

Medicare Advantage Plans' New Supplemental Benefits: What to Look For

Center for Medicare Advocacy

Medicare Advantage (MA) plans have long had the ability to offer extra, or supplemental, benefits in addition to what Original Medicare covers. Such benefits have often included things such as some dental, hearing, and vision services. Due to changes in federal law and policy, as of January 1, 2020, MA plans can now offer a new type of supplemental benefit, called Special Supplemental Benefits for the Chronically Ill (SSBCI). As explained further below, SSBCI can be offered only to plan enrollees who meet the [definition](#) of being “chronically ill” and can include nonhealth-related benefits, such as nonmedical transportation, in-home personal care, air conditioners, pest control, acupuncture, sessions with a dietitian, food deliveries, health and fitness devices, and even support for service dogs.

As of early 2020, MA plan sponsors have been slow to offer such benefits. Because they do not need to be offered to all enrollees in a given plan, though, and there are few rules about how these benefits can be marketed, SSBCI can cause considerable consumer confusion. In the fall of 2019, the Center for Medicare Advocacy issued an [Advocates' Guide](#) and a one-page [Consumer Guide](#) for navigating these new benefits, from which this article is drawn.

Eligibility for SSBCI

Not everyone in a given MA plan will be eligible for any SSBCI the plan may choose to offer. There is a [two-part test](#) for plans to determine whether or not an enrollee is eligible for SSBCI: 1) the enrollee must meet the definition of having a “chronic illness” as determined by Medicare rules; and 2) such benefits or services must also have a reasonable expectation of improving or maintaining the health or overall function of the enrollee as it relates to the chronic condition or illness.

Plans have broad discretion in determining the types of items as services they may offer as SSBCI and what may be considered

“a reasonable expectation” when choosing to offer SSBCI. In addition, not everyone will qualify for SSBCI offered by a given plan. Since a plan must do an individualized assessment of eligibility, eligibility determinations will not occur until an individual is actually enrolled in a plan. In other words, neither an MA plan customer service representative nor an agent/broker marketing the plan can confirm that a potential enrollee will be eligible for the new supplemental benefits for the chronically ill.

Marketing and Disclosure of Information

Currently, the Centers for Medicare & Medicaid Services (CMS) has provided little guidance concerning how SSBCI are to be marketed to prospective plan enrollees. While CMS does require plans to clearly identify SSBCI eligibility criteria in their Evidence

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of Coverage (EOC) document, other statements by CMS merely state that supplemental benefits may not be offered by plans solely as an inducement to enroll in a plan and the benefits cannot be described as being “guaranteed.”

Advocates have expressed concerns that these new MA flexibilities create an environment in which agents and brokers may be incentivized to ask individuals about their health status and use that information to steer them toward specific plans in violation of anti-discrimination rules. Despite these concerns, there is no mention of SSBCI in Medicare’s Communications & Marketing Guidelines, CMS’ guidance governing the sale and promotion of MA and Part D plans.

SMP and SHIP counselors should be aware of beneficiaries who were induced to enroll in MA plans based on promises of new benefits for which eligibility must be assessed and confirmed by a plan contracted provider only after someone is enrolled in a plan. As noted above, neither an agent nor a plan customer service representative will be able to confirm eligibility for such benefits pre-enrollment.

Advice for Consumers

When counseling individuals who are considering enrolling in an MA plan that offers SSBCI, we encourage them to keep in mind certain questions:

1. Do I qualify?

You won't know for sure if you qualify for these new supplemental benefits for the chronically ill until you are actually in a plan – the plan must confirm your diagnosis and confirm that the offered SSBCI benefit or service is available to you.

2. Is it worth it?

Do a cost-benefit analysis of the entire package of what a plan offers and how much it charges – don't just focus on the "bells and whistles." Is an extra benefit worth other drawbacks, such as a limited network of doctors or other providers that can change throughout the year, high cost sharing for certain items or services, or lack of coverage of other common supplemental benefits (e.g., vision, hearing, dental)? Pay attention to the details – the new benefits are likely limited in number, availability, etc. How much cost sharing will you have to pay for them? As a reminder, if you are enrolled in the [Qualified Medicare Beneficiary](#) (QMB) program, you are protected from premiums and cost-sharing responsibilities, whether you are on Original Medicare and/or have an MA plan.

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As noted in the Center for Medicare Advocacy fact sheets above, denial of SSBCI is subject to the appeals process. MA plan enrollees should be aware of opportunities they have to change plans outside of the usual fall enrollment period, including the first three months of the calendar year. 🗨️