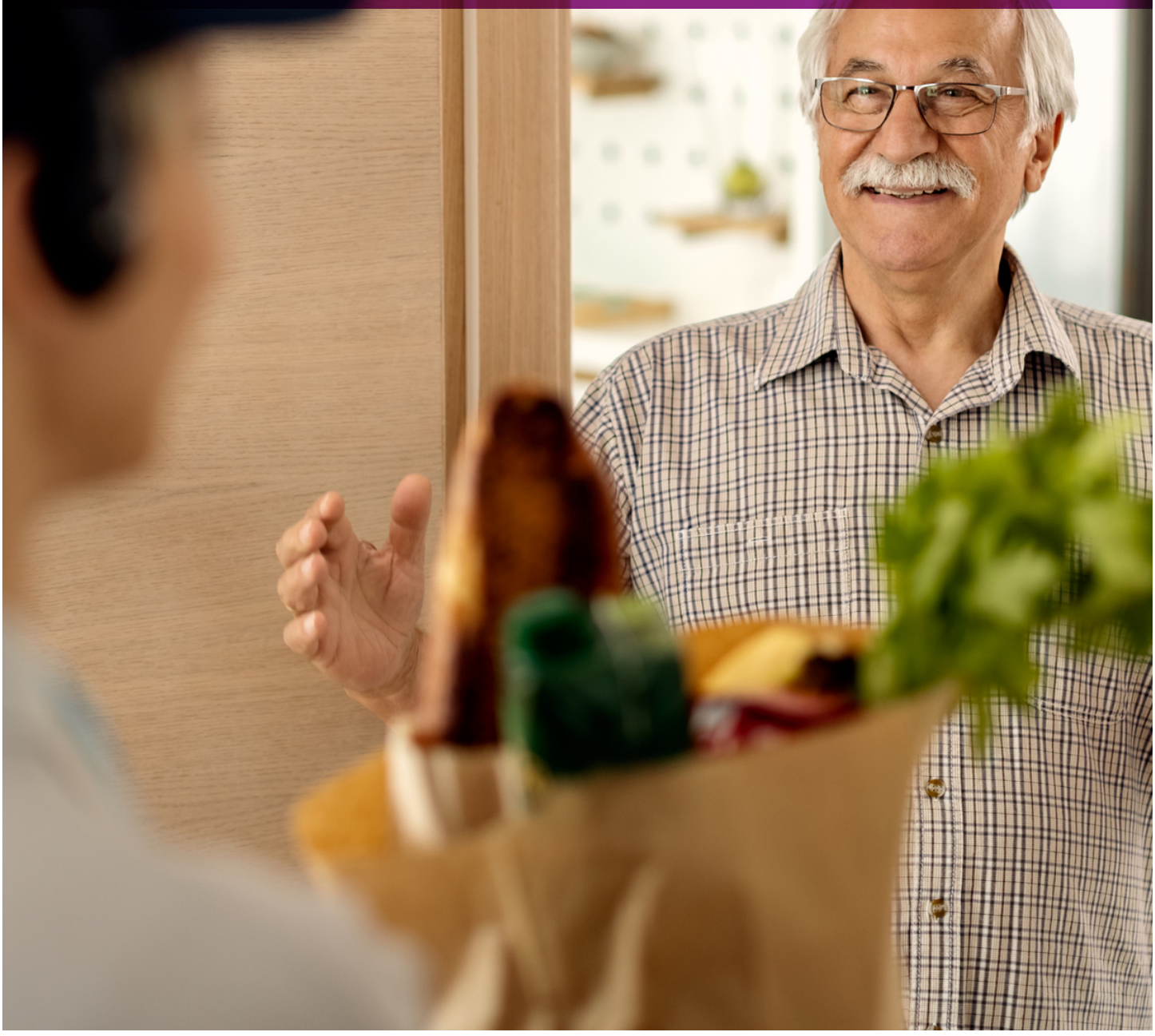
Social Determinants of Health and Medicare Advantage:

Policy Recommendations to Achieve Greater Impact on Reducing Disparities & Advancing Health Equity for America's Medicare Population



May 2021

Medicare beneficiaries enrolled in Medicare Parts A and B may choose to receive their Medicare benefits through a Medicare Advantage (MA) plan. MA plans must cover the benefits that fee-for-service Medicare (FFS) covers and may offer additional benefits beyond traditional Medicare coverage.

Medicare Advantage serves more than 26 million seniors and individuals with disabilities, many of whom face more socioeconomic risk factors and are more financially vulnerable compared to the traditional FFS Medicare population.[i] Social risk factors or "social determinants of health" reflect the socioeconomic conditions in which we live, learn, work, play, and age and can include inadequate access to nutritious food, lack of affordable housing, lack of convenient and efficient transportation options, limited opportunities for quality education and meaningful employment, limited broadband access, and more. Socioeconomic barriers can impact a person's ability to live a healthy life, access quality health care, and put them at greater risk of developing chronic conditions-leading to poorer health outcomes, more hospital admissions, and higher costs. For example, an individual may have diabetes-related hospital admissions due to food insecurity, develop asthma due to poor housing conditions, frequently visit an emergency department because of homelessness, or develop mental health conditions due to social isolation and loneliness.

There is a growing body of evidence that indicates that socioeconomic challenges not only lead to poorer health outcomes and higher healthcare costs, but they can also exacerbate health disparities for a broad range of populations as well, particularly for seniors, racial and ethnic minorities, and individuals with disabilities.[ii] The COVID-19 crisis has further exposed the health disparities and inequities that exist in America and demonstrated the crucial link between socioeconomic circumstances and health outcomes. It has also highlighted the important role policy flexibilities play in the ability of MA plans and other stakeholders to address the socioeconomic risk factors of their beneficiaries. These flexibilities facilitate more appropriate services that help address the needs of individuals, promote greater health equity, and lower total costs of care by reducing unnecessary hospital admissions and routine emergency department visits.

Addressing Socioeconomic Needs through MA Supplemental Benefits

MA plans have flexibility to offer expanded access to telehealth and supplemental benefits that go beyond Medicare FFS and can address socioeconomic barriers to health. Examples of supplemental MA benefits include: in-home support services, transportation to and from health care appointments, transportation for non-medical needs, and home delivery of essential supplies, including prescription drugs and groceries. MA plans may also offer services to eligible enrollees that address social needs, such as club memberships, family counseling, or other programs to address social isolation.

MA supplemental benefits have expanded in recent years, due in part to the introduction of special supplemental benefits for the chronically ill (SSBCI). This has enabled MA plans to offer additional supplemental benefits and supportive services to those with chronic illnesses and to manage their care more holistically. The number of MA plans offering SSBCI has rapidly increased, with triple the number of plans (787 plans) offering at least one SSBCI in 2021 compared to 239 plans offering at least one SSBCI in 2020. Similarly, the number of MA beneficiaries enrolled in plans providing SSBCI has also tripled, from 1 million in 2020 to over 3 million in 2021. The most commonly offered SSBCI benefits are meals and food and produce.[iii]

Examples of MA Plan & Community Partnership Efforts to Address Social Determinants of Health

MA plans provide services directly and also work with community partners to address a variety of needs, ranging from food insecurity, lack of transportation, social isolation, housing instability and homelessness, among others. Research has demonstrated that many services and interventions that address the health-related social needs of MA beneficiaries result in improved quality of life, improved health outcomes, and significant savings by reducing unnecessary health care utilization. For example:

Vaccinated **20,000** Homebound Residents

A Northeast MA plan became a leader in its state and a national example for vaccinating homebound populations who otherwise were not able to leave their homes to get the COVID-19 vaccine. The MA plan identifies and reaches out to those who meet the homebound criteria and handles scheduling and administration of the in-home COVID-19 vaccinations. The MA plan also manages geographic vaccination hubs that receive COVID-19 vaccines from the State and schedules qualified vaccinators (such as EMS or home health agency staff) to pick up COVID-19 vaccines and "go bags" with PPE and their list of appointments and then go out and administer the vaccines. The MA plan has not only vaccinated thousands of its own MA members who are homebound but has expanded its efforts to vaccinate over 20,000 homebound residents across the state—even those who are not members of their MA plan—to ensure people can receive the COVID-19 vaccine in the safest ways possible regardless of their circumstances. Because the MA plan's approach to care is rooted in the community to ensure the most appropriate site of care, it has generated effective outreach and distribution strategies that have now become best practices for bringing COVID vaccinations to homebound populations nationwide, reducing disparities in access and outcomes across populations in need.[iv]

56% More Engaged

Recognizing that social isolation is a significant issue for aging adults and can have a major impact on overall health, MA plans in both the South and the Western U.S. implemented programs that connected members who self-identified as lonely with social workers and volunteer phone pals who regularly called or visited to build relationships. The phone pals helped address the member's needs, whether assisting with transportation, accomplishing house chores, providing companionship, or providing other services—often alleviating the burden and stress on family caregivers while enriching the lives and combatting feelings of loneliness of older adults. After implementing this program, the Western MA plan saw an increase in member engagement with other programs (e.g., exercise programs) by 56%, a decrease in hospital admissions by 21%, and a decrease in emergency department use by over 3% (while the control group saw an increase in ED use by 20%).[v]

Build **Digital Literacy**

A MA plan based in the West launched a technology support program for its members to help build their digital literacy and take advantage of telehealth visits and the digital world. The service provides 1:1 technical assistance over the phone to members to help them set up email accounts, learn how to use telehealth platforms, set-up mail-order prescription delivery, learn how to navigate video conferencing platforms such as Zoom or Facetime, access various medical group and patient portals, and more.[vi]

6,384 Annual Savings Per Member

A MA plan in the Mid-Atlantic partnered with local housing contractors to launch a program that integrates permanent supportive housing, an assigned medical home, and case management services to coordinate health care for dually eligible Medicare and Medicaid members who are homeless, have a medical disability, and have at least one year of high health care costs. By receiving appropriate medical and behavioral health services, peer support, and case management in addition to stable housing, individuals housed through this program had less unplanned care but more visits to primary care and specialists and greater medication adherence. This has led to declining medical costs. After housing was attained, medical cost savings averaged $8,472 per housed member per year and pharmacy costs increased $2,088 per housed member per year (an indication of greater medication adherence), resulting in an overall annual cost savings of $6,384 for each housed member per year.

200,000 Grocery Delivery Memberships Provided

A MA plan provided free memberships to grocery delivery services to over 200,000 of their members across dozens of states to help them safely and conveniently access groceries and everyday essentials, protect their well-being, and ensure access to the supplies they need, especially during the COVID-19 crisis.[vii]

$753
Monthly Savings Per Member

A health plan in the Northeast that provided weekly delivery of ten ready-to eat meals to dually-eligible Medicare and Medicaid members saw savings of $753 per member per month (or 16% less in costs) due to fewer inpatient admissions and fewer nursing facility admissions.[viii]

VBP Program on SDOH

A MA plan based in the South launched a social determinants of health value-based program that reimburses health systems when health care providers screen MA members for socioeconomic needs, document the assessment, and refer the member to appropriate resources or social services in the community (such as food banks or affordable housing) or at the health plan (such as home food delivery services).[ix] The health plan hopes this program will incentivize providers to focus on social risk factors that contribute to poorer health conditions while providing helpful information to guide strategic decisions on how to address socioeconomic needs in the future.

Policy Recommendations to Advance MA Plans' Work that Addresses Socioeconomic Needs

MA plans have utilized policy levers and flexibilities to mitigate the socioeconomic risk factors their members face. They respond to health-related social needs in a variety of ways, ranging from offering supplemental benefits to designing and implementing new programs. Another approach involves investing their own funds in infrastructure and other innovative approaches that MA plans believe are critical to improving health outcomes but are not covered under Medicare services or waivers.

Policy Recommendations

MA plans and their community partners have made good progress in addressing health-related social needs. To achieve even greater and more lasting impact on reducing disparities and advancing health equity, the following policy recommendations would help scale and sustain MA plans' current work and facilitate additional work that address the social risk factors Medicare beneficiaries face:

- **Allow MA plans even greater flexibility to offer supplemental benefits that address socioeconomic barriers** (including for enrollees with chronic illnesses) to help prevent and mitigate worsening health conditions. For example, flexibilities should be extended to Part D benefits.
- Engage with policymakers, health plans, and other key stakeholders on **developing recommendations on health equity measures for MA Star Ratings** and other federal quality programs that are most appropriate and meaningful. Quality measurement should be fair, effective in advancing health equity or reducing healthcare disparities, and within health plan and provider control. Measures considered should be evidence-based, fully developed, tested, and accepted.
- **Develop and commit to sustaining CMS Innovation Center models that provide opportunities for MA plans and community partnerships to address social determinants of health**, particularly in rural and underserved areas.
- **Allow MA providers to participate in pooled funding arrangements with others in the community**, such as social service agencies, to more easily bring different funding sources together to have a greater impact on social determinants of health.

Conclusion

Medicare Advantage plans have a unique and growing opportunity to address the needs of socioeconomically vulnerable populations and improve their health. With the appropriate policy flexibilities that allow for broad use of social support services, **MA is well positioned to address health disparities and the underlying root causes of poor health** for the over 26 million seniors and individuals with disabilities across the country who have enrolled in the program.

Links to Additional Information And Health Plans Examples Addressing Social Determinants Of Health:

- The Impact of Social Determinants on Health Equity and Their Root Causes
- How Health Insurance Providers Are Innovating to Address Socioeconomic Needs During COVID
- Social Determinants of Health and Medicaid Policy Priorities
- The Value of Medicaid Managed Care for Advancing Health Equity
- Bridging the Digital Divide: How Health Insurance Providers Are Addressing SDOH and Promoting Access to Telehealth
- How Health Insurance Providers Combat Social Isolation and Loneliness
- How Health Insurance Providers Provide Safe and Affordable Housing
- How Health Insurance Providers Secure Access to Healthy Foods
- How Health Insurance Providers Address the Social Determinants of Health

i https://bettermedicarealliance.org/publication/data-brief-social-risk-factors-are-high-among-low-income-medicare-beneficiaries-enrolled-in-medicare-advantage/

ii https://pubmed.ncbi.nlm.nih.gov/32975173/; https://pubmed.ncbi.nlm.nih.gov/32748673/; https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2013.301421; https://pubmed.ncbi.nlm.nih.gov/29358482/; https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2806885/

iii https://avalere.com/insights/ma-enrollment-in-plans-with-extra-benefits-for-chronically-ill-tripled-in-2021\

iv https://www.commonwealthcarealliance.org/news/2021/march/commonwealth-care-alliance-to-lead-massachusetts-h

v https://www.ajmc.com/view/caremores-togetherness-program-addresses-a-symptom-of-living-with-chronic-illness-loneliness

vi https://www.scanhealthplan.com/supplemental-benefits/technology-support-benefit#:~:text=SCAN%20HEALTHtech%20is%20a%20telephone,about%20your%20health%20or%20healthcare.&text=Telehealth%20visit%20set%2Dup%20and,Skype%2C%20Facetime%20and%20other%20platforms

vii https://www.ahip.org/wellcare-tackles-social-needs-for-medicare-members-during-covid-19-pandemic/

viii https://pubmed.ncbi.nlm.nih.gov/31009050/#affiliation-1; https://pubmed.ncbi.nlm.nih.gov/30421335/ ; https://www.healthaffairs.org/doi/10.1377/hlthaff.2017.0999

ix https://www.modernhealthcare.com/payment/humana-launches-medicare-advantage-pay-program-social-determinants