

Supplemental Benefits in Medicare Advantage Plans in California, Contract Year 2023

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California Department of Health Care Services
Office of Medicare Innovation and Integration
Prepared by ATI Advisory

Executive Summary

This chartbook examines supplemental benefits offered by Medicare Advantage (MA) plans in California in contract year 2023. Supplemental benefits are not covered by Traditional Medicare and vary by MA plan. The type and eligibility criteria of supplemental benefits also vary across plans and throughout the state.

Supplemental benefits include primarily health-related benefits (PHRB), a recently expanded set of PHRB (EPhRB), and other non-primarily-health-related benefits (non-PHRB) for which eligibility can be tailored to enrollees with chronic conditions, social needs, and functional needs.

Dental, Hearing, and Vision PHRB	<ul style="list-style-type: none"> • Almost all California MA plans offer hearing (94%) and vision (99%) supplemental benefits, similar to MA plans nationwide. • Fewer MA plans offer dental benefits in California (89%) than nationwide (96%).
Other PHRB, and Telehealth	<ul style="list-style-type: none"> • Fewer MA plans in California (83%) than in the U.S. (87%) offer over-the-counter (OTC) items. • Almost all MA plans in California (98%) cover Additional Telehealth Benefits (ATB).
Newly Authorized Non-PHRB and EPhRB	<ul style="list-style-type: none"> • 31% of California MA plans offer any non-PHRB, more than U.S. MA plans (27%). However, fewer California MA enrollees are in plans that offer non-PHRB (15%), compared to U.S. MA enrollees (25%). • 27% of California MA plans offer any EPhRB, more than U.S. MA plans (25%).



California D-SNPs serve Medicare beneficiaries who are also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal. Some D-SNPs design Medicare supplemental benefits to complement the Medi-Cal benefits already available to the D-SNPs' enrollees.

Dual Eligible Special Needs Plans (D-SNP) Benefits	<ul style="list-style-type: none"> • California D-SNPs offer hearing benefits much less often (77%) than other MA plans (96%) and comprehensive dental benefits more often (89% vs. 79%), under Medicare. • 96% of California D-SNPs offer OTC benefits under Medicare, more than other MA plans. • In contrast to other MA plans, most D-SNPs in California: <ul style="list-style-type: none"> • Offer one or more of the 10 Medicare non-PHRB (66%). • Offer one or more of the five Medicare EPhRB (53%).
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Source: ATI Advisory analysis of CMS 2023Q2 PBP and January 2023 CPSC. Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

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Why We Care

Supplemental Benefits Provide an Opportunity to Address Social Determinants of Health and Other Needs

California MA plans' supplemental benefit offerings may enhance the health care experiences of Californians with Medicare by expanding coverage to medical and non-medical benefits, including those that address social determinants of health. Social determinants of health include economic stability, education access and quality, health care access and quality, neighborhood and physical safety, and social supports.¹

Like Medicare beneficiaries overall, MA enrollees often experience social risk factors that negatively impact their health. Past analyses by ATI Advisory revealed higher rates of some social risk factors in the MA population nationwide compared to other Medicare beneficiaries in a similar income group.²

Supplemental Benefits Provide an Opportunity to Support LTSS Needs

MA plans' supplemental benefits may also help address the long-term services and supports (LTSS) needs of California's Medicare beneficiaries. Both non-PHRB and EPHRB include benefits intended to support the functional needs of enrollees (such as disabilities affecting activities of daily living). For example, non-PHRB include home-delivered meals, transportation to non-medical locations, and home accessibility improvements, while EPHRB offer in-home support services, adult day care services, and support for caregivers of enrollees. While supplemental benefits may support beneficiaries' independence and healthy living, they are limited in scope and are not widespread.

Taking New Steps to Promote Meaningful Use of Supplemental Benefits

This chartbook examines MA plans' supplemental benefits in California to provide insight into the opportunities these benefits may offer to support the state's growing Medicare population. Variation in supplemental benefit offerings show how MA plans can be designed differently to influence access to key supports for California Medicare beneficiaries.

1. [Healthy People 2030](#), U.S. DHHS. Retrieved August 12, 2022.

2. [Better Medicare Alliance](#), September 2020, "[Social Risk Factors Are High Among Low-Income Medicare Beneficiaries Enrolled in Medicare Advantage.](#)"

Key Definitions of Medicare Supplemental Benefits and Context for Medi-Cal Services

Key Definitions of Medicare Supplemental Benefits

- **Supplemental Benefits** – Items or services that Medicare Advantage (MA) plans pay for but that are not covered by Traditional Medicare.
 - **Primarily Health-Related Benefits (PHRB)** – Primarily health-related items or services that are not covered by Traditional Medicare.
Example: Dental benefits, such as dental check-ups
 - **Expanded Primarily Health-Related Benefits (EPHRB)** – An *expanded* set of supplemental benefits that MA plans can offer, with several requirements that they serve health-related purposes and be clinician-recommended as part of a care plan.
Example: In-home supportive services
 - **Non-Primarily-Health-Related Benefits (non-PHRB)** – Non-medical benefits that can be offered and tailored for specific groups of plan enrollees.
Example: Food and produce
 - **Special Supplemental Benefits for the Chronically Ill (SSBCI)** – Non-PHRB benefits that must be tailored by chronic condition and illness severity and can be further targeted to those with health-related social needs.
 - **Value-Based Insurance Design (VBID)** – A federal demonstration for MA plans that allows flexibilities, including that MA plans can offer the same targeted non-PHRB as can be offered through SSBCI.
 - **Additional Telehealth Benefits (ATB)** – An optional MA benefit allowing use of Part B services through telehealth, exceeding telehealth options in Traditional Medicare.
Example: Telehealth coverage for primary care services



Medicare Supplemental Benefits in the Context of Medi-Cal Services

Some Medicare beneficiaries also have Medi-Cal coverage (known as dual eligibility). For these beneficiaries, when both programs cover a service, Medicare pays first.

Examples of benefits with full or partial coverage by Medicare and Medi-Cal include dental benefits, transportation to medical visits, and in-home supportive services. For these benefits, the MA plan (including D-SNPs) covers as much of the service as is covered under the MA plan, and then Medi-Cal may cover remaining benefits.

Health-Related Dental, Vision, and Hearing Supplemental Benefits

Dental, vision, and hearing benefits, such as dental office visits, root canals, or hearing- and vision-related tests, fitting, and products, are not covered by Traditional Medicare under most circumstances. These services can be covered by MA plans as Primarily Health-Related Benefits (PHRB).

Preventive and Comprehensive Dental

- Nine in 10 California MA plans (89%) offer dental supplemental benefits, less often than all U.S. MA plans do nationwide (96%).
- 92% of California MA enrollees have preventive dental benefits under MA.
- California MA plans offer comprehensive dental benefits, such as implants, much less often than MA plans do nationwide (80% vs. 93%).
- California D-SNPs offer comprehensive dental benefits under Medicare more often than preventive dental benefits under Medicare (89% vs. 81%), in contrast to other California plans.

Hearing Exams and Aids

- 94% of MA plans in California cover some hearing benefits (aids or exams), slightly less often than U.S. plans (96%).
- 92% of California MA enrollees have some hearing coverage under MA.
- 77% of D-SNPs in California cover hearing benefits under Medicare, less often than U.S. D-SNPs (91%).
- More than half (54%) of California D-SNP enrollees have hearing benefits under Medicare.
- MA Plans cover hearing *aids* less often in California (90%) than in the U.S. (95%).

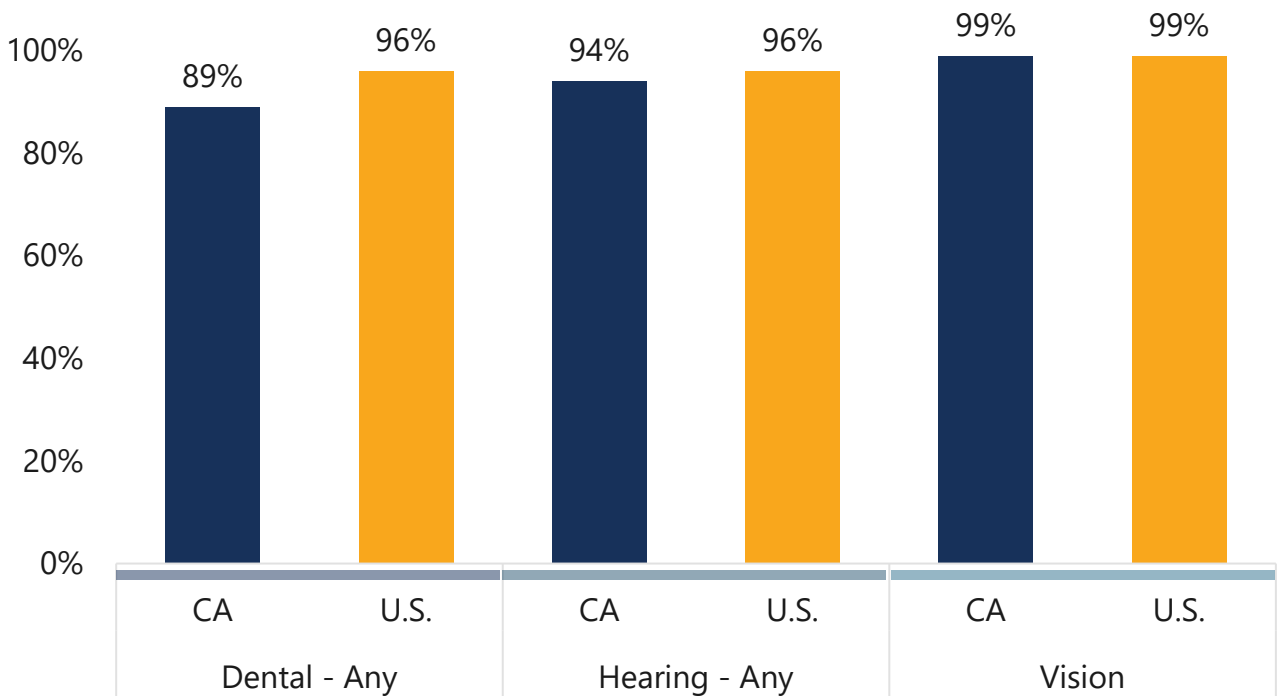
Vision

- Almost all (99%) MA plans offer vision benefits in California.
- All D-SNPs in California offer vision benefits under Medicare (100%).
- California D-SNPs offer vision benefits under Medicare more often than D-SNPs nationally (99% vs. 91%).

Dental, Hearing, and Vision, MA Plans, CA and U.S.

89% of California MA plans offer dental benefits, and even more offer hearing and vision benefits. However, California MA plans offer dental and hearing benefits less often than MA plans in the U.S. overall.

Share of MA Plans Offering Dental, Hearing, and Vision Supplemental Benefits; California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023
 Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

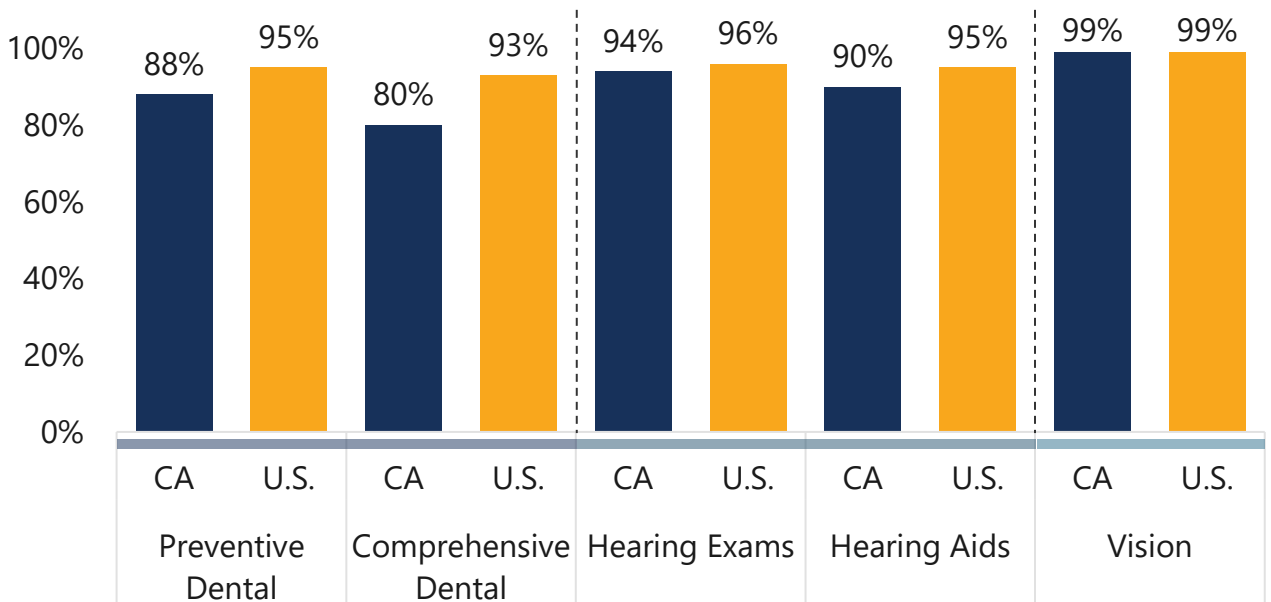
Share of MA Plans Offering Dental, Hearing, and Vision Benefits

Area	Dental – Any	Hearing – Any	Vision
California	89%	94%	99%
U.S.	96%	96%	99%

Detailed Dental, Hearing, and Vision, MA Plans, CA and U.S.

California MA plans were less likely to offer preventive dental, comprehensive dental, hearing exams, and hearing aids compared to U.S. MA plans overall. California MA plans offered vision benefits at comparable rates to U.S. MA plans overall.

Share of MA Plans Offering Specific Dental, Hearing, and Vision Supplemental Benefits; California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023
 Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of MA Plans Offering Preventive or Comprehensive Dental, Hearing Exams or Aids, or Vision Supplemental Benefits

Area	Preventive Dental	Comp. Dental	Hearing Exams	Hearing Aids	Vision
California	88%	80%	94%	90%	99%
U.S.	95%	93%	96%	95%	99%

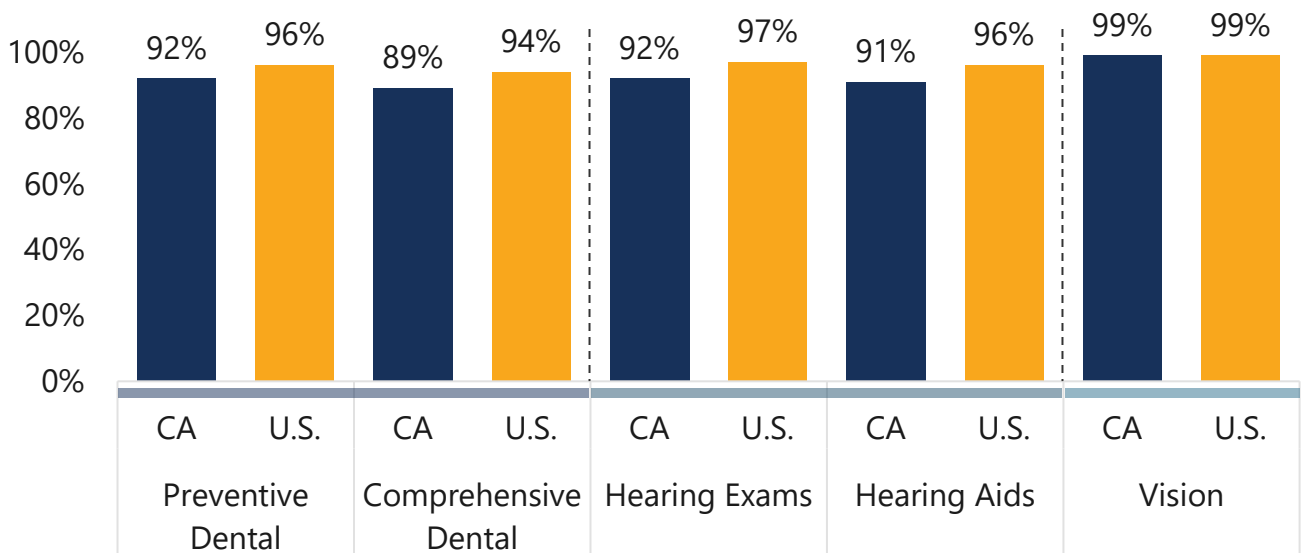
Detailed Dental, Hearing, Vision, MA Enrollees, CA and U.S.

Dental and hearing benefits reach a higher percent of MA enrollees than the percent of MA plans that offer the benefit. This means that MA plans that offer dental, hearing, and vision supplemental benefits tend to have higher enrollment than other plans.



California MA plans enroll approximately 2.5 million Californians.*

Share of MA Enrollees Offered Specific Dental, Hearing, and Vision Supplemental Benefits; California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits and CPSC Enrollment Data | Dates Represented: January 2023 Enrollment and 2023 Benefits | Date Downloaded: 2/1/2023
Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of MA Enrollment Offered Preventive or Comprehensive Dental, Hearing Exams or Aids, and Vision (*With Plan Share for Reference*)

Area	Share	Preventive Dental	Comp. Dental	Hearing Exams	Hearing Aids	Vision
California	Enrolled	92%	89%	92%	91%	99%
California	Plans	88%	80%	94%	90%	99%
U.S.	Enrolled	96%	94%	97%	96%	99%
U.S.	Plans	95%	93%	96%	95%	99%

*Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plan enrollees.

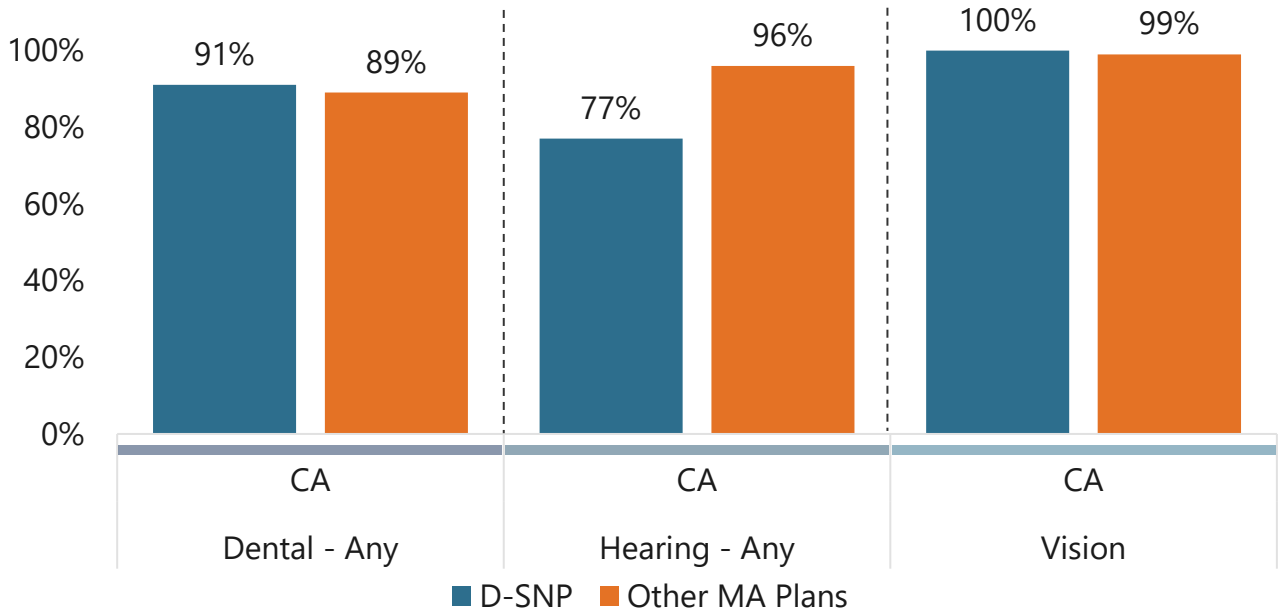
Dental, Hearing, Vision, D-SNPs and Other MA Plans, CA

Just over three-quarters of California D-SNPs offer hearing benefits under Medicare, whereas almost all California non-D-SNP MA plans offer hearing coverage under Medicare. Compared to the rest of California MA plans, D-SNPs generally have comparable offerings for dental and vision benefits under Medicare.



California D-SNPs serve Medicare beneficiaries also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal.

Share of D-SNPs and Other MA Plans Offering Dental, Hearing, and Vision Supplemental Benefits; California Only



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023

Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of D-SNPs and Other MA Plans Offering Dental, Hearing, or Vision Supplemental Benefits, in California

Area	Plan Type	Dental	Hearing	Vision
California	D-SNP	91%	77%	100%
California	Other	89%	96%	99%

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits provided under Medicare.

Detailed Dental and Hearing, D-SNPs and Other MA Plans, CA

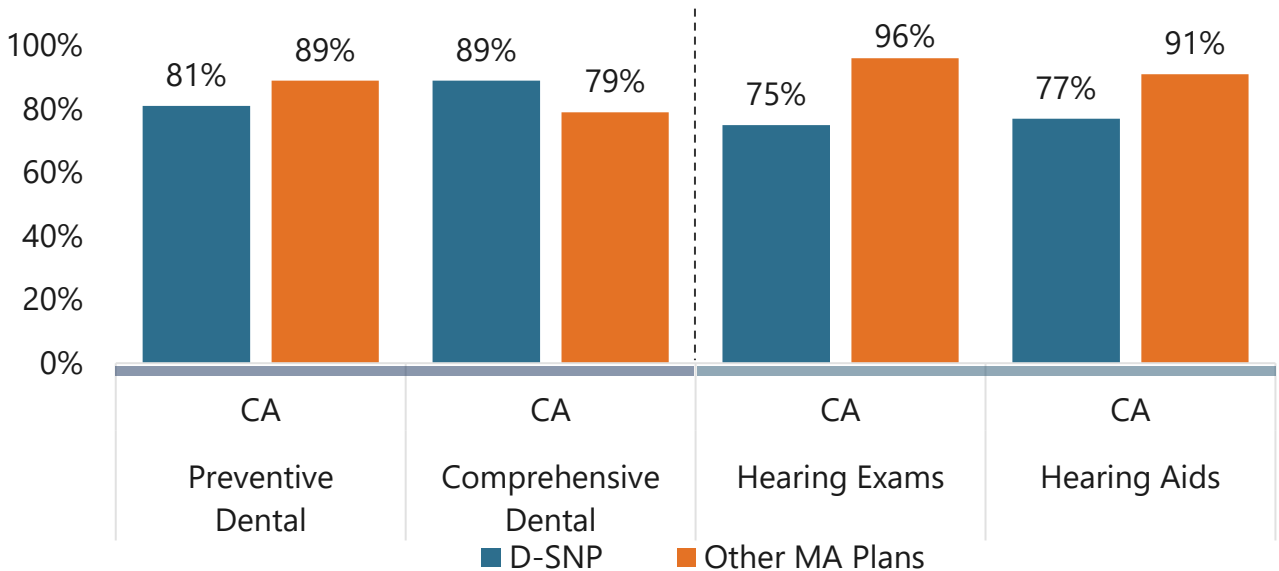
Under Medicare, D-SNPs offer comprehensive or interventional dental and hearing benefits (such as root canals, orthodontics, or hearing aids) more often than they offer preventive or diagnostic benefits (such as dental check-ups or hearing exams).

California D-SNPs offer comprehensive dental benefits more often than other MA plans but offer preventive dental benefits less often than other MA plans, under Medicare.



California D-SNPs serve Medicare beneficiaries also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal.

Share of D-SNPs and Other MA Plans that Offer Preventive Dental, Comprehensive Dental, Hearing Exams, and Hearing Aids Supplemental Benefits; California Only



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023

Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of D-SNPs and Other MA Plans that Offer Preventive and Comprehensive Dental, Hearing Exams and Aids, and Vision, in California

Area	Plan Type	Preventive Dental	Comp. Dental	Hearing Exams	Hearing Aids
California	D-SNP	81%	89%	75%	77%
California	Other	89%	79%	96%	91%

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits provided under Medicare.

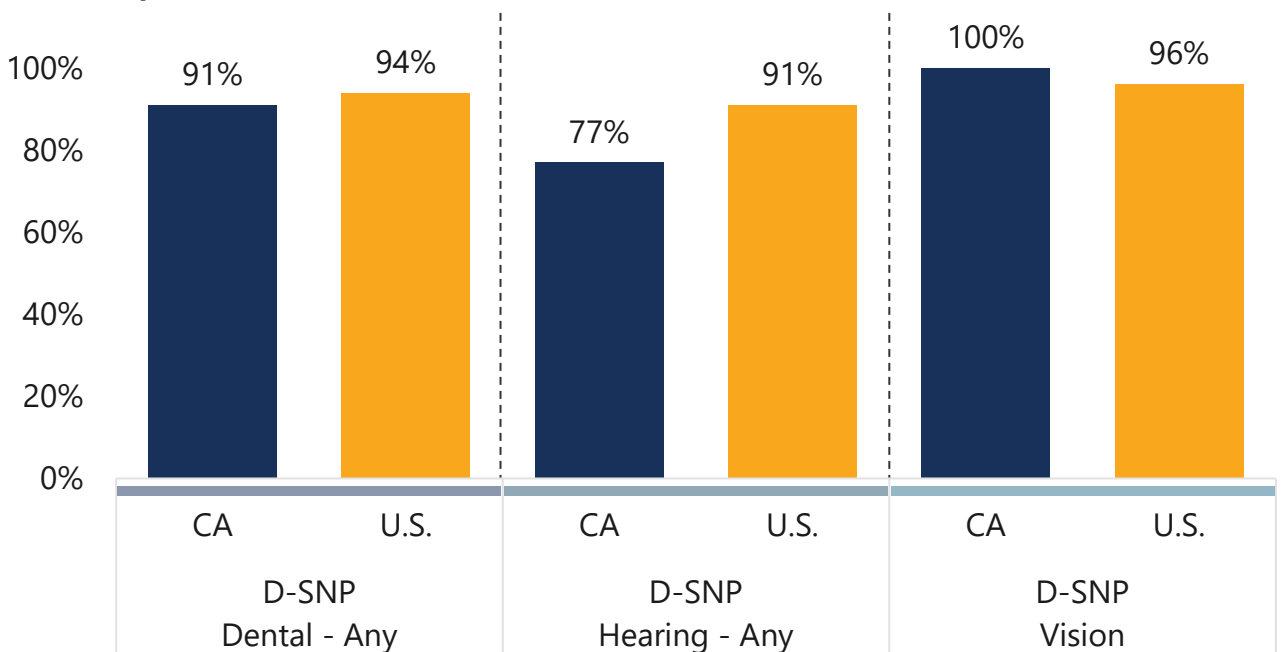
Dental, Hearing, and Vision, D-SNPs, CA and U.S.

D-SNPs in California offer hearing benefits under Medicare much less often than in the U.S. overall. Likewise, California D-SNPs offer dental benefits under Medicare slightly less often than U.S. D-SNPs. Whereas not all U.S. D-SNPs offer vision benefits under Medicare, all California D-SNPs do.



California D-SNPs serve Medicare beneficiaries also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal.

Share of D-SNPs that Offer Any Dental, Hearing, or Vision Supplemental Benefits; California and U.S. Overall



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Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of D-SNPs that Offer Dental, Hearing, or Vision Supplemental Benefits

Area	Plan Type	Dental	Hearing	Vision
California	D-SNP	91%	77%	100%
U.S.	D-SNP	94%	91%	96%

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits provided under Medicare.

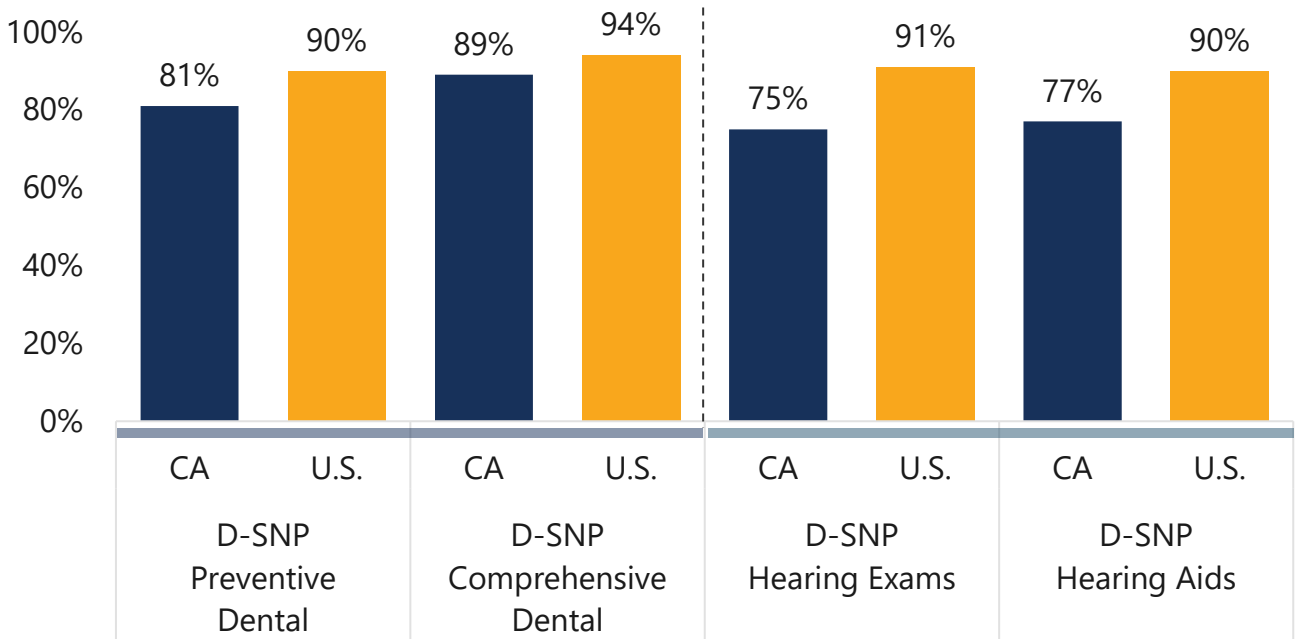
Detailed Dental and Hearing, D-SNPs, CA and U.S.

Under Medicare, California D-SNPs offer preventive dental, comprehensive dental, hearing exams, hearing aids benefits less often than D-SNPs nationally.



California D-SNPs serve Medicare beneficiaries also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal.

Share of D-SNPs that Offer Preventive Dental, Comprehensive Dental, Hearing Exams, and Hearing Aids Supplemental Benefits; California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023

Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of D-SNPs that Offer Preventive and Comprehensive Dental, Hearing Exams and Aids Supplemental Benefits

Area	Plan Type	Preventive Dental	Comp. Dental	Hearing Exams	Hearing Aids
California	D-SNP	81%	89%	75%	77%
U.S.	D-SNP	90%	94%	91%	90%

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits provided under Medicare.

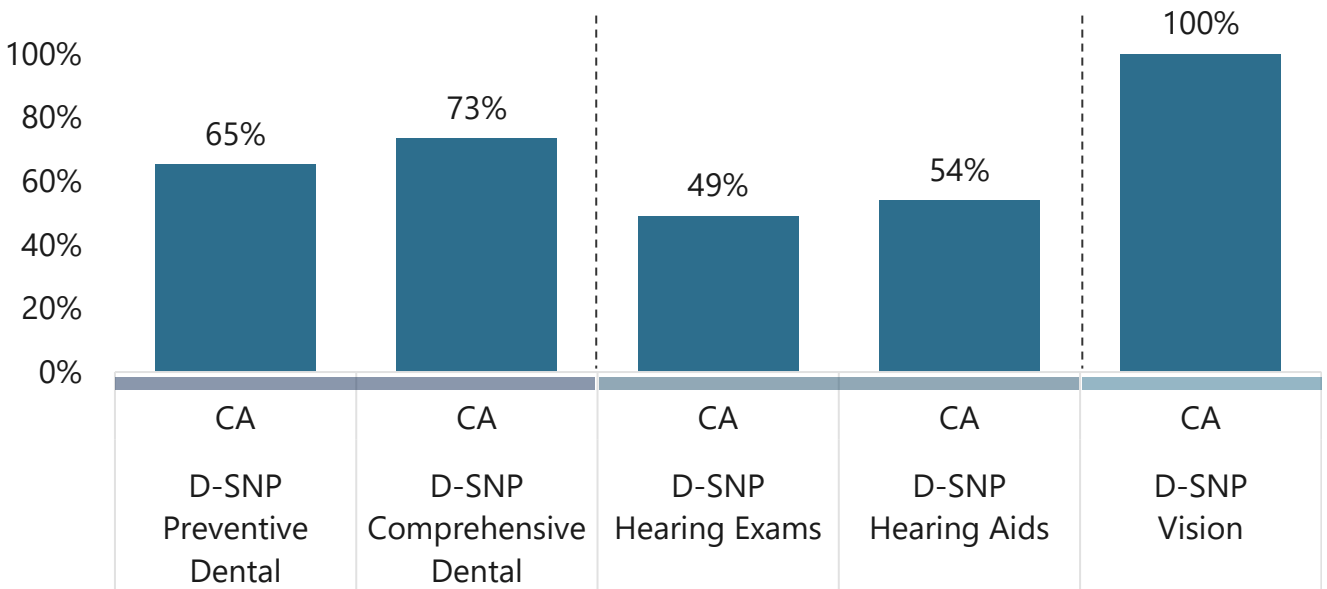
Detailed Dental, Hearing, and Vision, D-SNP Enrollees, CA

The percent of D-SNP enrollees who are offered dental, hearing, or vision benefits under Medicare ranges from 49% (hearing exams) to 100% (vision).



California D-SNPs serve Medicare beneficiaries also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal.

Share of California D-SNP Enrollees Who Have Preventive and Comprehensive Dental, Hearing Exams and Aids, and Vision Supplemental Benefits; California Only



Data Source: Centers for Medicare & Medicaid Services PBP Benefits and CPSC Enrollment Data | Dates Represented: January 2023 Enrollment and 2023 Benefits | Date Downloaded: 2/1/2023
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Share of D-SNP Enrollment Offered Preventive and Comprehensive Dental, Hearing Exams and Aids, and Vision, in California (With Plan Share for Reference)

Area	Plan Type	Share	Preventive Dental	Comp. Dental	Hearing Exam	Hearing Aids	Vision
CA	D-SNP	Enrolled	65%	73%	49%	54%	100%
CA	D-SNP	Plans	81%	89%	75%	77%	100%

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits provided under Medicare.

Health-Related Over-the-Counter (OTC) Items

MA plans can cover members' purchases of OTC items that are primarily health-related, and plans can set a maximum dollar amount covered. Acceptable OTC items must be items or medications available without a prescription and not covered by Traditional Medicare or Part D (the Medicare prescription drug program).

Categories of products eligible for OTC include first aid supplies, incontinence supplies, medicines with active medical ingredients that alleviate symptoms, sunscreen, supportive items, and mouth care items. Examples of these items range from bandages, allergy medicines, and analgesics, to knee supports, diapers, toothbrushes, and denture adhesives.

Dual-purpose OTC items require provider discussion or plan approval, and these include vitamins and minerals, in-home testing and monitoring, hormone replacement, and weight loss items.

MA plans may offer a mail-order catalog, access to in-person shopping at select vendors, or both. Mail-order offerings can improve access in areas where retail pharmacies that provide the covered OTC items are not uniformly accessible.

Source: Medicare Managed Care Manual Chapter 4.

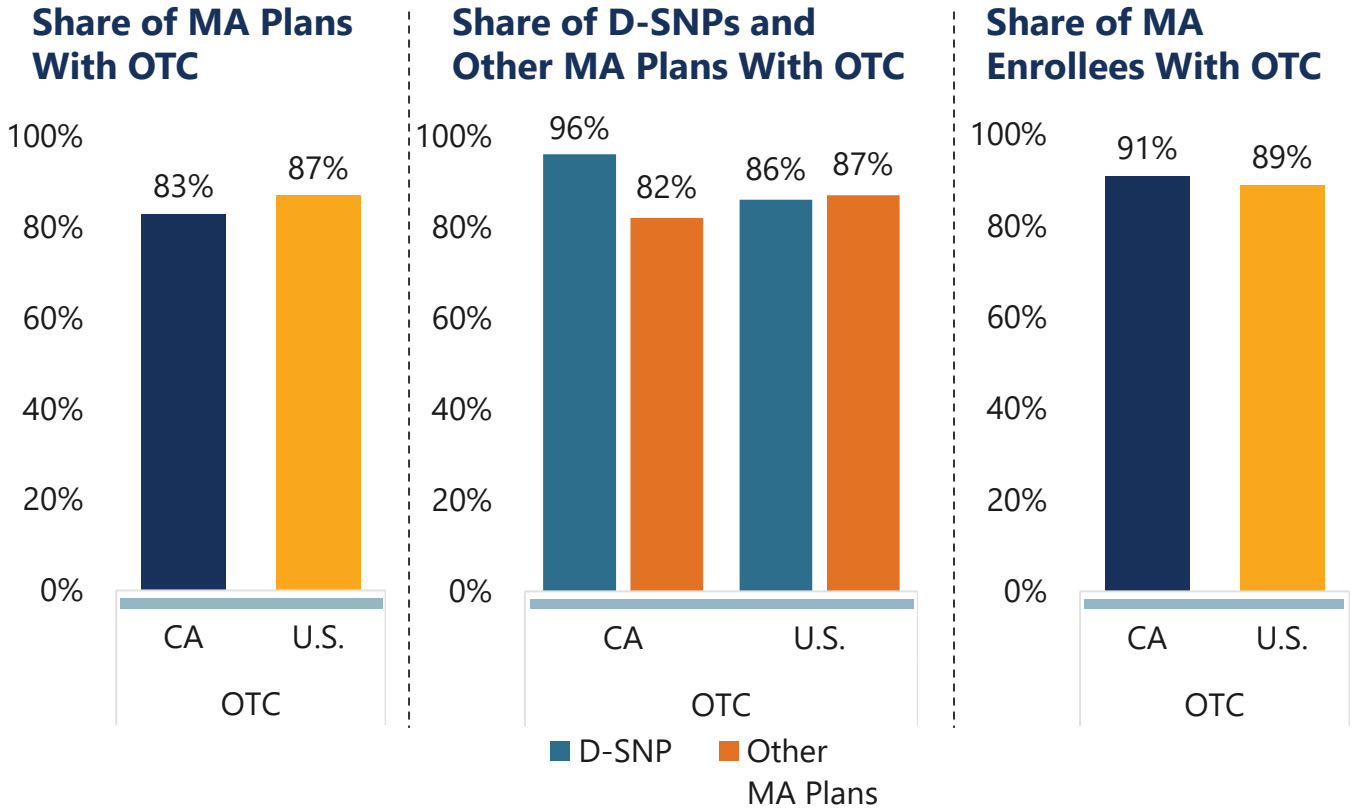
OTC Coverage

- 91% of California MA enrollees have some OTC coverage.
- 72% of California MA enrollees are enrolled in the 48% of California MA plans that cover between \$200 and \$499 per year.
- 11% of California MA enrollees have MA plans that cover more than \$500 per year, compared to 26% of U.S. MA enrollees.
- 83% of California MA plans offer OTC benefits, less often than U.S. plans overall (87%).
- California D-SNPs offer Medicare OTC benefits more often (96%) than other California MA plans (82%) and U.S. D-SNPs (86%).
- California MA plans are less likely than U.S. plans to offer OTC benefits of higher value, especially \$500 or more in annual value.

Source: ATI Advisory analysis of CMS 2023Q2 PBP and January 2023 CPSC. Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

OTC Benefits, CA and U.S.

Nearly all California D-SNPs offer Medicare OTC benefits. A higher share of California D-SNPs offer Medicare OTC benefits compared to other MA plans in California or to D-SNPs nationwide. Nine in 10 California MA enrollees have OTC coverage, which is comparable to the share of U.S. MA enrollees overall.



Data Source: Centers for Medicare & Medicaid Services PBP Benefits and CPSC Enrollment Data | Dates Represented: January 2023 Enrollment and 2023 Benefits | Date Downloaded: 2/1/2023
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Key Metrics for MA and D-SNP Plans Offering OTC Coverage

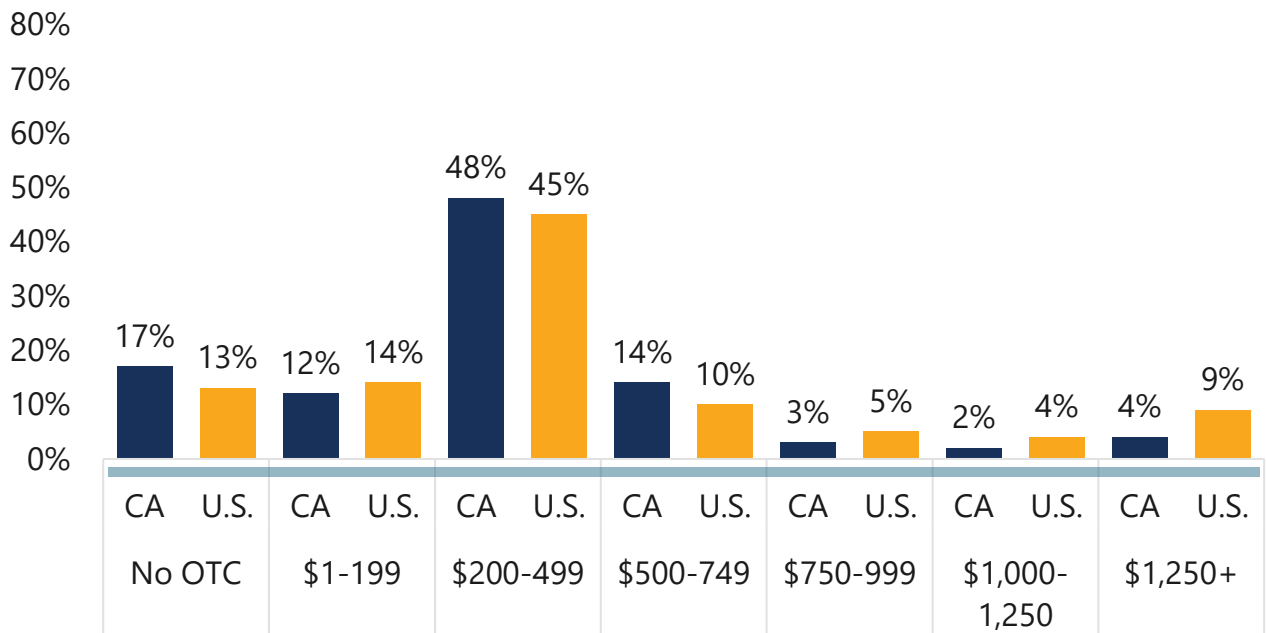
Area	Share of MA Plans With OTC Coverage	Share of D-SNPs With OTC Coverage	Share of Other MA Plans With OTC Coverage	Share of MA Enrollees in Plans Offering OTC
California	83%	96%	82%	91%
U.S.	87%	86%	87%	89%

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits provided under Medicare.

OTC Benefit Value, MA Plans, CA and U.S.

MA plans offering \$500+ of OTC coverage per year under Medicare are less common in California than nationwide, while plans with no OTC coverage are more common in California than nationwide. Three in five California MA plans (60%) offer OTC benefits valued at less than \$500 per year.

Percent of MA Plans Offering Annualized Amount of OTC Benefits in Six Ranges, Or Offering No OTC; California and U.S. Overall



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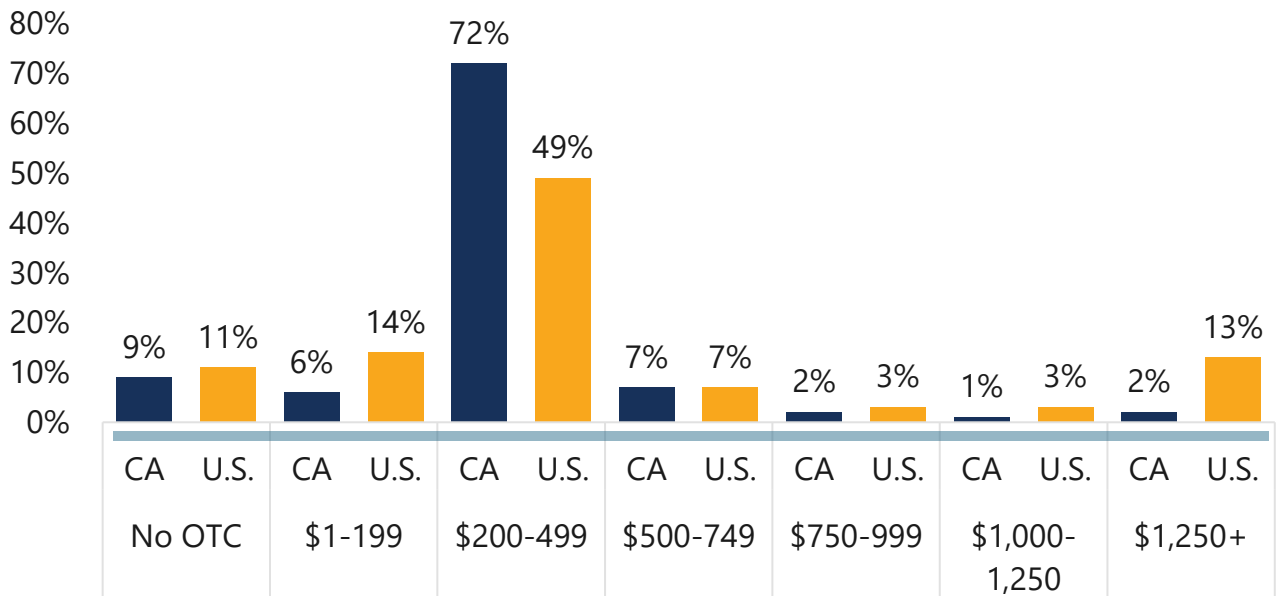
Percent of MA Plans Offering Annualized Amounts of OTC Benefits in Six Ranges, or Offering No OTC

Area	No OTC	\$1-199	\$200-499	\$500-749	\$750-999	\$1,000-1,250	\$1,250+
California	17%	12%	48%	14%	3%	2%	4%
U.S.	13%	14%	45%	10%	5%	4%	9%

OTC Benefit Value, MA Enrollees, CA and U.S.

Enrollment patterns offer a somewhat different picture of how OTC offerings by California MA plans compare to U.S. MA plans: more MA enrollees in California than in the U.S. are in plans that offer OTC benefits valued at less than \$500 per year.

Share of MA Enrollees Offered Annualized Amount of OTC Benefits in Six Ranges, or No OTC; California and U.S. Overall



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Share of MA Enrollment Offered OTC Amounts in Six Ranges, or No OTC (With Plan Share for Reference)

Area	Share	No OTC	\$1-199	\$200-499	\$500-749	\$750-999	\$1,000-1,250	\$1,250+
California	Enrolled	9%	6%	72%	7%	2%	1%	2%
California	Plans	17%	12%	48%	14%	3%	2%	4%
U.S.	Enrolled	11%	14%	49%	7%	3%	3%	13%
U.S.	Plans	13%	14%	45%	10%	5%	4%	9%

Telehealth Offerings and Three Other Technology-Enabled Supplemental Benefits

Several technologies extend the reach and responsiveness of medical services into more settings, including the beneficiary's home during times of need. California MA plans generally offer these more often than MA plans nationwide.

Additional telehealth benefits (ATB) can be offered by MA plans to allow members to use any Part B service through telehealth. ATB are not PHRB but are optional for plans and do exceed Traditional Medicare coverage. MA plans select which Part B services, if any, to cover through ATB.

Additional Telehealth Benefits (ATB)

- Almost all California MA plans (98%) offer at least some ATB, about as often as U.S. plans (97%).
- 98% of MA plans in California offer ATB for primary care, a higher share than of MA plans in the U.S. overall (88%).
- California MA plans offer ATB less often than U.S. MA plans for mental health, psychiatric, specialist physician, and urgent services.

Three supplemental PHRB offer technology-enabled benefits to improve responsiveness to medical needs and non-medical events.

- **Remote access technologies** for as-needed diagnosis and treatment that help members overcome barriers to visiting their primary doctor in-person.
- Personal Emergency Response Systems (**PERS**), devices that can alert first responders, such as systems that can detect an emergency, such as a fall.
- **Telemonitoring services**, equipment and telecommunication for managing specific health conditions (like blood pressure monitors for hypertension).

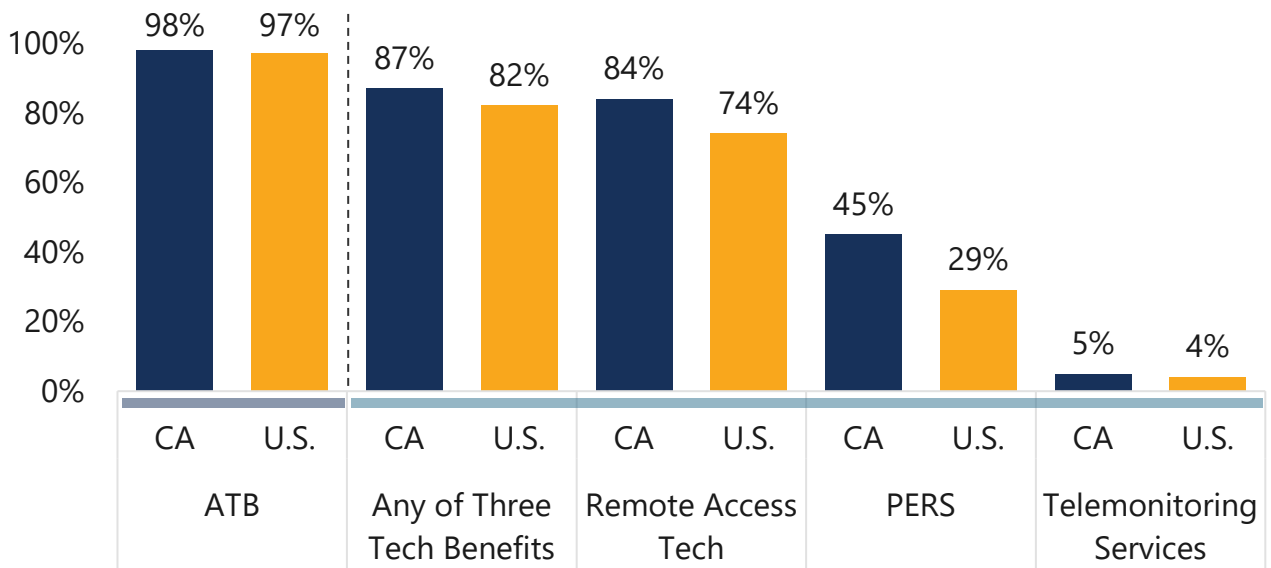
Three Other Technology-Enabled Supplemental Benefits

- More than four in five California MA plans (84%) offer **remote access technology**, more often than U.S. MA plans overall (74%).
- Almost half of California MA plans offer **PERS** (45%), far more often than U.S. MA plans overall (29%).
- One in 20 California MA plans (5%) offer **telemonitoring services**, similar to U.S. MA plans overall (4%).

Telehealth and Technology-Enabled Benefits, MA Plans, CA and U.S.

Like MA plans nationally, California MA plans almost universally offer some Part B services through ATB. California MA plans offer three technology-enabled PHRB – remote access technology, PERS, and telemonitoring – substantially more often than U.S. MA plans overall.

Share of MA Plans Offering ATB, and Three Technology-Enabled Supplemental Benefits (Remote Access Technology, PERS, and Telemonitoring Services); California and U.S. Overall



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Share of MA Plans Offering ATB and Three Technology-Enabled PHRB

Area	ATB	Three Technology-Enabled PHRB			
		Any of Three	Remote Access Tech	PERS	Telemonitoring
California	98%	87%	84%	45%	5%
U.S.	97%	82%	74%	29%	4%

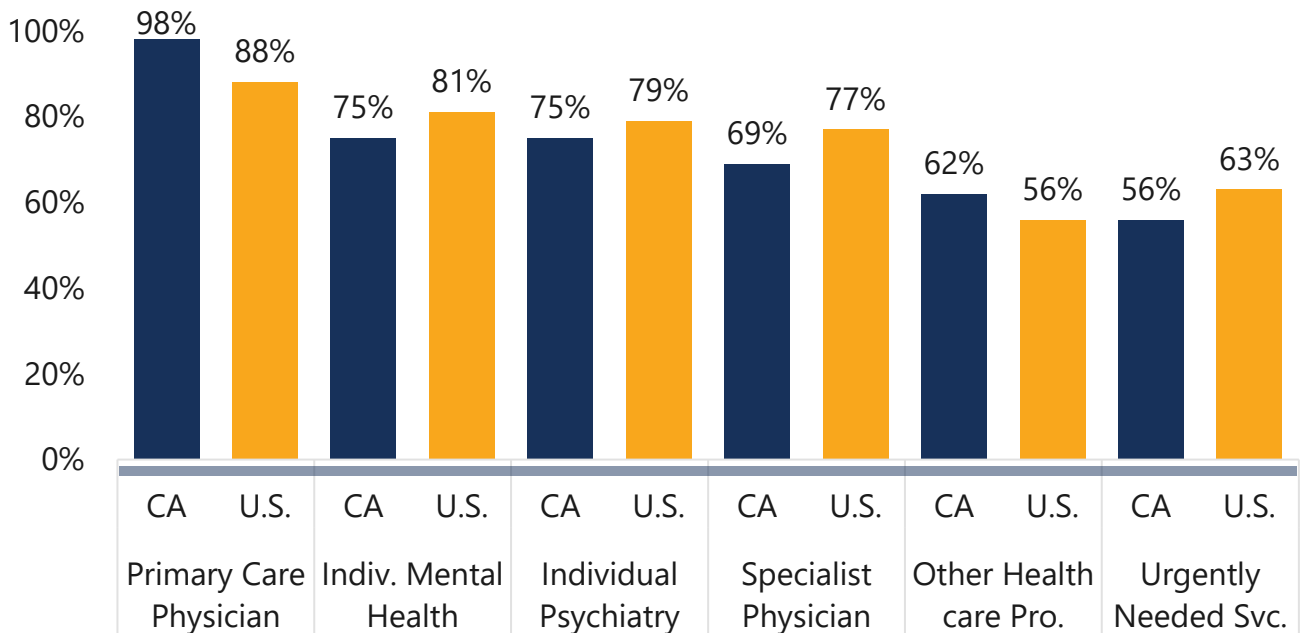
Telehealth Services, MA Plans, CA and U.S.

Of California MA plans that offer some ATB (see [previous page](#)), virtually all cover primary care physician telehealth. California MA plans are less likely than U.S. MA plans to offer individual mental health, individual psychiatry, specialist physicians, and urgently needed services under ATB.



Fifty-four different types of services covered by Medicare Part B can be offered under Additional Telehealth Benefits

Share of MA Plans Offering Top Six Services Under Additional Telehealth Benefits (ATB); California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023

Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

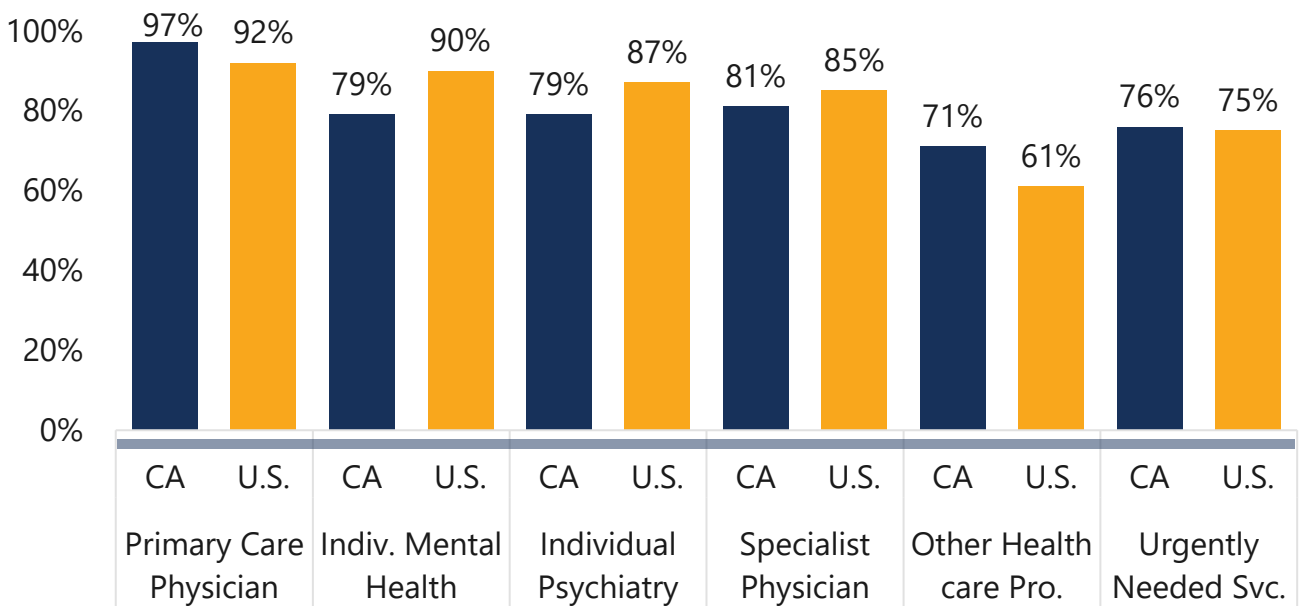
Share of MA Plans Offering Top Six Services via ATB

Area	Share	PCP	IMH	IP	SP	OHCP	UNS
California	Plans	98%	75%	75%	69%	62%	56%
U.S.	Plans	88%	81%	79%	77%	56%	63%

Telehealth Services, MA Enrollees, CA and U.S.

Consistent with the share of MA plans offering primary care as an ATB, primary care is offered to almost all California MA enrollees. ATB coverage for several common services – mental health, psychiatry, and specialist physician visits – reaches a lower share of MA enrollees in California than in the U.S.

Share of MA Enrollees Offered Top Services Under Additional Telehealth Benefits (ATB); California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits and CPSC Enrollment Data | Dates Represented: January 2023 Enrollment and 2023 Benefits | Date Downloaded: 2/1/2023
Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of MA Enrollment Offered Top Services via ATB (With Plan Share For Reference)

Area	Share	PCP	IMH	IP	SP	OHCP	UNS
California	Enrolled	97%	79%	79%	81%	71%	76%
California	Plans	98%	75%	75%	69%	62%	56%
U.S.	Enrolled	92%	90%	87%	85%	61%	75%
U.S.	Plans	88%	81%	79%	77%	56%	63%

Non-Primarily Health Related Benefits in MA

Non-Primarily Health Related Benefits (Non-PHRB)

Starting in 2020 and first authorized as SSBCI, MA plans can offer supplemental benefits that CMS deemed not primarily health related, or non-PHRB. Non-PHRB eligibility must be tailored, such as to enrollees with chronic conditions, social needs, and functional needs. Non-PHRB may be offered and tailored under one or more of several authorities, including SSBCI or VBID.

Note that CMS does not collect data about the full set of eligibility or authorization requirements plans impose for SSBCI or VBID, which may shape access to these benefits among Californians with Medicare.

Plans can require that eligible enrollees participate in care management or use high-quality providers in order to receiving these special benefits.

SSBCI: Non-PHRB Tailored to Individuals with Chronic Illness in MA

SSBCI benefits can be offered non-uniformly to plan members who meet CMS' chronic illness definition with three criteria: first, having a medically complex chronic condition, second, having a high risk of adverse health outcomes like hospitalizations, and third, requiring intensive care coordination. Additionally, MA plans can consider social needs to determine eligibility. For these enrollees, plans can cover additional EPHRB, provide tailored SSBCI, and reduce cost sharing (out-of-pocket costs) of specific services to improve utilization.

VBID: Non-PHRB Tailored to Individuals with Chronic Illness and/or Low Income

MA plans can offer the same non-PHRB under VBID, either to individuals with specific chronic conditions, with Part D Low-Income Cost Sharing Subsidies (LIS), or both.

Non-Primarily Health Related Benefits (Non-PHRB)

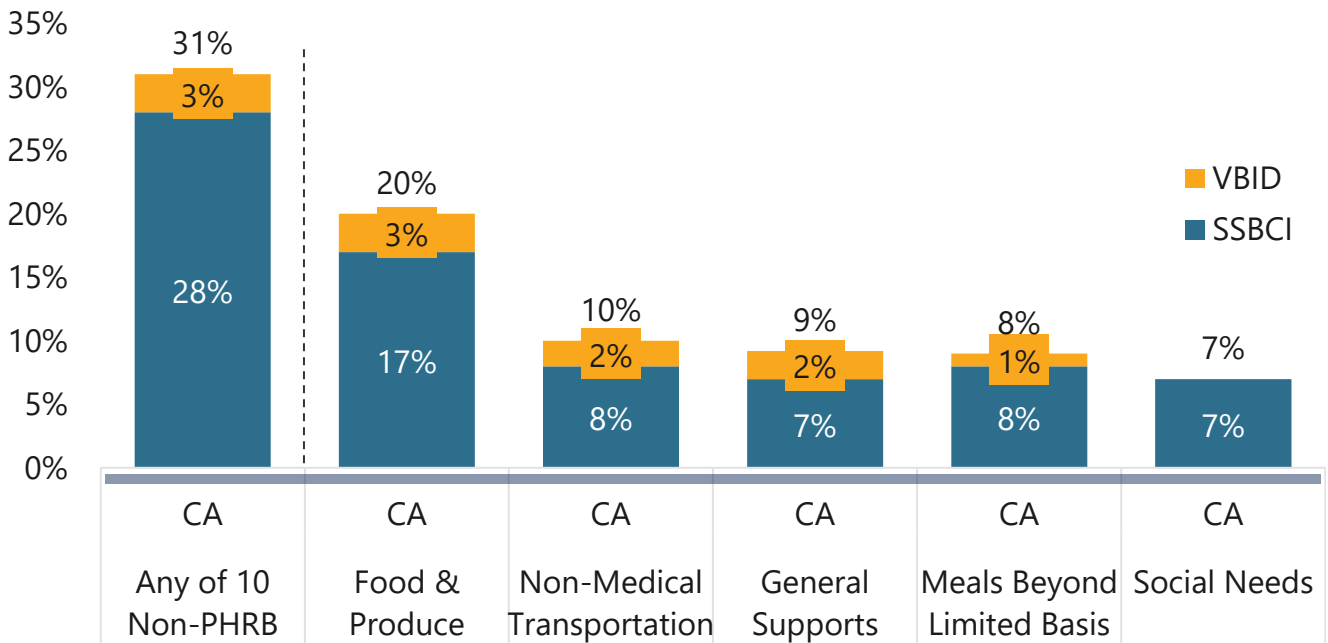
- Almost one in three California MA plans (31%) offer **one or more non-PHRB**, more often than U.S. MA plans overall (27%).
- The most common non-PHRB is **food & produce**, which is offered by 20% of California MA plans but reaches just 10% of enrollees.
- 8% of California MA enrollees have general supports for living coverage.
- Half of California D-SNPs (51%) offer food & produce, 36% offer general supports for living, and 26% offer non-medical transportation, under Medicare non-PHRB.
- California MA plans usually offer **non-PHRB under SSBCI authority** instead of **under VBID authority**, but VBID is popular among D-SNPs.

Source: April 24, 2019, CMS Guidance titled "[Implementing Supplemental Benefits for Chronically Ill Enrollees](#)." For more detail, see the [Details on Non-PHRB in MA section](#).

Non-PHRB (SSBCI and VBID), MA Plans, CA

31% of California MA Plans offer one or more non-PHRB. Most California plans offer non-PHRB under SSBCI authority, though VBID is common among D-SNPs (see [page 27](#)). The most common non-PHRB among MA plans in California is food and produce, which is offered by 20% of plans. Less than 10% of MA plans offer each of the next most common benefits – non-medical transportation, general supports, meals beyond a limited basis, and social needs benefits.

Share of MA Plans Offering the Five Most Common Non-PHRB, by Authority; California Only



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023

Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

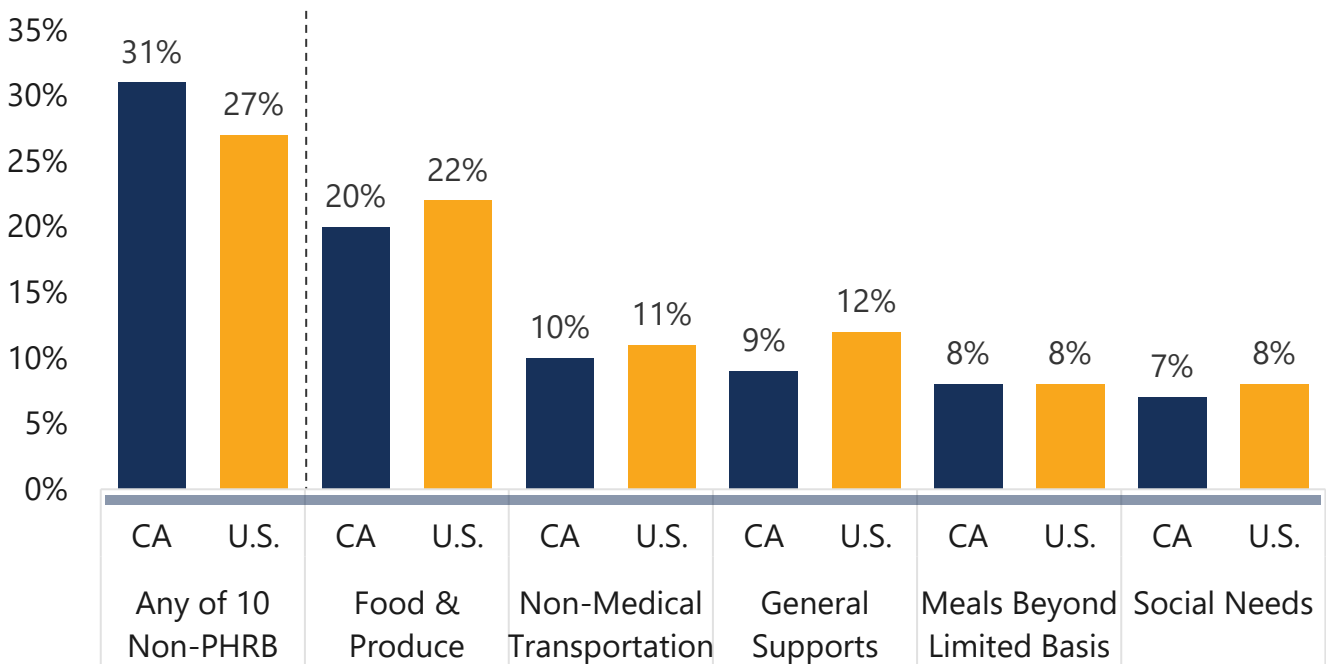
Share of California MA Plans Offering Non-PHRB, by Authority

Type	Any Non-PHRB	Food & Produce	Non-Medical Transport.	General Supports	Meals	Social Needs
SSBCI	28%	17%	8%	7%	8%	7%
VBID	3%	3%	2%	2%	1%	None
<i>Total</i>	<i>31%</i>	<i>20%</i>	<i>10%</i>	<i>9%</i>	<i>8%</i>	<i>7%</i>

Non-PHRB, MA Plans, CA and U.S.

California MA plans offer at least one non-PHRB more often than MA plans in the U.S. overall. However, for individual non-PHRB, four of the five most common non-PHRB were offered by a lower share of MA plans in California than in the U.S.

Share of MA Plans Offering Any Non-PHRB or the Five Most Common Non-PHRB; California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023

Benefits | Date Downloaded: 2/1/2023

Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

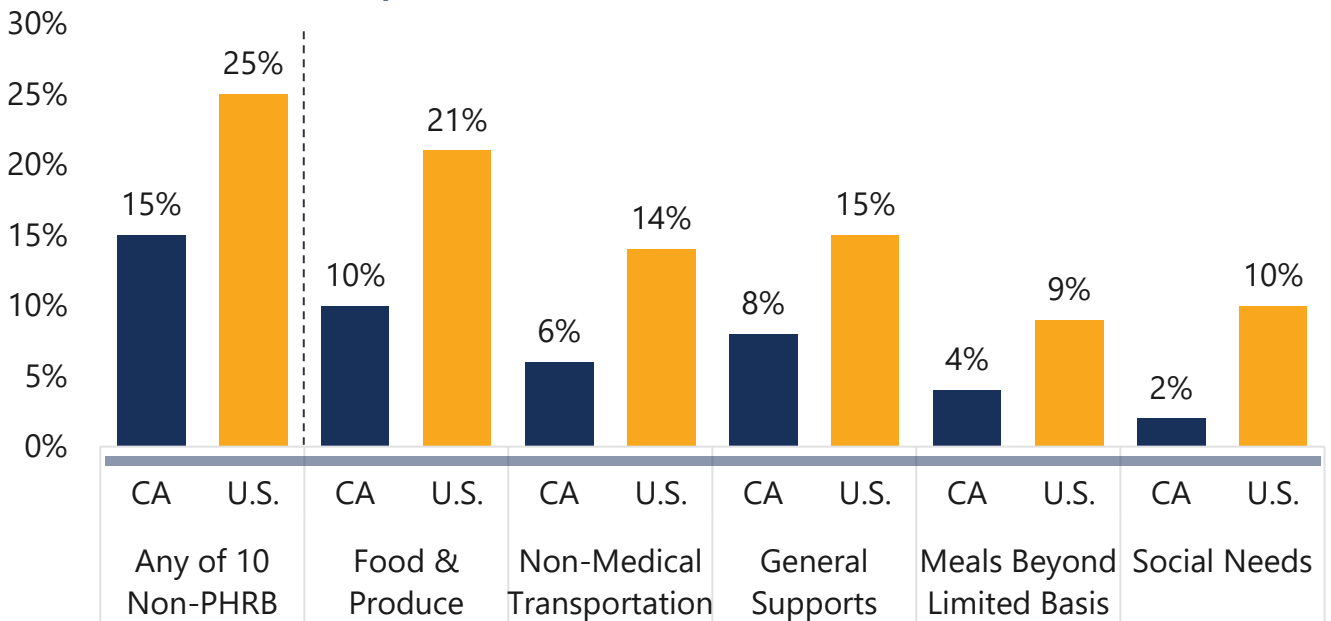
Share of MA Plans Offering Any Non-PHRB or the Five Most Common

Area	Any Non-PHRB	Food & Produce	Non-Medical Transport.	General Supports	Meals	Social Needs
CA	31%	20%	10%	9%	8%	7%
U.S.	27%	22%	11%	12%	8%	8%

Non-PHRB, MA Enrollees, CA and U.S.

15% of California MA enrollees had any of the 10 non-PHRB. MA enrollees in California are much less likely to be in an MA plan offering non-PHRB than MA enrollees in the U.S. Non-PHRB reach a lower percent of MA enrollees than the percent of MA plans that offer the benefit in California. This means that California MA plans that offer non-PHRB tend to have higher enrollment than plans that do not offer them.

Share of MA Enrollees Who Have Any Non-PHRB or the Five Most Common Non-PHRB; California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits and CPSC Enrollment Data | Dates Represented: January 2023 Enrollment and 2023 Benefits | Date Downloaded: 2/1/2023
 Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of MA Enrollees Who Have the Five Most Common Non-PHRB Benefits (With Plan Share for Reference)

Area	Share	Any Non-PHRB	Food & Produce	Non-Med. Transport.	General Supports	Meals	Social Needs
CA	Enrolled	15%	10%	6%	8%	4%	2%
CA	Plans	31%	20%	10%	9%	8%	7%
U.S.	Enrolled	25%	22%	14%	15%	9%	10%
U.S.	Plans	27%	22%	11%	12%	8%	8%

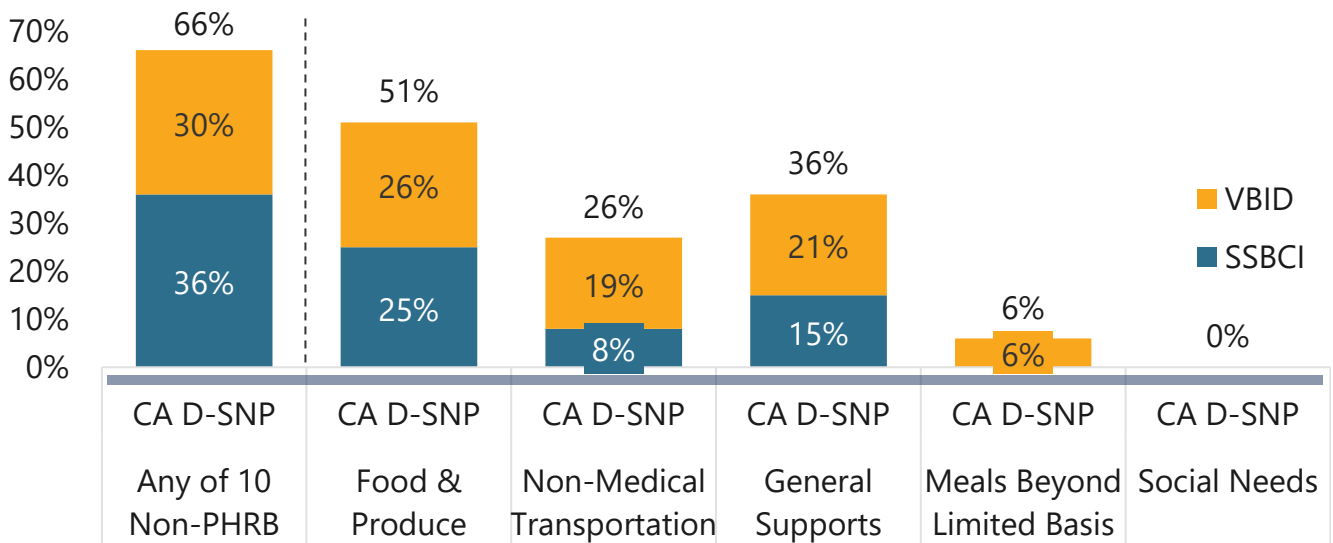
Non-PHRB (SSBCI and VBID), D-SNPs, CA

California D-SNPs offer non-PHRB under Medicare twice as often as California MA plans overall (67% vs. 31%). California D-SNPs also offer Medicare non-PHRB through VBID far more often than through SSBCI, in contrast to MA plans in the state overall. (See [page 24](#) for the non-PHRB data for California MA plans overall.)



California D-SNPs serve Medicare beneficiaries also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal.

Share of California D-SNPs Offering Any Non-PHRB or the Five Most Common Non-PHRB, by Authority; California Only



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023
Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of California D-SNPs Offering Any Non-PHRB or the Five Most Common Non-PHRB, by Authority

Type	Any Non-PHRB	Food & Produce	Non-Medical Transport.	General Supports	Meals	Social Needs
SSBCI	36%	25%	8%	15%	0%	None
VBID	30%	26%	19%	21%	6%	None
<i>Total</i>	<i>66%</i>	<i>51%</i>	<i>26%</i>	<i>36%</i>	<i>6%</i>	<i>None</i>

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits provided under Medicare.

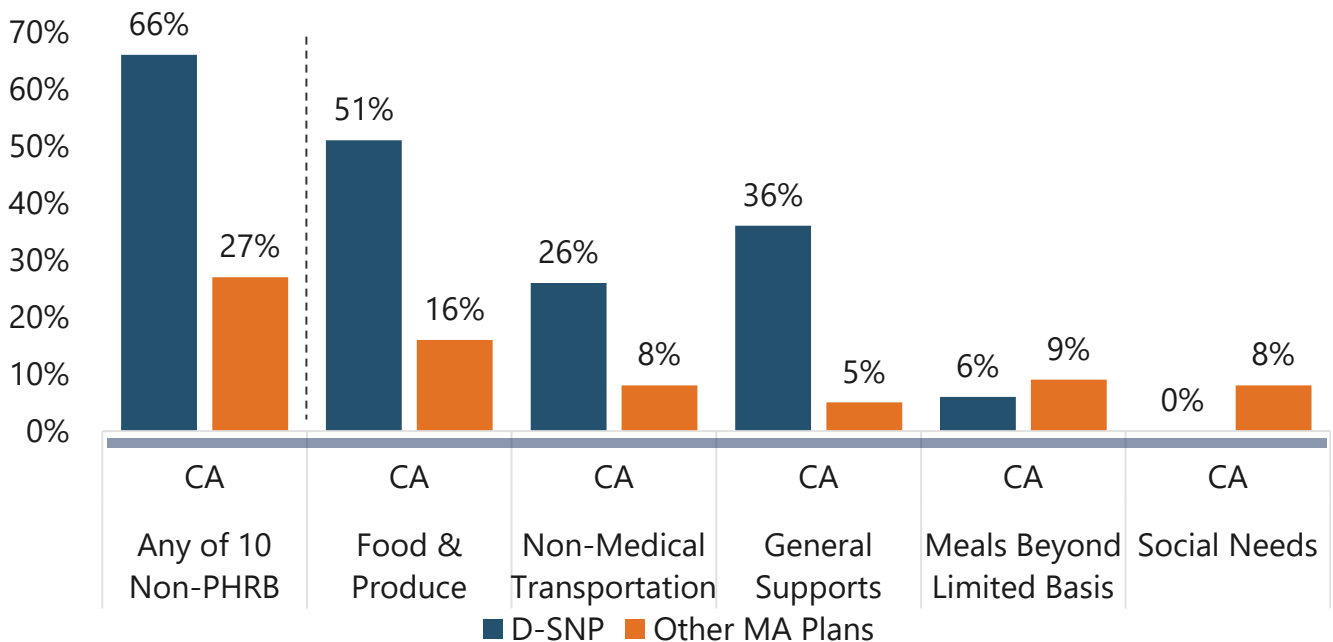
Non-PHRB, D-SNPs and Other MA Plans, CA

California D-SNPs offer the three most common Medicare non-PHRB more often than other (non-D-SNP) California MA plans. D-SNPs are also more likely than other California MA plans to offer at least one of the ten Medicare non-PHRB.



California D-SNPs serve Medicare beneficiaries also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal.

Share of California D-SNPs and Other MA Plans Offering the Five Most Common Non-PHRB Benefits; California Only



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023
Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of California D-SNPs and Other MA Plans Offering Any Non-PHRB or the Five Most Common

Plan Type	Any Non-PHRB	Food & Produce	Non-Med. Transport.	General Supports	Meals	Social Needs
D-SNP	66%	51%	26%	36%	6%	None
Other	27%	16%	8%	5%	9%	8%

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits provided under Medicare.

Expanded Primarily Health Related Benefits (EPHRB) in MA

The following section describes the five EPHRB that were newly authorized through the scope expansion. These new EPHRB were authorized by CMS guidance in 2018 and first offered in 2019. MA organizations therefore have had limited years of experience offering these benefits, so more plans may be exploring how to offer EPHRB and establishing processes to ensure access and eligibility – a key step toward equitable and widespread benefit offerings.

EPHRB have similar requirements as legacy PHRB. If an MA plan elects to offer an EPHRB, the plan must cover that benefit and determine eligibility uniformly for all members. All EPHRB are offered at the plan's discretion, and their prevalence may reflect the supply of willing service providers and beneficiary demand in the geographic service area or for the subset of Medicare beneficiaries whom the plan aims to serve.

Expanded Primarily Health Related Benefits (EPHRB)

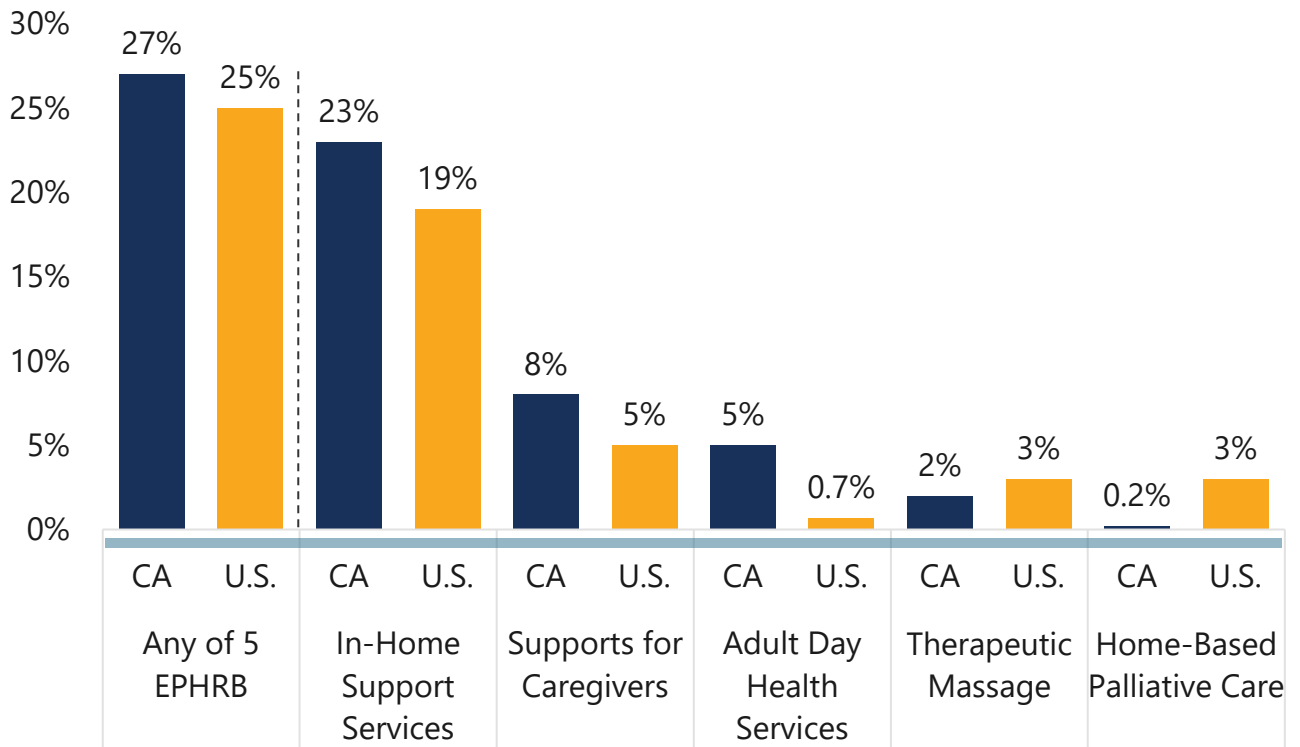
- New EPHRB are less common than the longstanding PHRB like vision; just 23% of California MA plans offer the most common EPHRB.
- The most common EPHRB in California is In-Home Support Services.
- More than half of California D-SNPs (53%) offer one or more EPHRB.
- California D-SNPs are more than twice as likely than other California MA plans to offer In-Home Support Services but are less likely to offer Supports for Caregivers or Adult Day Health Services, under Medicare EPHRB.
- 23% of California MA enrollees are offered EPHRB through their MA plan.

Note: MA EPHRB In-Home Support Services (IHSS) differs from the California Department of Social Services' In-Home Supportive Services Program.

EPHRB, MA Plans, CA and U.S.

A higher share of MA plans in California offer at least one EPHRB than MA plans in the U.S. overall. The same holds true among three types of EPHRB: in-home support services, supports for caregivers, and adult day health services.

Share of MA Plans Offering EPHRB Benefits; California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023

Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

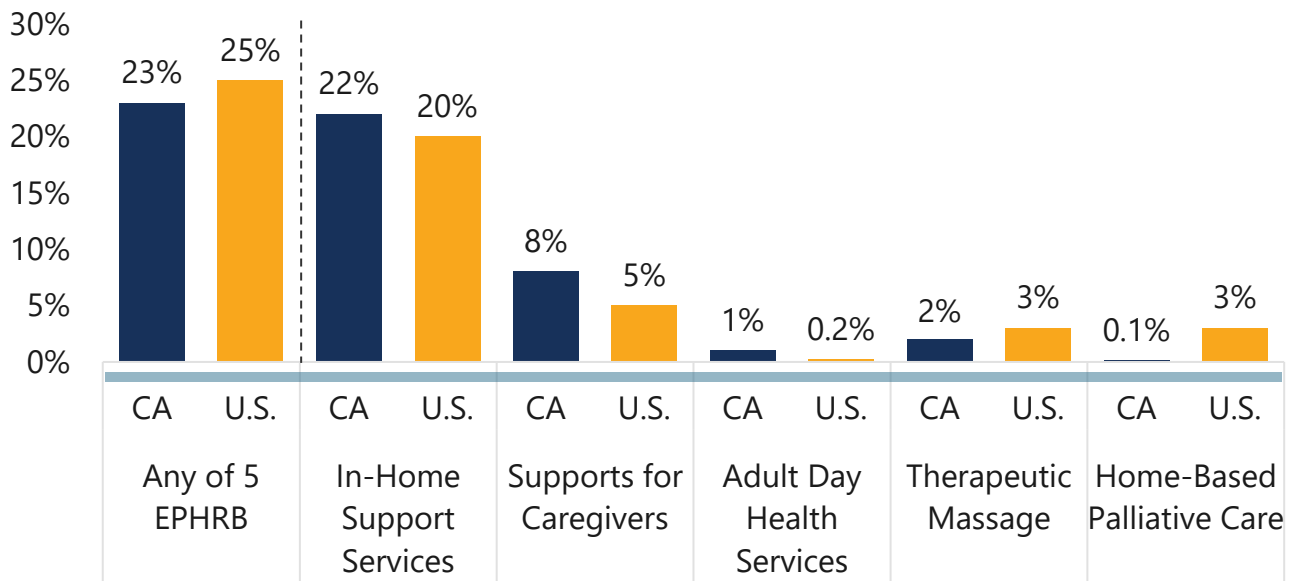
Share of MA Plans Offering EPHRB Benefits

Area	Any EPHRB	IHSS	SFC	ADHS	TM	HBPC
CA	27%	23%	8%	5%	2%	0.2%
U.S.	25%	19%	5%	0.7%	3%	3%

EPHRB, MA Enrollees, CA and U.S.

MA enrollees less often have any of the five EPHRB in California than in the U.S. However, MA enrollees have access to the two most common benefits more often in California than in the U.S.: in-home support services and support for caregivers of enrollees. This is consistent with a higher share of MA plans offering these benefits in California than in the U.S. (See [previous page](#).)

Share of MA Enrollees in a Plan with EPHRB Benefits; California and U.S. Overall



Data Source: Centers for Medicare & Medicaid Services PBP Benefits and CPSC Enrollment Data | Dates Represented: January 2023 Enrollment and 2023 Benefits | Date Downloaded: 2/1/2023
 Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of MA Enrollment in Plans Offering EPHRB (With Plan Share for Reference)

Area	Share	Any EPHRB	IHSS	SFC	ADHS	TM	HBPC
California	Enrolled	23%	22%	8%	1%	2%	0.1%
California	Plans	27%	23%	8%	5%	2%	0.2%
U.S.	Enrolled	25%	20%	5%	0.2%	3%	3%
U.S.	Plans	25%	19%	5%	0.7%	3%	3%

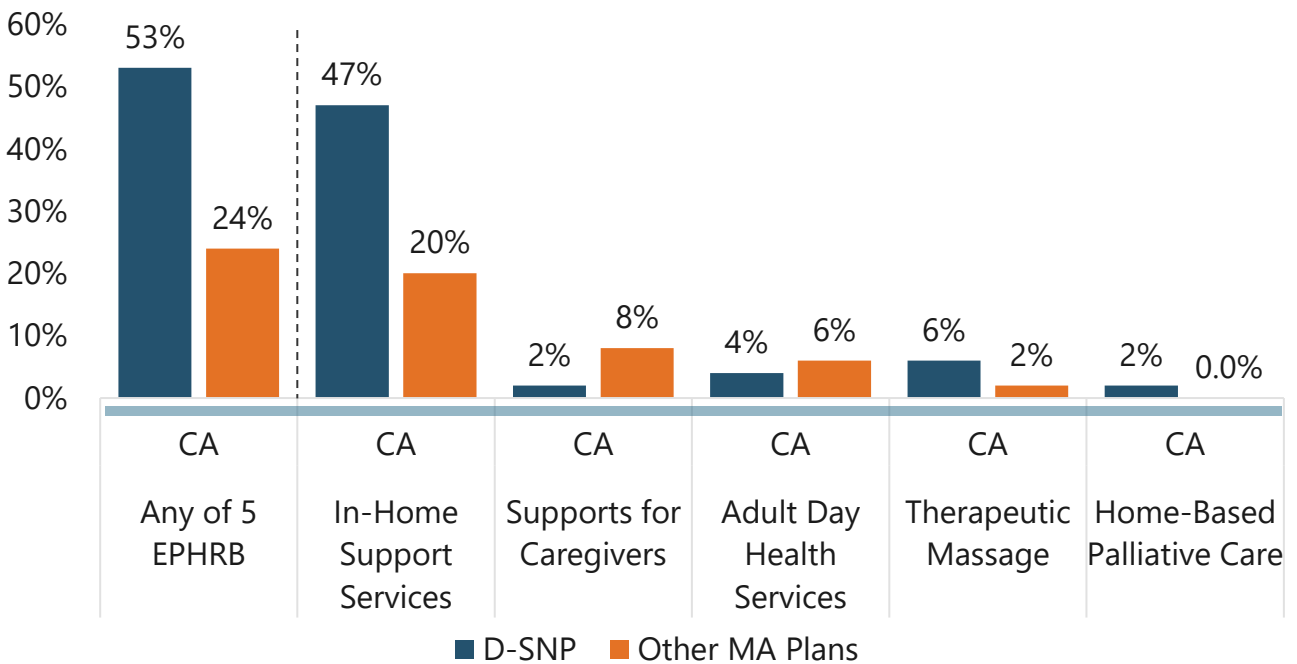
EPHRB, D-SNPs and Other MA Plans, CA

D-SNPs offer EPHRB under Medicare, especially in-home support services, more often than other California MA plans. However, California D-SNPs less often offer supports for caregivers benefits or adult day health services benefits under Medicare, compared to other California MA plans.



California D-SNPs serve Medicare beneficiaries also enrolled in Medi-Cal, who may have similar benefits through Medi-Cal.

Share of California D-SNPs and Other MA Plans Offering EPHRB Benefits; California Only



Data Source: Centers for Medicare & Medicaid Services PBP Benefits Data | Dates Represented: 2023 Benefits | Date Downloaded: 2/1/2023
 Prepared by ATI Advisory | Excludes EGWPs, Cost plans, MSAs, FAI MMPs, PACE, and Part-B-Only plans.

Share of California D-SNPs and Other MA Plans Offering EPHRB

Plan Type	Any EPHRB	IHSS	SFC	ADHS	TM	HBPC
D-SNP	53%	47%	2%	4%	6%	2%
Other	24%	20%	8%	6%	2%	None

D-SNPs serve individuals who may have similar benefits through Medi-Cal. Chartbook data are specific to benefits under Medicare.

About This Chartbook and Its Contributors

This chartbook, **California Medicare Advantage Plans' Supplemental Benefit Offerings in 2023**, is the fourth in a series exploring the demographics, needs, and health care experiences of Californians with Medicare. This chartbook examines supplemental benefits offered by a subset of Medicare Advantage (MA) plans in California. (For more details about plans excluded from the analysis, see [Data Notes](#).) This examination reveals the reach of these supplemental benefits, which can increase access to products and services that support the health and well-being of the state's growing Medicare population. The scope of supplemental benefits allowed is established by federal laws and by the Centers for Medicare & Medicaid Services (CMS).

Supplemental benefits are not covered by Traditional Medicare and vary by MA plan. [Data from this series reveal](#) that 48% of Medicare beneficiaries in California were enrolled in MA plans in March 2021. MA plans have discretion to offer different supplemental benefits, and the eligibility criteria and the type and number of supplemental benefits vary across plans and throughout the state.

Historically, MA plans were required to offer supplemental benefits uniformly to *all* plan members, but recent policy changes allow MA plans to target supplemental benefits to certain members. Two policy changes — authorizing Expanded Primarily Health-Related Benefits (EPHRB) and Special Supplemental Benefits for the Chronically Ill (SSBCI) — allow new non-medical benefits to be offered by MA plans with extra flexibilities and, in some cases, non-uniform eligibility requirements. SSBCI, for example, are targeted to members with specific chronic conditions and medical complexity.

This report describes the prevalence of key Primarily Health Related Benefits, EPHRB, and non-PHRB among MA plans and among Dual Eligible Special Needs Plans. The report examines these benefit categories in California, with national comparisons.

Prepared by ATI Advisory

ATI Advisory

ATI Advisory (ATI) is a research and advisory services firm working to transform the delivery of health care and aging services for older adults. ATI conducts research, generates new ideas, and helps organizations lead and deliver change in senior care. For more information visit www.atiadvisory.com.

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Supplemental Benefits in Context

Market Factors Affect Plan Supplemental Benefit Offerings

Potential Market Factors:

- Local provider availability
- Enrollee needs
- Potential for improvements in plan quality and spending
- Market competition
- Available funding

For example, even if an MA plan identifies adult day health services as a priority need among its enrollees, that plan may be unable to offer that benefit if adult day health centers are unavailable or unwilling to contract with the MA plan.

Supplemental Benefits Are One of Multiple Approaches to Meet Enrollee Needs

MA plans have other mechanisms to cover items and services that can reduce medical risk and improve quality for their enrollees. These include a plan's clinical model, care management, and quality improvement activities, and may allow California MA enrollees to access services like those described in this chartbook. However, these mechanisms are not filed publicly by MA plans and thus cannot be analyzed in this chartbook. This chartbook analyzes supplemental benefits that are filed as part of a plan benefit package. These filed benefits can be shown by the CMS Medicare Plan Finder and similar websites, and by MA plans' marketing.

Plans Have Limited Resources for Supplemental Benefits, Posing Tradeoffs

While MA plans' supplemental benefits may help address the health-related and LTSS needs of California's Medicare beneficiaries, the typical U.S. MA plan uses \$36 per member per month for supplemental benefits.

This Chartbook Does Not Focus on Benefit Volume

This chartbook generally examines whether an MA plan offered a benefit, and not the volume of the supplemental benefit offering (such as the maximum covered amount of an available service, or beneficiary cost sharing amounts). The exceptions to this approach are analyses of annualized plan coverage for over-the-counter items and of the services offered through additional telehealth benefits.

See also: ATI Advisory and the Long-Term Quality Alliance, November 2020, "[Advancing Non-Medical Supplemental Benefits in Medicare Advantage: Considerations and Opportunities for Policymakers.](#)"

Definitions

Medicare and Medicare Advantage Terms

- **Medicare** – Federal health insurance program for:
 - ✓ Most people who are 65 or older,
 - ✓ Certain younger people with disabilities, and
 - ✓ Certain people with End-Stage Renal Disease
- **Traditional Medicare** – The original Medicare system, which pays providers for each service rendered. Also known as Medicare Fee-for-Service (FFS), or Part A and B.
- **Medicare Advantage (MA)** – A managed care program within Medicare in which insurer plans offer Medicare Part A and B benefits, among others. Also known as Medicare Part C. MA plans can offer services that exceed Traditional Medicare benefits, including:
 - ✓ Health-related supplemental benefits like dental, hearing, and vision (PHRB)
 - ✓ Non-medical supplemental benefits that support the health and function of enrollees (EPhRB and non-PHRB)
- **Dual Eligible Special Needs Plan (D-SNP)** – A type of MA plan limited to dual eligible beneficiaries. Unlike other MA plans, D-SNPs must have a state contract (the State Medicaid Agency Contract, or SMAC). Each state determines whether and which D-SNPs can serve the state and, through the SMAC, can add program requirements and expectations to promote a high degree of integration with Medicaid. Because D-SNPs enroll individuals who have dual Medicaid benefits, D-SNP enrollees may have additional sources of coverage for services that MA plans offer as supplemental benefits.

Definitions (Continued)

Supplemental Benefits and Authorities

- **Supplemental Benefits** – CMS defines supplemental benefits as “an item or service not covered by [Traditional] Medicare, that is primarily health related and for which the MA plan must incur a non-zero direct medical cost,” plus special supplemental benefits that are not primarily health-related but that require specified eligibility criteria for use.
 - **Primarily Health-Related Benefits (PHRB)** – The original scope of supplemental benefits that MA plans can offer. PHRB are items or services that (1) are not covered by Traditional Medicare, (2) are primarily health-related, and (3) incur direct medical costs to plans that offer them.

This chartbook provides more detail about the PHRB analyzed herein: [dental, vision, and hearing](#) benefits, [over-the-counter items](#) benefits, and [technology-enhanced](#) benefits.
 - **Expanded Primarily Health-Related Benefits (EPHRB)** – An *expanded* set of supplemental benefits that MA plans can offer. EPHRB must (1) diagnose conditions, (2) prevent or treat an injury, (3) compensate for physical impairments, (4) act to ameliorate the impacts of injuries or health conditions, and/or (5) reduce avoidable emergency or health care utilization. Additionally, EPHRB must be recommended by a licensed professional as part of a care plan. The “[expansion](#)” deemed five new benefit types “primarily health-related” since 2019, authorized by an [April 2018 CMS guidance letter](#).

For more detail, please see the [EPHRB](#) section.
 - **Non-Primarily-Health-Related Benefits (non-PHRB)** – Non-medical benefits that are authorized by federal law as SSBCI but that can also be offered under both SSBCI and VBID authorities (see below). This chartbook examines both pathways for offering non-PHRB supplemental benefits to a targeted subset of members:
 - **Special Supplemental Benefits for the Chronically Ill (SSBCI)** – Non-PHRB benefits that MA plans can choose whether to offer, [which must be tailored by chronic conditions and illness severity](#), and which can be further targeted to those with health-related social needs. Authorized [by law](#), SSBCI have been offered since 2020. Examples of SSBCI include pest control, transportation to non-medical locations and meals beyond a limited basis.
 - **Value-Based Insurance Design (VBID)** – A CMS Center for Medicare and Medicaid Innovation [demonstration model](#) that, among other flexibilities, allows MA plans to offer the same targeted non-PHRB as with SSBCI, based on income eligibility instead of or in addition to chronic condition eligibility.

For more detail, please see the [Non-PHRB](#) section.
- **Additional Telehealth Benefits (ATB)** – An optional MA benefit allowing use of Part B services through telehealth, exceeding telehealth options in Traditional Medicare.

Details on Non-PHRB in MA

Non-PHRB Supplemental Benefits (Direct Guidance from CMS)

Name	Description
Meals (beyond limited basis)	Meals may be offered beyond a limited basis as a non-primarily health related benefit to chronically ill enrollees. Meals may be home-delivered and/or offered in a congregate setting. Existing guidance in Chapter 4 of the Medicare Managed Care Manual provides that meals are a primarily health related benefit in limited situations: when provided to enrollees for a limited period immediately following surgery, or an inpatient hospitalization, or for a limited period due to a chronic illness. In those situations, a meals supplemental benefit is permissible if the meals are: 1) needed due to an illness; 2) consistent with established medical treatment of the illness; and 3) offered for a short duration.
Food and Produce	Food and produce to assist chronically ill enrollees in meeting nutritional needs may be covered as SSBCI. Plans may include items such as (but not limited to) produce, frozen foods, and canned goods. Tobacco and alcohol are not permitted.
Transportation for Non-Medical Needs	Transportation to obtain non-medical items and services, such as for grocery shopping, banking, and transportation related to any other SSBCI, is a non-primarily-health-related benefit. Such transportation may be reimbursed, arranged, or directly provided by an MA plan as a SSBCI.
Pest Control	Pest eradication services that are necessary to ensure the health, welfare, and safety of the chronically ill enrollee. Services may include pest control treatment(s) or products that may assist the enrollee in the pest eradication (e.g., traps, pest control sprays, cleaning supplies).
Indoor Air Quality Equipment and Services	Equipment and services to improve indoor air quality, such as temporary or portable air conditioning units, humidifiers, dehumidifiers, High Efficiency Particulate Air filters, and carpet cleaning may be covered as a SSBCI. Plans may also include installation and servicing of equipment as part of the benefit.
Structural Home Modifications	Structural modifications to the home that may assist in the chronically ill enrollee's overall function, health, or mobility are permitted if those items and services have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee (e.g., widening of hallways or doorways, permanent mobility ramps, easy use doorknobs and faucets).

Source: April 24, 2019, CMS Guidance titled "[Implementing Supplemental Benefits for Chronically Ill Enrollees.](#)"

Details on Non-PHRB in MA (continued)

Non-PHRB Supplemental Benefits (Direct Guidance from CMS)

Name	Description
Social Needs Benefits	Access to community or plan-sponsored programs and events to address enrollee social needs, such as non-fitness club memberships, community or social clubs, park passes, and access to companion care, marital counseling, family counseling, classes for enrollees with primary caregiving responsibilities for a child, or programs or events to address enrollee isolation and improve emotional and/or cognitive function, are non-primarily-health-related benefits that may be covered as SSBCI.
Complementary Therapies	Complementary therapies offered alongside traditional medical treatment may be offered as SSBCI. Complementary therapies must be provided by practitioners who are licensed or certified, as applicable, in the state in which they practice and are furnishing services within the scope of practice defined by their licensing or certifying state.
Services Supporting Self-Direction	Services supporting self-direction allow enrollees to have the responsibility for managing all aspects of healthcare delivery in a person-centered planning process; while such services are a non-primarily-health-related benefit, they may have a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee. Plans may provide 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, technology education, and language classes. Interpreter services may also be provided to enrollees to facilitate encounters with healthcare providers.
General Supports for Living	General supports for living such as housing may be provided to chronically ill enrollees if the benefit has a reasonable expectation of improving or maintaining the health or overall function of the enrollee. General supports for living may be provided for a limited or extended duration as determined by the plan. The benefit may include plan-sponsored housing consultations and/or subsidies for rent or assisted living communities. Plans may also include subsidies for utilities such as gas, electric, and water as part of the benefit.

Details on EPHRB in MA

EPHRB Supplemental Benefits (Direct Guidance from CMS)

Name	Description
In-Home Support Services	In-home support services to assist individuals with disabilities and/or medical conditions in performing Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) within the home to compensate for physical impairments, ameliorate the functional/psychological impact of injuries or health conditions, or reduce avoidable emergency and healthcare utilization. Services must be provided by individuals licensed by the state to provide personal care services, or in a manner that is otherwise consistent with state requirements.
Home-Based Palliative Care	Home-based palliative care services to diminish symptoms of terminally ill members with a life expectancy of greater than six months not covered by Medicare (e.g., palliative nursing and social work services in the home not covered by Medicare Part A). Medicare covers hospice care if a doctor and/or the hospice medical director certify the patient is terminally ill and has six months or less to live.
Adult Day Health Services	Services provided outside the home such as assistance with ADLs or IADLs, education to support performance of ADLs or IADLs, physical maintenance or rehabilitation activities, and social work services targeted to ameliorate the functional or psychological impact of injuries or health conditions, or to reduce avoidable emergency and healthcare utilization. Recreational or social activities or meals that are ancillary to primarily health related services and items may also be provided. Transportation to and from the adult day care facility may be provided.
Support for Caregivers of Enrollees	Respite care provided through a personal care attendant or the provision of short-term institutional-based care, as appropriate, to ameliorate the enrollees' injuries or health conditions, or reduce the enrollees' avoidable emergency and healthcare utilization. Respite care should be for short periods of time (e.g., a few hours each week, a two-week period, a four-week period) and may include services such as counseling and training courses for caregivers of enrollees.

Note: MA EPHRB In-Home Support Services (IHSS) differs from the California Department of Social Services' In-Home Supportive Services Program.

Source: April 27, 2018, CMS Guidance titled "[Reinterpretation of 'Primarily Health Related' for Supplemental Benefits.](#)"

Details on EPHRB in MA (continued)

EPHRB Supplemental Benefits (Direct Guidance from CMS)

Name	Description
Medically-Approved Non-Opioid Pain Management	Medically-approved non-opioid pain treatment alternatives, including therapeutic massage furnished by a state licensed massage therapist. "Massage" should not be singled out as a particular aspect of other coverage (e.g., chiropractic care or occupational therapy) and must be ordered by a physician or medical professional in order to be considered primarily health related and not primarily for the comfort or relaxation of the enrollee. The non-opioid pain management item or service must treat or ameliorate the impact of an injury or illness (e.g., pain, stiffness, loss of range of motion).

Data Notes

For this chartbook, ATI Advisory analyzed Medicare Plan Benefit Package (PBP) data for Quarter 2 of Contract Year 2023 to understand which MA benefits are offered among active MA plans in California. ATI Advisory analyzed Medicare Contract-Plan-State-County (CPSC) data for January 2023 to estimate enrollment in each plan. We identified D-SNPs using the Plan Crosswalk for Contract Year 2023. In our analysis, the word “plan” refers to a PBP bid, identified by contract-plan-segment combination.

With two exceptions, measures of plan benefit offerings in this chartbook only examine whether a benefit is offered at all by a plan. More detailed OTC data are used to calculate an annualized value of OTC benefits, and detailed data also describe the specific services plans offer through ATB.

While PBP data are credible thanks to CMS oversight, the PBP data are limited to describing the benefits offered, and plans are not required to report utilization. The federal government does not collect, and thus does not release, data about actual utilization of the benefits at the beneficiary or plan level. CMS also does not collect data about the eligibility or authorization requirements plans impose for supplemental benefits, which may shape how and whether Californians with Medicare can access benefits in plans we counted as offering a supplemental benefit.

This analysis omitted some types of MA plans from our definition: Financial Alignment Initiative Medicare-Medicaid Plans (FAI MMPs), which include the former Cal MediConnect (CMC) plans but do not include Medicare-Medi-Cal Plans, a type of Special Needs Plans (SNPs); the Program for All-Inclusive Care for the Elderly (PACE); Medicare Medical Savings Accounts (MSAs); Employer Group Waiver Plans (EGWPs); Cost Plans; and Part B-Only Plans. We included all other types of MA plans in our analysis, including all types of SNP. The largest exclusion, EGWPs enrolled at least 687,799 Californians in January 2023, which accounted for 22% of all Californians enrolled in MA plans.

CPSC enrollment data were matched to PBP files at the plan-segment level. Where enrollees of a plan lived outside the plan service area (found in the PBP file), we omitted these enrollees. No two segments of a contract-plan combination can operate in the same county, so the county level CPSC data allows allocation of plan members in a county to a specific segment as defined in this chartbook. However, this may misallocate beneficiaries who recently moved between two counties served by the same plan.

CPSC enrollment records are suppressed under Medicare privacy rules if there are fewer than 10 plan enrollees in a county. In these cases, we replaced missing data with 0.