

EXECUTIVE BRIEFING

Contract year 2025 policy and technical changes to Medicare Advantage

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<https://www.healthscape.com/insights/contract-year-2025-policy-and-technical-changes-to-medicare-advantage>

CMS recently released its proposed rule for Medicare Advantage Organizations (MAOs) and Part D sponsors for contract year 2025. While the proposed rule outlines meaningful policy and technical changes to the Medicare program (e.g., behavioral health, health equity, agent/broker compensation, D-SNP integration), we found the changes surrounding supplemental benefits particularly interesting.

We have summarized the proposed changes to Supplemental Benefit reporting and Special Supplemental Benefits for the Chronically Ill (SSBCI) evidence requirements, implications for MAOs, and considerations for plans as they prepare for these potential changes.

Key highlights are outlined below but feel free to download our analysis to learn more.

What May Change?

- **Supplemental Benefit Reporting:** Plans must provide a mid-year notification to each enrollee of the supplemental benefits available to them and which benefits they have not used.
- **SSBCI Evidence:** Plans must establish a bibliography of relevant acceptable evidence that an item or service offered as an SSBCI has a reasonable expectation of improving or maintaining the health or overall function of a chronically ill enrollee, apply objective policies to establish whether an enrollee is eligible to receive an SSBCI, and document when enrollees are determined to be ineligible.

How Can MAOs Begin to Prepare for Potential Changes?

- Ensure access to needed member-level utilization data from vendors and develop a strategy to aggregate reporting information across numerous supplemental benefit vendors.

- Understand financial implications of benefit utilization changes based on the contractual structure of the benefits offered (e.g., capitated vs. utilization based, pricing based on utilization).
- Determine availability of published studies on services offered under SSBCI.
- Evaluate the supplemental benefit product portfolio to ensure that supplemental benefits are driving value to the plan (e.g., improved health outcomes, medical cost reduction, increased member satisfaction and retention).

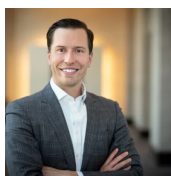
How Can HealthScape Help?

- Irrespective of the outcome of the proposed rule, given the significant financial headwinds facing plans and impacting the bid process, MAOs should assess the value of their supplemental benefit portfolio to make strategic decisions on benefit offerings.
- HealthScape has supported health plans across the nation to generate data-driven insights on the impact / value of select supplemental benefits to inform strategic decision-making for upcoming bid-cycles and identify operational implications to enhance the value of these benefits to the plan.
- This analysis supports decisions to expand, modify, reduce, or terminate existing supplemental benefits.

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