

Using nutrition to
enhance Medicare
Advantage Star Ratings

INTRODUCTION

Medicare Advantage is a burgeoning market

In 2021, more than 26 million people are enrolled in a Medicare Advantage (MA) plan, accounting for 42% of the total Medicare population.¹ This rate has steadily increased since the early 2000s, with anticipated growth on the horizon. The Congressional Budget Office projects about 51% of all Medicare beneficiaries will be enrolled in MA plans by 2030.²

The exploding Medicare Advantage market sparks competition for enrollment

The average Medicare beneficiary in 2021 has access to 33 MA plans, the largest number of options available in the last decade.³ With an abundance of choices, health plans can compete for members in several ways. An important one is through their quality rating.⁴

In 2007, the Centers for Medicare & Medicaid Services (CMS) established the **5-Star Quality Rating System** to measure how well providers and MA plans provide service to members. The main goals are to incentivize insurers to heighten performance and to help patients compare and choose high-quality plans.

The rating system is comprised of:

- ✓ Performance measures from the Healthcare Effectiveness Data and Information Set (**HEDIS**)
- ✓ Member satisfaction scores (Consumer Assessment of Healthcare Providers and Systems or **CAHPS**)
- ✓ Results of a health outcomes survey (**HOS**) to its own data

In May 2020, CMS announced key changes to the MA Star Ratings formula for contract year 2021, which impact 2023 Star Rating scores.

The changes put the spotlight and emphasis on CAHPS surveys, which are usually conducted annually each spring. **CAHPS scores will be quadruple-weighted**—meaning they'll represent 32% of the overall Star Rating weighting for contract year 2021.⁵

Essentially, CMS is elevating access to care and patient experience to be equal to outcomes measures.

MA PLANS ARE RANKED ON PERFORMANCE IN 5 CATEGORIES

1. Staying healthy: screenings, tests and vaccines
2. Managing chronic (long-term) conditions
3. Plan responsiveness and care
4. Member complaints, problems getting services and choosing to leave the plan
5. Health plan customer service

There is an opportunity for MA plans to boost patient experience

Substantial evidence points to a positive association between various aspects of patient experience and important healthcare processes and outcomes. These processes and outcomes include patient adherence to medical advice, better clinical outcomes, improved patient safety practices and lower utilization of unnecessary health care services.⁶

While these are compelling reasons why MA plans should aim to augment patient experience, the real question is not only how to do so, but how to do so cost-effectively. Getting there requires understanding *why* beneficiaries choose certain MA plans over others and *which* benefits are growing in demand.

A recent survey among adult Americans eligible for Medicare or who are already enrolled in an MA plan for 2021 reported this year's enrollment was influenced by several key factors:⁷

- 1 Supplemental Benefits**
- 2 Prescription Drug Coverage**
- 3 Affordability**



Special Supplemental Benefits for the Chronically Ill (SSBCI)

As of 2020, MA plans can offer SSBCI that are not necessarily health-related but have a reasonable expectation of improving or maintaining the health or overall function of enrollees with specific chronic conditions. This builds on the 2019 policy that expanded the definition of health-related supplemental benefits that MA plans could offer to all enrollees.

SSBCI includes items and services like meals (beyond limited basis), food and produce, transportation for non-medical needs, pest control and more.⁸ For 2021, new benefits could be offered *non-uniformly*—meaning they can be targeted and tailored to individual need.

A recent analysis found that in 2021, 942 MA plans offer SSBCI.⁹ The most commonly offered benefits include:

Benefit	# Plans Offering Benefit
Meals (Beyond Limited Basis)	387
Food & Produce	347
Pest Control	208
Transportation for Non-Medical Needs	177



SENIORS WITH ONE CHRONIC CONDITION are 55% more likely to choose an MA plan than those with none.



of all non-dual eligible Medicare beneficiaries were **LIVING WITH TWO OR MORE CHRONIC CONDITIONS.**

*Based on CMS' publicly available 2018 data sets.

Supplemental benefits like meals are crucial for meeting the needs of individuals who are food insecure

Food insecurity—one of the social determinants of health (SDOH)—is defined as a lack of consistent access to enough food for an active, healthy lifestyle.

In 2019, 35.2 million people (1 in 9) lived in food-insecure households. In 2021, 42 million people (1 in 8) may experience food insecurity, representing a 17% increase.¹⁰

Feeding America reports that many individuals who have been most impacted by the pandemic were food insecure or at risk of food insecurity before COVID-19 and are facing greater hardship since COVID-19.

Food insecurity...

- **... has one of the most extensive impacts on the overall health of individuals.**

People who are food insecure are disproportionately affected by chronic diseases, which exacerbates adverse effects on overall health and wellbeing.¹¹

- **... is associated with greater use of health care services.**

Adults in food-insecure households are about 50% more likely to visit an emergency room, be admitted to a hospital, and stay hospitalized longer than adults in food-secure households.¹²

- **... is linked with higher healthcare spending.**

After controlling for characteristics expected to affect food security and spending on health care, a study found that people in food-insecure households spend roughly 45% more on medical costs in a year (\$6,100) than people in food-secure households (\$4,200).¹³

UNMET SOCIAL NEEDS = HIGHER HEALTHCARE UTILIZATION

An unmet social need is defined as the lack of a basic resource, such as food, safe housing or transportation.

Findings from McKinsey's 2019 Consumer Health Insights and Consumer Social Determinants of Health surveys identified a link between healthcare services utilization and social needs.

Respondents with higher inpatient or emergency room (ER) utilization were 20-50% more likely to report difficulty in accessing food.



The percentage of people enrolled in health plans offering a home-delivered meals benefit has significantly increased—by 20%—from 2020 to 2021.

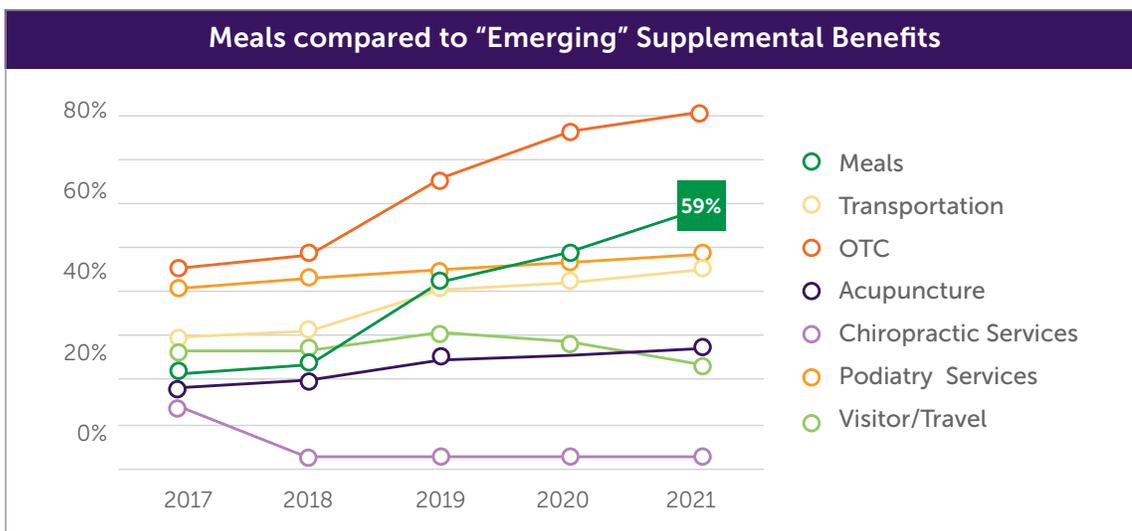
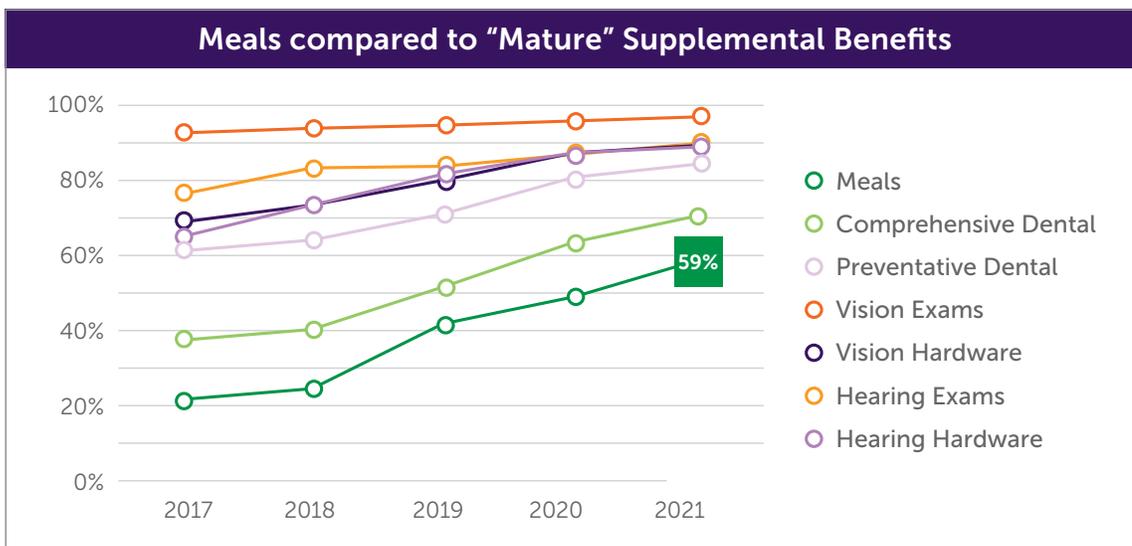


The upside of a meals benefit in Medicare Advantage plans

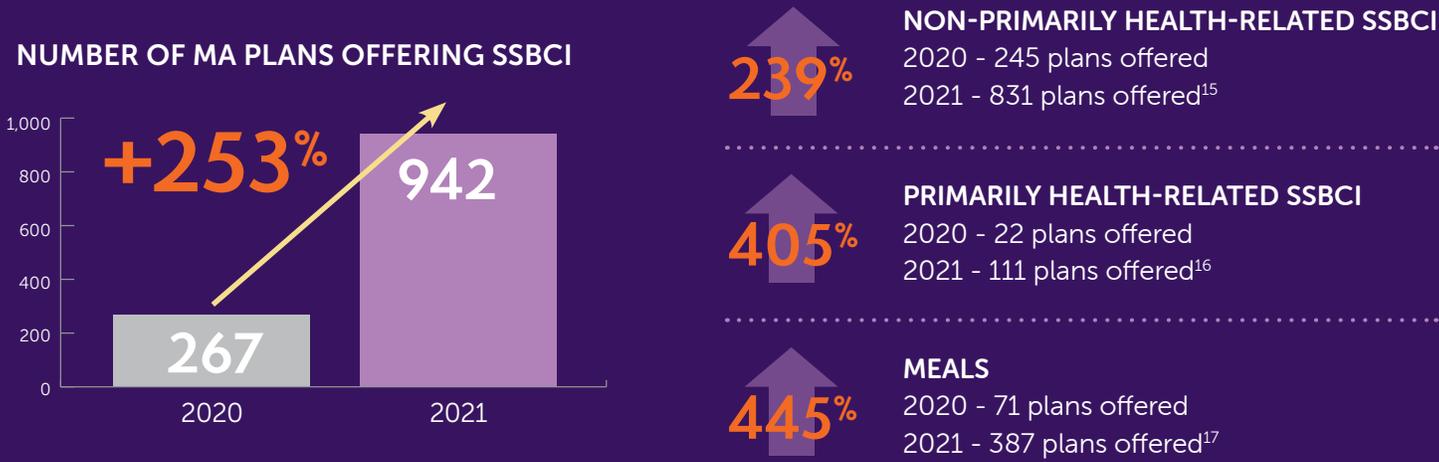
Research shows a definitive upward trend in the number of MA plans offering supplemental benefits and the number of individuals enrolling in them. With the rise in food insecurity and SDOH taking center stage, this trend will likely continue.

Meals benefits are gaining in prevalence

In a recent analysis of supplemental benefit prevalence in MA plans, data from CMS shows the percentage of people enrolled in health plans offering a home-delivered meals benefit has significantly increased—by 20%—from 2020 to 2021.¹⁴



The number of MA plans offering SSBCI is growing, although only two years of data for this new benefit type are currently available.



Customer experience

Mom's Meals® surveyed MA customers with at least one chronic condition to assess their attitudes and opinions about home-delivered meals as a health plan benefit:



enjoy eating healthy meals more than any other healthcare-related activity



want to receive home-delivered meals as a paid benefit from their health insurance plan



feel home-delivered meals are more important during/since COVID-19



When meals were added to a community-based care transition program, there was a 16% improvement in 30-day readmissions over a care transition program alone.²⁰



How home-delivered meals can impact Star Ratings

Incorporating a meals benefit into an MA plan can positively impact Star Ratings. For example, condition-appropriate, home-delivered meals can help people with diabetes keep their blood sugar controlled—an important quality metric in Star Ratings as a triple-weighted measure.¹⁸ When someone is well-nourished, their risk of falling decreases, and their physical health improves—other important quality measures.

Research shows that people with chronic conditions who receive home-delivered meals experience fewer hospitalizations, and when hospitalized, their length of stay is significantly shorter.¹⁹

A study of MA members in a community-based care transition program that included home-delivered meals showed a 38% improvement in 30-day readmissions over no post-discharge support. When meals were added to the program, there was a 16% improvement in 30-day readmissions over a care transition program alone.²⁰

In addition to potentially impacting quality measures related to clinical care, a home-delivered meals program can also improve the perception and rating of a health plan by members participating in the CAHPS survey. Satisfaction measures and health plan net promoter scores (NPS) are high among MA members who have received home-delivered meals. This is critical, as CAHPS scores will become even more important with a quadruple rating in the future. A home-delivered meals program can give your health plan a quality boost and contribute to Stars Ratings improvement.



In 2020, more than three-quarters (78%) of MA enrollees were in plans with quality ratings of 4 or more stars—representing a 72% increase from 2019.

Star Weight	2021 Part C & D Star Ratings – Medicare	Source
1	Reducing the Risk of Falling	HEDIS/HOS
2 Will be Quadruple-Weighted in 2023	Rating of Health Plan	CAHPS
3 Will be Display Measure in 2022 and 2023 because of COVID-related validity	Improving or Maintaining Physical Health	HOS
3	Diabetes Care – Blood Sugar Controlled	HEDIS
5	Health Plan Quality Improvement	Star Ratings
Display Measure	Hospitalizations for Potentially Preventable Complications	HEDIS
Display Measure	Plan All-Cause Readmissions	HEDIS

Offering a home-delivered meals program: options for Medicare Advantage plans

MA plans have several paths when it comes to incorporating a home-delivered meals program. These include:

- 1 Supplemental (primarily health-related) benefit**
- 2 SSBCI (non-primarily health related)**
- 3 Value-based insurance design**
- 4 Quality improvement program**

Quality Improvement Program (QIP)

CMS requires all MA organizations (MAOs) to have a QIP, with the primary goal being to effect sustained improvement in patient health outcomes. Each program must include:

- **Chronic care improvement program (CCIP)**
The statutory and regulatory intent of the CCIPs includes the promotion of effective chronic disease management and the improvement of care and health outcomes for enrollees with chronic conditions. CMS recommends MAOs conduct CCIPs over a three-year period.
- **Health information system** to collect, analyze and report Medicare Parts C & D quality performance data, including HEDIS, HOS and CAHPS data.



By kicking off a home-delivered meals (HDM) program in the first quarter of the program year, MA plans can ensure members with chronic conditions benefit from good nutrition throughout a full 12-month period.

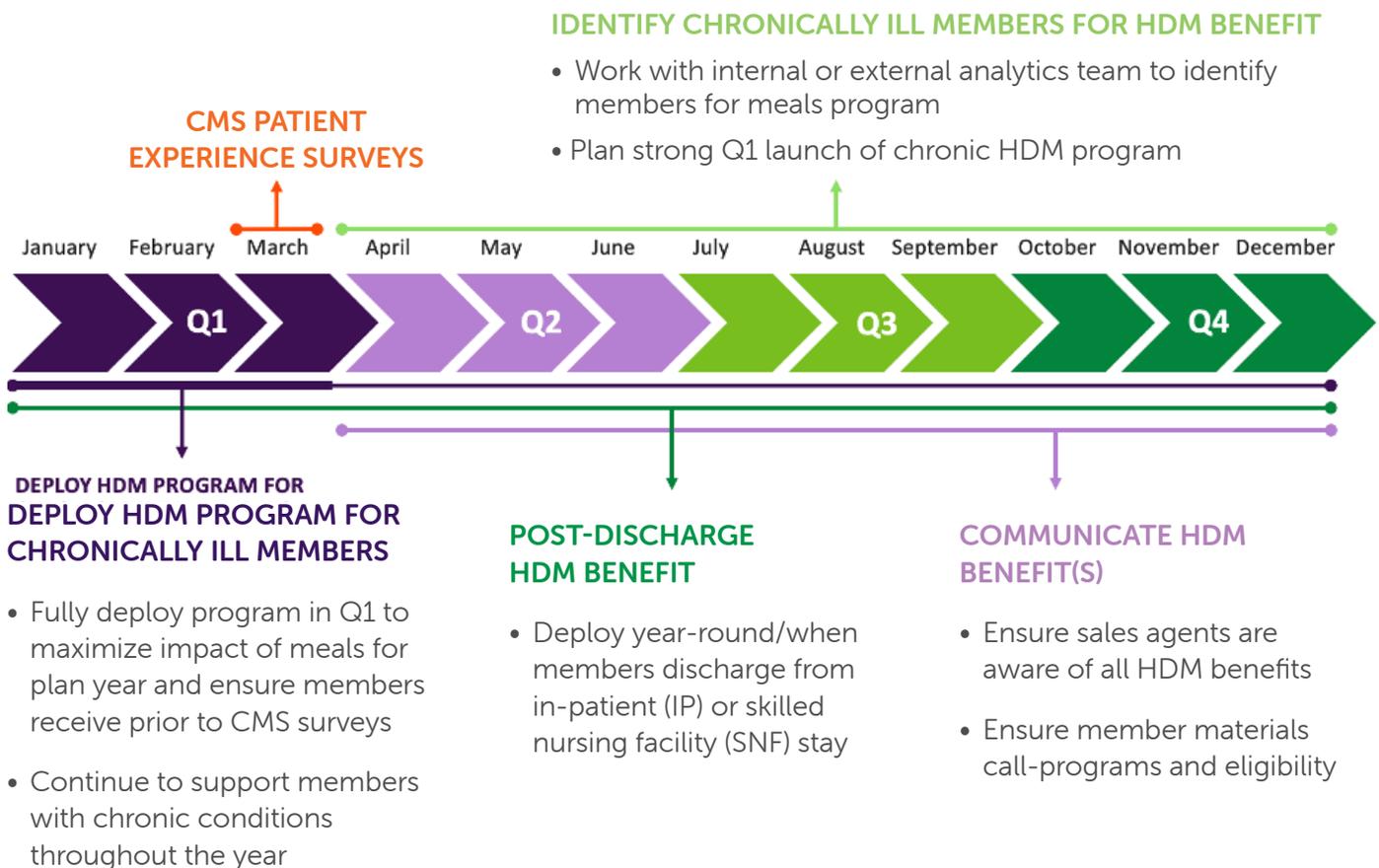


Maximizing stars with a start-of-year program launch?

By kicking off a home-delivered meals (HDM) program in the first quarter of the program year, MA plans can ensure members with chronic conditions benefit from good nutrition throughout a full 12-month period and prior to CMS surveys, which are usually conducted annually each spring.

The Q1 launch timeframe allows MA plans not only to help drive positive health outcomes for members, but also to build relationships with enrollees—through outreach efforts—to heighten their patient experience. For example, MA plans can communicate directly with members at several points during the year to solicit feedback on their home-delivered meals benefit and correct any issues in advance of the CMS survey.

The timeline shown here is intended to help MA plans set a home-delivered meals program in motion as well as build enrollment through the year.



Conclusion

Supplemental benefits like home-delivered meals have taken off in recent years. Just as the number of Medicare Advantage (MA) plans incorporating supplemental benefits has grown, so too has the number of individuals enrolling in them.

In 2007, the Centers for Medicare and Medicaid Services (CMS) introduced its 5-Star Quality Rating System with a two-fold goal: firstly, to incentivize insurers to heighten performance, and secondly, to provide a useful tool for patients to compare and ultimately select a high-quality plan that meets their needs.

For contract year 2021, CMS announced key changes to the MA Star Ratings formula that impact 2023 Star Rating scores. Member satisfaction scores, best known in the industry as CAHPS scores, will be quadrupled—meaning they'll represent 32% of the overall Star Rating weighting for contract year 2021.

In today's highly competitive MA market, plans have become hyper-focused in boosting patient

experience as a means to a 5-Star Rating and, thus, heightened enrollment. In 2020, 78% of enrollees were in plans with quality ratings of 4 or more stars. The potential for increasing enrollment is significant.

Based on strong evidence, one supplemental benefit that has been gaining in popularity is the meals benefit. Home-delivered meals have grown in prevalence by 20% from 2020 to 2021. In 2021, 59% of MA members are enrolled in a plan that offers meals.

Supplemental benefits like meals are crucial for meeting the needs of individuals who are struggling to manage a chronic health condition and who may be facing food insecurity. Research shows home-delivered meals bring value to beneficiaries—providing essential nutrition to vulnerable populations.

For MA plans, a condition-appropriate, home-delivered meals program can be a low-cost, low-risk health intervention that improves both health outcomes and quality measures.



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We're here to answer your questions.

To learn more about how Mom's Meals can help you incorporate a meals benefit into your MA plan, contact us today.

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