Non-Medical Benefits in Medicare Fee-For-Service: Legislative and Regulatory Pathways

**THE PROBLEM**

Unlike Medicare Advantage, Medicare fee-for-service does not cover evidence-based, non-medical benefits for beneficiaries with chronic conditions. In certain instances, these benefits may reduce hospital readmissions, emergency visits, and cost.

**THE SOLUTION**

HHS Should Develop Policies for Coverage of Non-Medical Benefits

- **Coverage & Eligibility**: HHS secretary defines evidence-based criteria for eligibility and defines benefit, assuming no increase in aggregate Medicare spending.

- **Suppliers or Providers**: Secretary establishes criteria for providers and suppliers of non-medical services, and publishes a list of qualified providers/suppliers.

- **Program Integrity**: Secretary establishes monitoring programs to minimize fraud, waste, and abuse for these organizations.

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**Example Benefit: Medically Tailored, Home-delivered Meals**

**Evidence of Effectiveness**

Evidence shows that medically tailored, home-delivered meals provided 2 weeks post-discharge reduces hospital readmissions for certain patients with chronic conditions.

**Standards for Benefits and Coverage**

Secretary authorizes Medicare coverage of and criteria for medically-tailored meals post hospital discharge for those receiving care management services.

**Certification of no Aggregate Cost Increase**

CMS Office of the Actuary certifies that the benefit will not increase total cost of care, and CMS identifies suppliers.

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**Patient Experience**

**Medically-complex patient**

FFS patient with heart disease and diabetes has a history of emergency room visits, hospital readmissions or post-acute care.

**Assessment**

At discharge, the ACO or provider in a model that includes care management determines that patient meets criteria for medically-tailored meals post hospital discharge.

**Patient Referral**

ACO or provider provides patient or representative with a list of HHS-authorized providers.

**Sign-up**

Patient, family member or case manager signs patient up for meals.

**Averted Visit**

Patient manages their conditions at lower-risk of hospital readmission or emergency room visits resulting in lower Medicare spending.