



Technology, supplemental services in MA can help improve participant health

By Robert Pittman, Senior Vice President, Government Affairs

Over the years, social determinants of health (SDoH) along with the concepts found in Maslow's Hierarchy of Needs have become important parts of healthcare for providers, health plans and healthcare consumers. Each group aspires to provide and receive an optimal care experience that results in improved health outcomes. To address these goals, many Medicare Advantage plans are looking to solve the challenges presented by SDoH and Maslow by offering new or expanding current supportive care services.

SDoH, the [effect social, economic and environmental factors may have on health](#), dovetails with [Maslow, the process of securing basic living requirements](#) such as food and shelter before focusing on other seemingly less immediate needs, which can include healthcare.

To help alleviate these challenges, some Medicare Advantage plans leverage supplemental services, specific benefits beyond what's offered by traditional Medicare, to encourage plan enrollment and support improved health outcomes for plan participants. In 2022, the average Medicare beneficiary has access to [39 Medicare Advantage plans](#) offering a variety of healthcare and non-healthcare services, including remote patient monitoring, healthy meals, in-home support and non-emergency medical transportation (NEMT).

These services are offered at varying degrees by individual [Medicare Advantage plans](#):

- 74% remote access technology
- 67% meal benefit
- 38% transportation
- 10% in-home support services

Utilizing each of these services individually or, preferably, as a group of comprehensive, integrated supportive care services can help Medicare Advantage members improve their health and lessen the impacts of SDoH and Maslow. With Medicare Advantage enrollment expected to grow from [26.9 million in 2021](#) to [29.5 million in 2022](#), healthcare organizations have a unique opportunity to help mitigate the effects of these socio-economic challenges.

Per a report conducted by NORC (National Opinion Research Center) at the University of Chicago, "[The focus on SDOH reflects broader trends in the U.S. health care system](#), including growing recognition that SDOH may have a more significant influence on health outcomes than clinical care and the increasing levels of social need within the Medicare population."

Older populations, including those who participate in Medicare, often feel the effects of SDOH more dramatically than others, necessitating not only a deeper understanding of the challenges, but a comprehensive way of diminishing them.

“Medicare beneficiaries experience many of the same social needs as the general population, but [certain social risk factors are more pronounced in the program’s more elderly and disabled membership](#). Screening and survey data has frequently identified food, housing, and transportation as leading social risks....”

Benefiting health, creating savings

Despite the known advantages of these services, attempting to quantify the results of non-medical benefits can be difficult for Medicare Advantage plans even when a considerable amount of data exists.

“The key question related to the bottom line is whether newly offered non-medical services deliver a return on investment (ROI) for the plan,” according to a [Health Affairs article](#). “Will these services save more money than they cost to deliver in any given year? New benefits could generate savings by preventing the need for acute medical care. If emergency department visits, hospital admissions, or other forms of acute care are sufficiently reduced, the savings could theoretically exceed the costs of providing the benefit, yielding a positive ROI. While this argument is powerful conceptually, it has proven challenging in practice.”

Although the need for ROI remains high from the health plan point of view, the commitment to Medicare Advantage supplemental benefits continues to be a high priority across the board for the people and organizations offering the services.

“Plans (Medicare Advantage) report that the ultimate goals of their SDOH programs are to produce both improved health outcomes, or ‘return on health,’ and return on investment (ROI) through lower beneficiary health costs,” according to [Innovative Approaches to Addressing Social Determinants of Health for Medicare Advantage Beneficiaries](#) published by Better Medicare Alliance’s Center for Innovation in Medicare Advantage. “All health plans, providers, vendors, and CBOs...believed the interventions they are implementing would prove effective at accomplishing the goals of improving beneficiary health and producing a positive ROI.”

Medicare Advantage plans continue to move in the right direction by helping to meet the needs of current and future members by improving traditional coverage with supplemental supportive care services. NEMT, nutrition, in-home personal care and remote patient monitoring are among the most important supplemental services being offered today and expanding them further can help benefit members and the health plans that offer them.

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