 **CMS**
CENTER FOR MEDICARE & MEDICAID SERVICES

**The State of Medicare Advantage
2020**

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2020 – A Year of Continued Growth


- Access remains strong and stable
- Enrollment is growing
- Benefit offerings are expanding

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Medicare Advantage Access Remains Strong

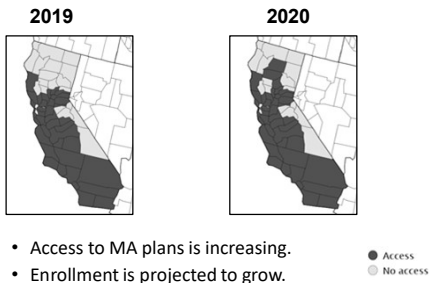
2019 2020



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Medicare Advantage in California



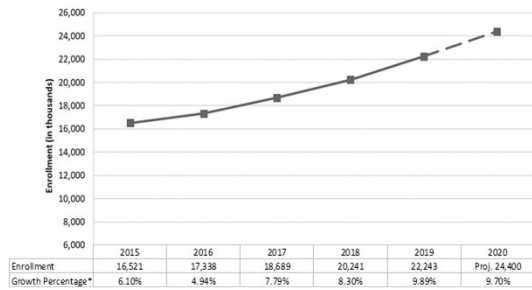
- Access to MA plans is increasing.
- Enrollment is projected to grow.
- MA plans choices are increasing.
- Premiums are projected to decrease.

● Access
○ No access

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Enrollment Projected to Increase in 2020

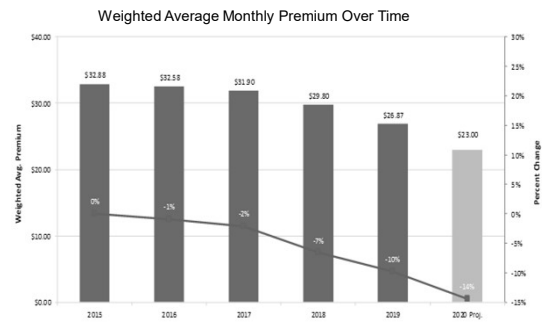


* Growth percentage is based on actual enrollment with the exception of 2020, which is based on projected enrollment. July enrollment of the plan year is used for actual enrollment for 2015-2019.

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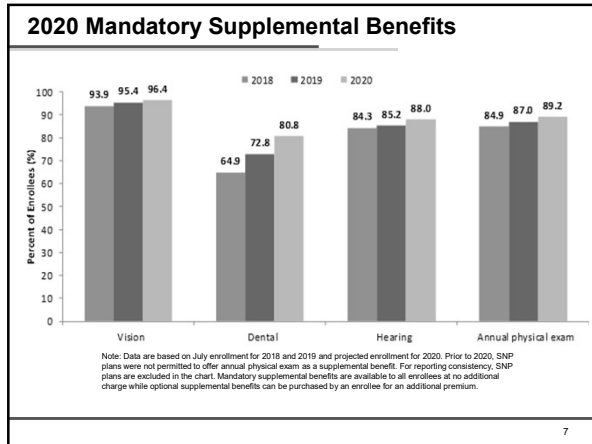
Premiums Projected to Decrease in 2020



Note: 2014-2019 averages are weighted by July enrollment. 2020 value is weighted by projected enrollment.

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2020 Benefit Offerings & Flexibilities

Additional Telehealth Benefits

- The Bipartisan Budget Act of 2018 provided that MA plans may offer telehealth as a basic benefit beginning in 2020.

Expansion of Supplemental Benefits

- In 2019, expanded "health related" benefits and
- Reinterpreted "uniformity" of benefits
- New in 2020: Special Supplemental Benefits for the Chronically Ill

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Expanded Supplemental Benefits

Expansion of Definition of "Health-Related"

- About 500 plans nationwide are providing access to expanded health related supplemental benefits
 - Adult Day Health Services
 - Home Based Services
 - Caregiver Support

Targeting Benefits to Specific Health Conditions (Uniformity)

- About 300 plans are offering benefits at reduced cost sharing and/or additional benefits for enrollees with certain health conditions
 - Diabetes
 - Congestive Heart Failure

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Expanded Supplemental Benefits

Special Supplemental Benefits for the Chronically Ill

- The Bipartisan Budget Act of 2018 expanded supplemental benefits that may be offered to chronically ill enrollees.
- Benefits may be targeted to individuals who:
 - Have one or more comorbid, medically complex chronic conditions that is life-threatening or significantly limits the overall health or function of the enrollee;
 - Have a high risk of hospitalization or other adverse health outcomes; and
 - Require intensive care coordination.

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Expanded Supplemental Benefits

Special Supplemental Benefits for the Chronically Ill (cont.)

- Benefits do not have to be “primarily health-related,”
- Do not have to be offered uniformly to eligible chronically ill enrollees, so long as
- The item or service has a reasonable expectation of improving or maintaining the health or overall function of the chronically ill enrollee.
- In 2020, about 250 plans will offer SSBCI
 - Meal delivery (beyond a limited basis)
 - Transportation for non-medical needs
 - Home environment services

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Plan Marketing and Communication

- HPMS Memo released on August 6, 2019 which included a few changes to the 2019 Medicare Communications and Marketing Guidelines for contract year 2020

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Plan Marketing and Communication

- Co-branding relationships
- 5-Star Marketing
- Open Enrollment Period (OEP) and plan websites
- Expanded marketing of rewards & incentives
- Reduced burden regarding disclaimers
- Clarified rules around phone lines

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Plan Marketing and Communication

- Modified rules around timing of marketing/sales & educational events
- Reduced requirements for material ID numbers
- Eliminated unnecessary disclaimers
 - Federal Contracting Statement requirements for communications materials
 - Benefits disclaimer
 - Plan Online Enrollment disclaimer

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Surveillance & Compliance Activities

- Annual ANOC/EOC Timeliness and Accuracy Review
- Summary of Benefits Retrospective Review
- Retrospective Review of Advertising Materials
- Continue to focus on improving the accuracy of Provider Directories
- Ensuring Compliance with Network Adequacy Standards

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Ensuring Access to Services

- Network Reviews for Existing Organizations
 - CMS reviews an organization's contract-level network at least once every three years (OMB Control Number: CMS-10636, OMB 0938-1346)
 - Networks also are reviewed based on triggering events
 - Organizations that fail to meet network adequacy standards are subject to compliance actions.

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Ensuring Access to Services

- Network Reviews for New MA Applicants
 - Networks no longer part of the initial application approval process, which occurs in the beginning of each calendar year.
 - Applicants' networks are reviewed in June.
 - Applicants with network failures may be suppressed from Medicare Plan Finder during the Annual Open Enrollment Period.
 - Must be in compliance with our standards by January 1 of the contract year.

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Ensuring Access to Services

- Network Consultation
 - All organizations have the ability to consult with CMS each year prior to formal network reviews.
 - CMS gives priority to organizations selected for a formal review in June.
 - Organizations may submit exceptions to CMS for an informal review as part of consultation.

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Questions



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