

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

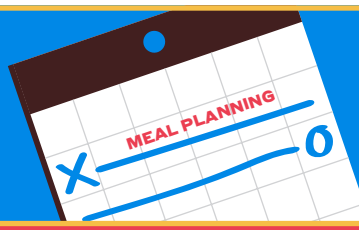
Suppliers or Providers

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

Example Benefit: Medically Tailored, Home-delivered Meals



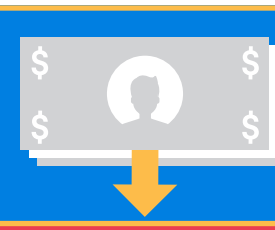
Evidence of Effectiveness

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

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.