

Metro and Non-Metro Medicare Advantage Plan Offerings of Nonmedical Supplemental Benefits

September 2023

ATI Advisory

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Introduction

Purpose

This databook presents an analysis of variability in Medicare Advantage nonmedical supplemental benefit offerings by geography and metro/non-metro areas. The goal of this analysis is to expand stakeholder understanding of equity in benefit offerings across the country.

TOPLINE FINDINGS

- Nonmedical supplemental benefits are not offered in an equitable manner across metro and non-metro areas:
 - There are more plans – and a statistically significant higher proportion of plans – offering nonmedical benefits in metro areas than in non-metro areas. There is also higher enrollment in plans offering nonmedical benefits in metro areas.
 - Only 0.1% (36k people) of Medicare beneficiaries living in a metro area have no MA plans offering nonmedical supplemental benefits; nearly 5% (224k people) of rural beneficiaries live in a county with no plans offering nonmedical supplemental benefits
- The top five nonmedical supplemental benefits – each offered by 10 percent or more of plans – are similar across metro and non-metro areas:



**Food &
Produce**



**In-Home Support
Services**



**Social Needs
Benefit**



**General Support
for Living**



**Non-Medical
Transportation**

Policy Implications:

The *presence* of offerings does *not equate to meaningful access* to benefits. Challenges can exist in accessing benefits, particularly in rural areas with long travel times.

→ This data points to an opportunity for plan leaders and policymakers to examine benefit utilization data across metro and non-metro areas, to access if members are equitably accessing benefits across geographies. It also points to policy opportunities to better serve rural beneficiaries with few MA choices.

- 1** Medicare Advantage (MA) plans in metropolitan counties are more likely to offer nonmedical supplemental benefits (42% of plans) than plans in micropolitan (36%) and rural counties (34%), which may be due to greater competition in these counties.
- 2** While there are fewer plan options in rural areas compared to metropolitan counties, an average of 10 plans offer at least one nonmedical supplemental benefit, with 5.5 plans open to all Medicare beneficiaries (i.e., non-Special Needs Plans).
- 3** While we observe significant enrollment in MA plans offering a nonmedical supplemental benefit, ranging from 39% of MA enrollment in metropolitan counties to 32% in rural counties, data availability limits our ability to assess beneficiary access to these benefits.

- 4 The most commonly-offered nonmedical benefit in metropolitan counties is Food & Produce (13 plans, on average); while In-Home Support Services (IHSS) is the most common in micropolitan (8 plans) and rural counties (6 plans).
- 5 Special Needs Plans (SNPs) make up at least 40 percent of the plans offering nonmedical supplemental benefits across all county types.
 - SNPs care for high-need populations and tailor benefit packages to care for a wide range of nonmedical needs of beneficiaries.
 - Chronic condition SNPs (C-SNPs) have a larger proportion of plans and a larger proportion of enrollees in plans offering a nonmedical supplemental benefit, likely because SSBCI was created for people with chronic conditions.
 - The most commonly-offered non-medical benefit in D-SNPs of all county types is the same as the overall MA offerings, though Food & Produce is the most common benefit in C-SNPs in all county types.

- Primarily health-related supplemental benefits in Medicare Advantage (MA) have been available since the program's inception.
- In 2018, CMS released guidance to expand the definition of "Primarily Health-Related" (EPHRB) and Congress passed the *CHRONIC Care Act* of 2018,¹ which created the Special Supplemental Benefits for the Chronically Ill (SSBCI).
- These two actions expanded the types of nonmedical supplemental benefits that beneficiaries could utilize to improve their health and wellbeing.
- Flexibilities in the Value-Based Insurance Design (VBID) model and changes to allow flexibility to uniformity requirement of primarily health-related benefits (UF) also allowed new pathways for MA plans to offer benefits.

This report describes the availability of these nonmedical supplemental benefits in 2023, the enrollment in plans that offer these benefits, and the differences between the two through a metro vs. non-metro lens.

In this report, we focus on the 15 benefits listed below.

- 10 SSBCI and “other” category, which are non-primarily health-related benefits created from the CHRONIC Care Act of 2018.
- 5 EPHRB that are new primarily health-related benefits that were not previously offered in MA before 2019.

Benefit Category	Authorities	Benefits	
<p>Special Supplemental Benefits for the Chronically Ill (SSBCI)</p>	<p>Can be offered through SSBCI or Value-Based Insurance Design (VBID) model</p>	<ul style="list-style-type: none"> • Food & Produce • Meals (beyond a limited basis) • Pest Control • Transportation for Non-Medical Needs • Indoor Air Quality Equipment and Services 	<ul style="list-style-type: none"> • General Supports for Living • Social Needs Benefit • Complementary Therapies • Services Supporting Self-Direction • Structural Home Modifications • “Other”
<p>Expanded Definition of Primarily Health-Related Benefits (EPHRB)</p>	<p>Can be offered through EPHRB, SSBCI, VBID, or Uniform Flexibility (UF)</p>	<ul style="list-style-type: none"> • In-Home Support Services • Adult Day Health Services • Home-Based Palliative Care 	<ul style="list-style-type: none"> • Support for Caregivers of Enrollees • Therapeutic Massage

County Definitions:

- Analysis focuses on counties because plan benefit packages are set at the county level.
- This databook includes all 3,162 counties and county-equivalents in the 50 states, Washington DC, and Puerto Rico that have at least one Medicare Advantage plan in 2023.
- Based on [Urban Influence Codes](#) (See appendix for definitions)



Medicare Advantage (MA) Plan:

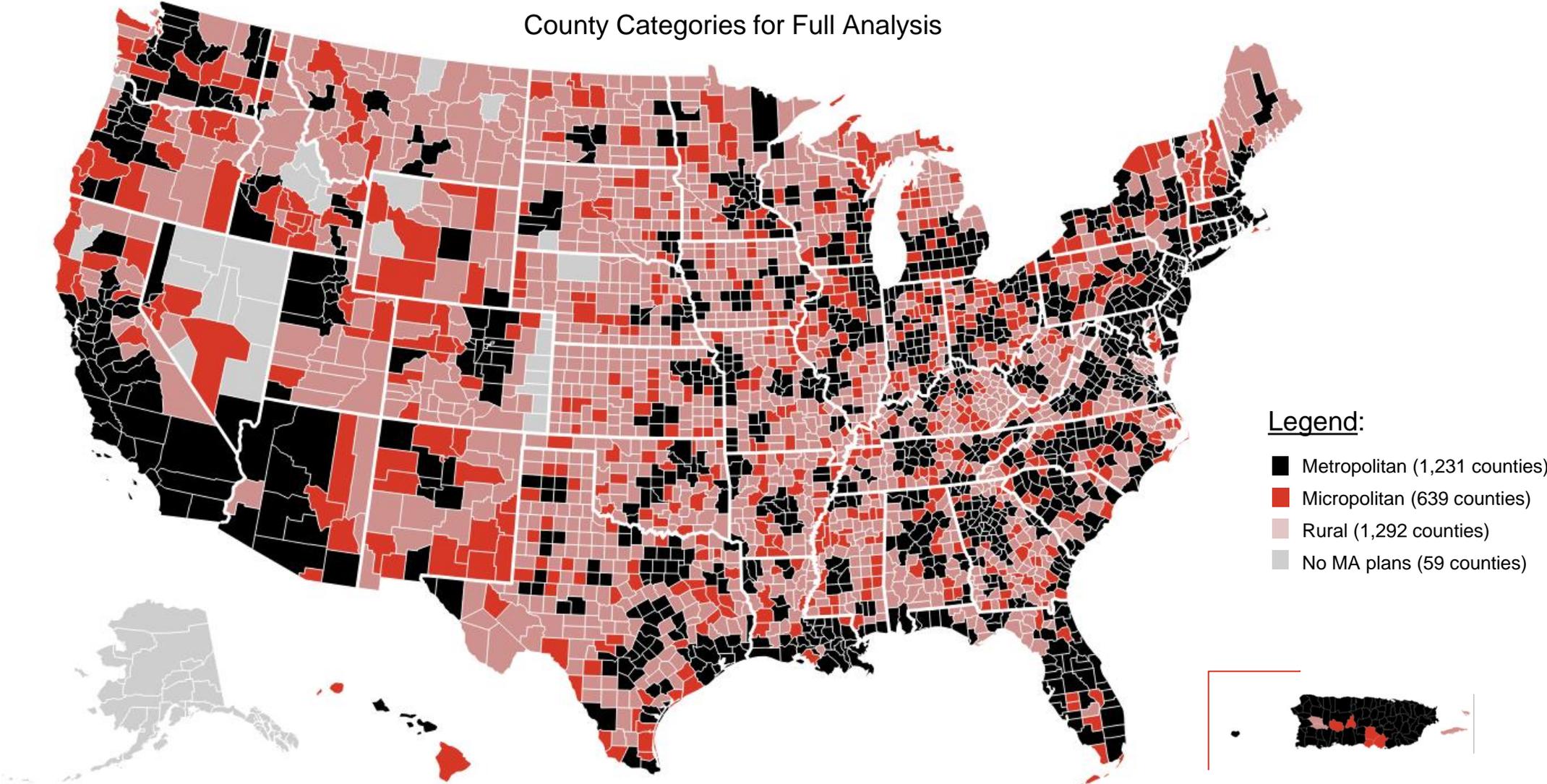
- An MA plan is the combination of a Contract ID, Plan ID, and Segment ID.
- Analyses includes Special Need Plans (SNPs) and non-SNPs. Excluded plans are EGHPs, PDPs, MMPs, Part B-only plans, and PACE.*
- Enrollment is from May 2023.

Benefit Offering:

- A plan is considered “offering a benefit” if its Plan Year 2023 plan benefit package (PBP) lists at least one of the benefits on [page 7](#).
- A benefit can be offered through any of the available authorities on [page 7](#).

MAP OF COUNTY CATEGORIES BASED ON 2013 URBAN INFLUENCE CODES

County Categories for Full Analysis

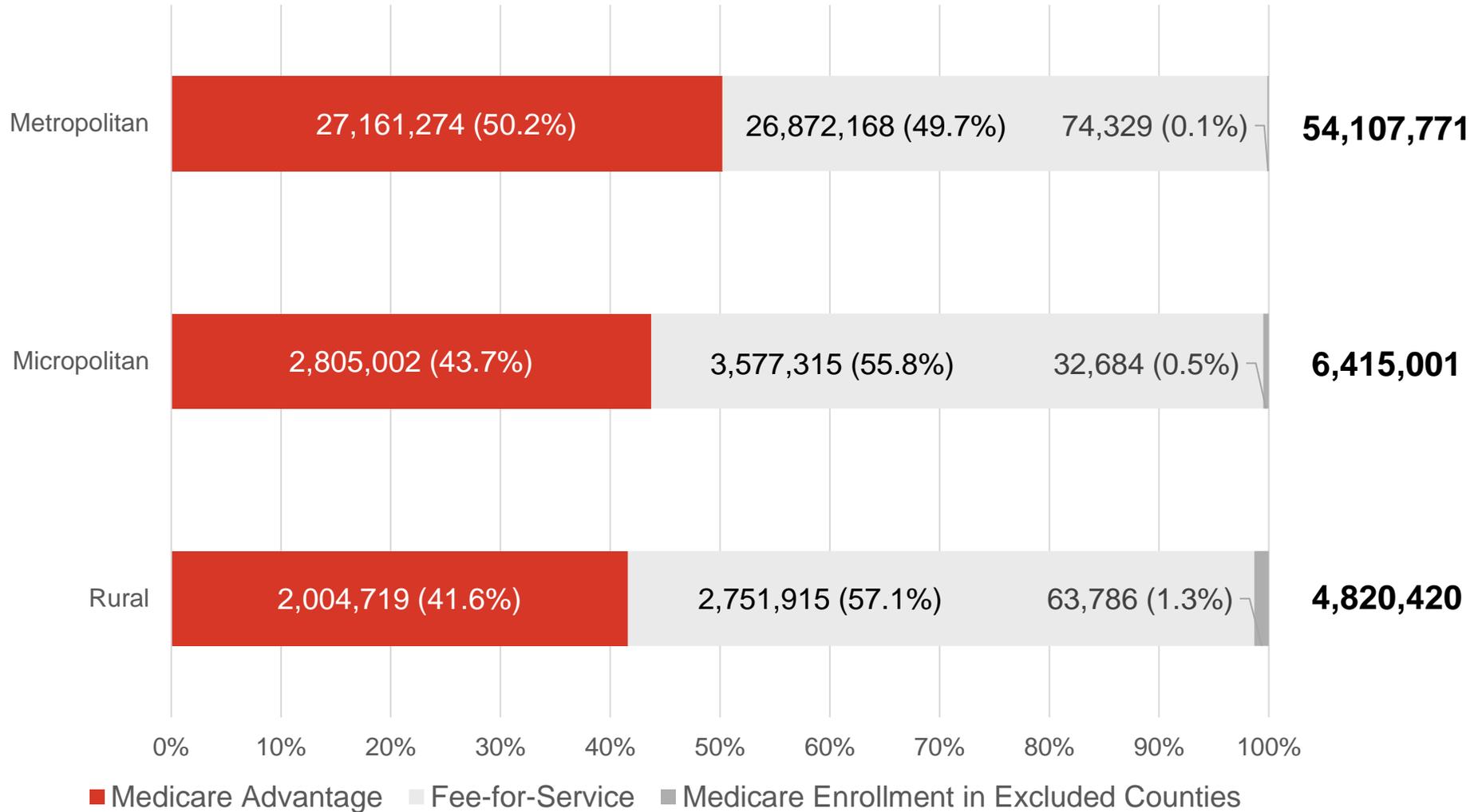


Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

Medicare Enrollment

MEDICARE ENROLLMENT BY COUNTY TYPE

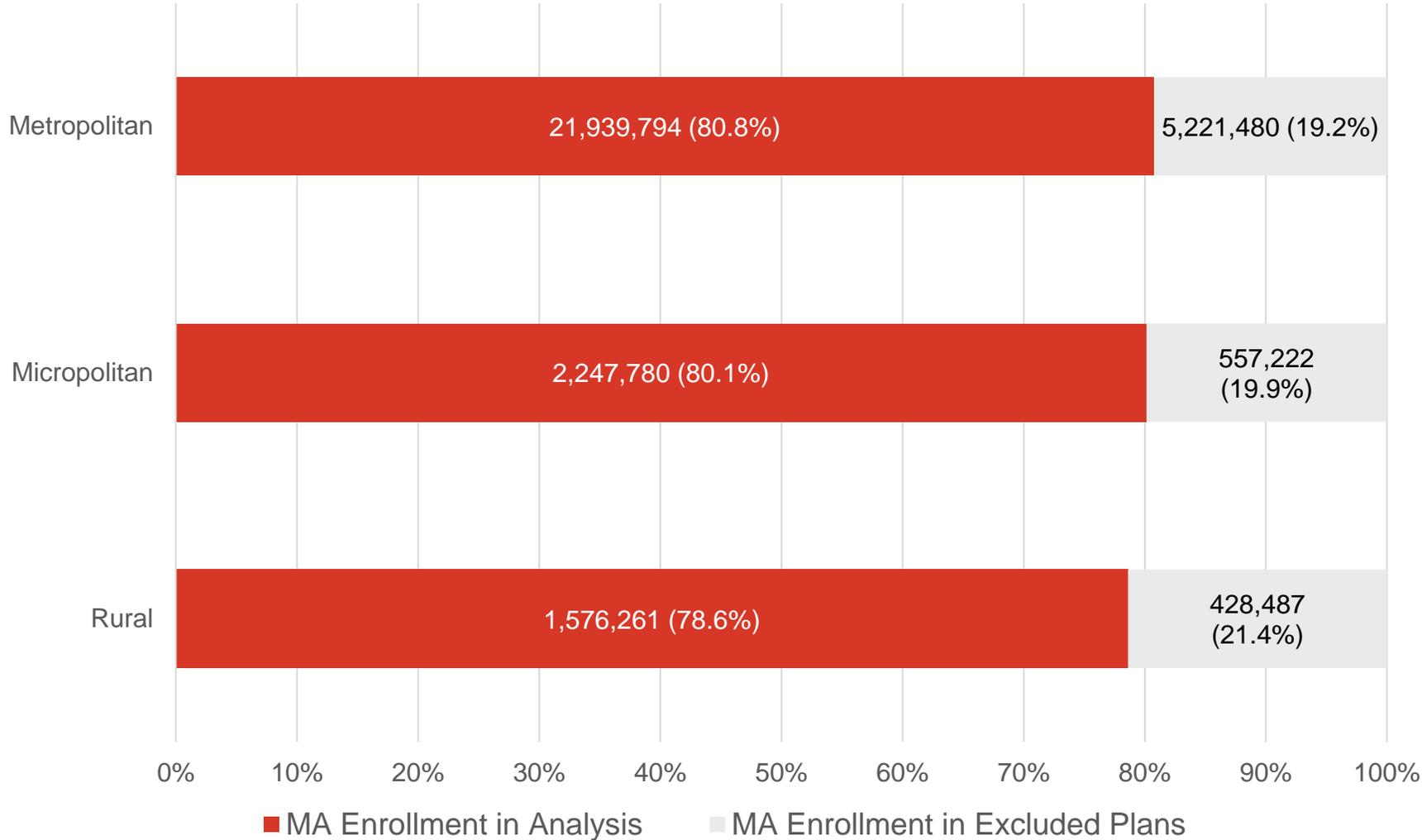
Medicare Enrollment, May 2023



Enrollment in Medicare Advantage is **>50%** of total Medicare enrollment in metropolitan counties and **>40%** in micropolitan and rural counties.

MEDICARE ADVANTAGE ENROLLMENT BY COUNTY AND INCLUSION IN ANALYSIS

Medicare Advantage Enrollment, May 2023



We exclude Employer Plans, PACE, MMPs, and Part B-only plans, which limit enrollment and whose authorities are different from general MA plans. The remaining enrollment reflects 80.6% of MA enrollment and is the focus of this databook.

Benefit Availability in Medicare Advantage

AVAILABILITY OF NONMEDICAL SUPPLEMENTAL BENEFITS, NATIONALLY

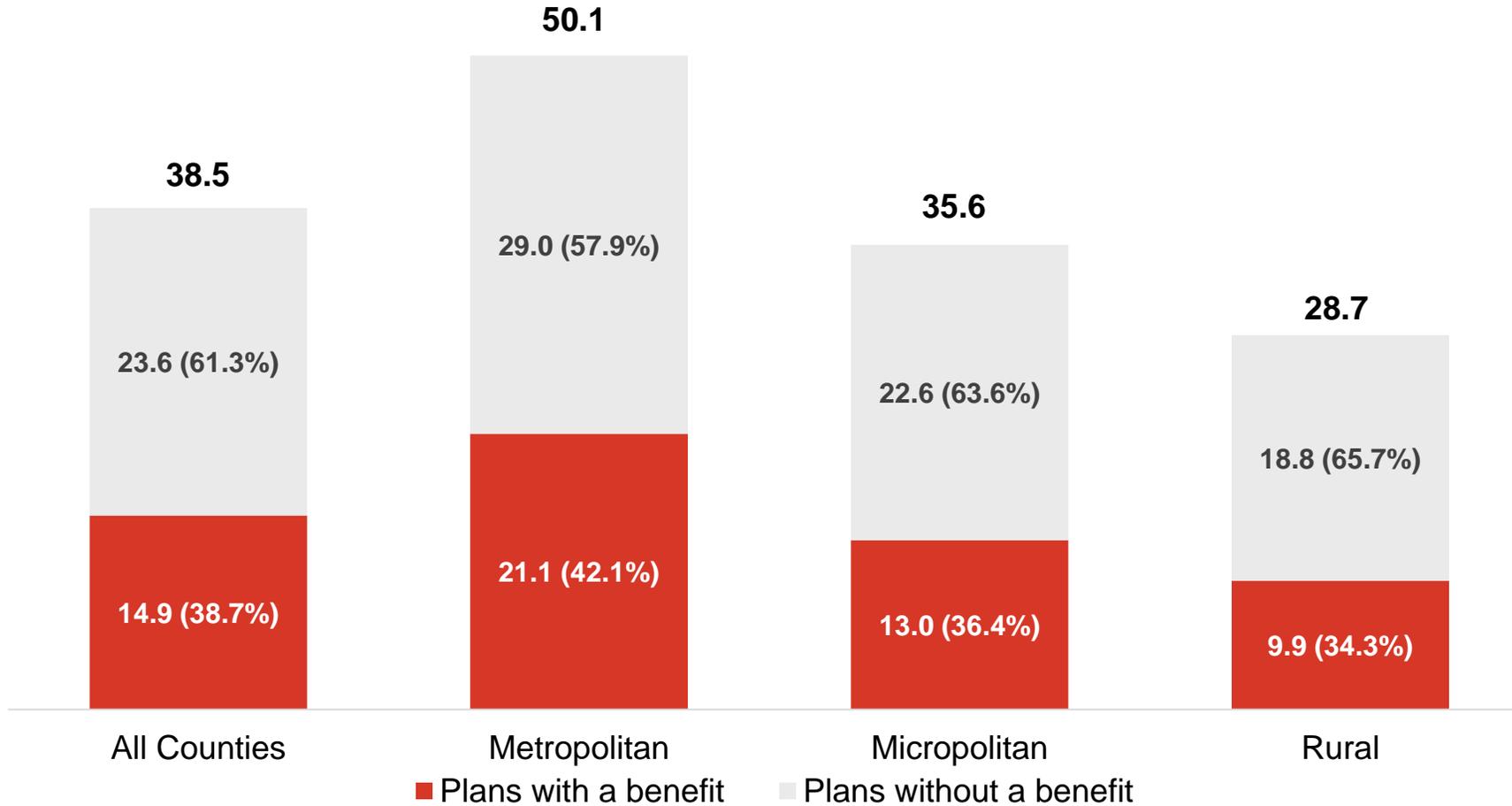
County Type	Number of Counties with at Least One MA Plan Offering a Nonmedical Supplemental Benefit	Total Medicare Enrollment / MA Enrollment	Number of Counties with No Plans Offering a Nonmedical Supplemental Benefit	Total Medicare Enrollment/ MA Enrollment	Number of Excluded Counties with No General MA Plans	Total Medicare Enrollment
 Metropolitan	1,227 (99.3%)	53,997,429 (99.8%) / 21,935,604 (99.9%)	4 (0.3%)	36,013 (0.1%) / 4,190 (0.1%)	5 (0.4%)	74,329 (0.1%)
 Micropolitan	606 (93.8%)	6,200,963 (96.7%) / 2,225,342 (99.0%)	33 (5.1%)	181,354 (2.8%) / 22,438 (1.0%)	7 (1.1%)	32,684 (0.5%)
 Rural	1,114 (83.2%)	4,532,809 (94.0%) / 1,544,772 (98.0%)	178 (13.3%)	223,825 (4.6%) / 31,460 (2.0%)	47 (3.5%)	63,786 (1.3%)
Total	2,947 (91.5%)	64,731,201 (99.1%) / 25,705,718 (99.8%)	215 (6.7%)	441,192 (0.7%) / 58,088 (0.2%)	59 (1.8%)	170,799 (0.3%)

Nationally, 99.1% of Medicare beneficiaries and 99.8% of Medicare Advantage (MA) enrollees live in a county with at least one MA plan offering a nonmedical supplemental benefit.

However, a higher proportion of rural Medicare (5.9%) and MA enrollees (2.0%) live in a county with no MA plans offering a nonmedical supplemental benefit.

AVAILABILITY OF ANY NONMEDICAL SUPPLEMENTAL BENEFIT IN ALL MA PLANS, BY COUNTY TYPE

Average Number of MA Plans Offering and Not Offering a Nonmedical Supplemental Benefit, by County Type

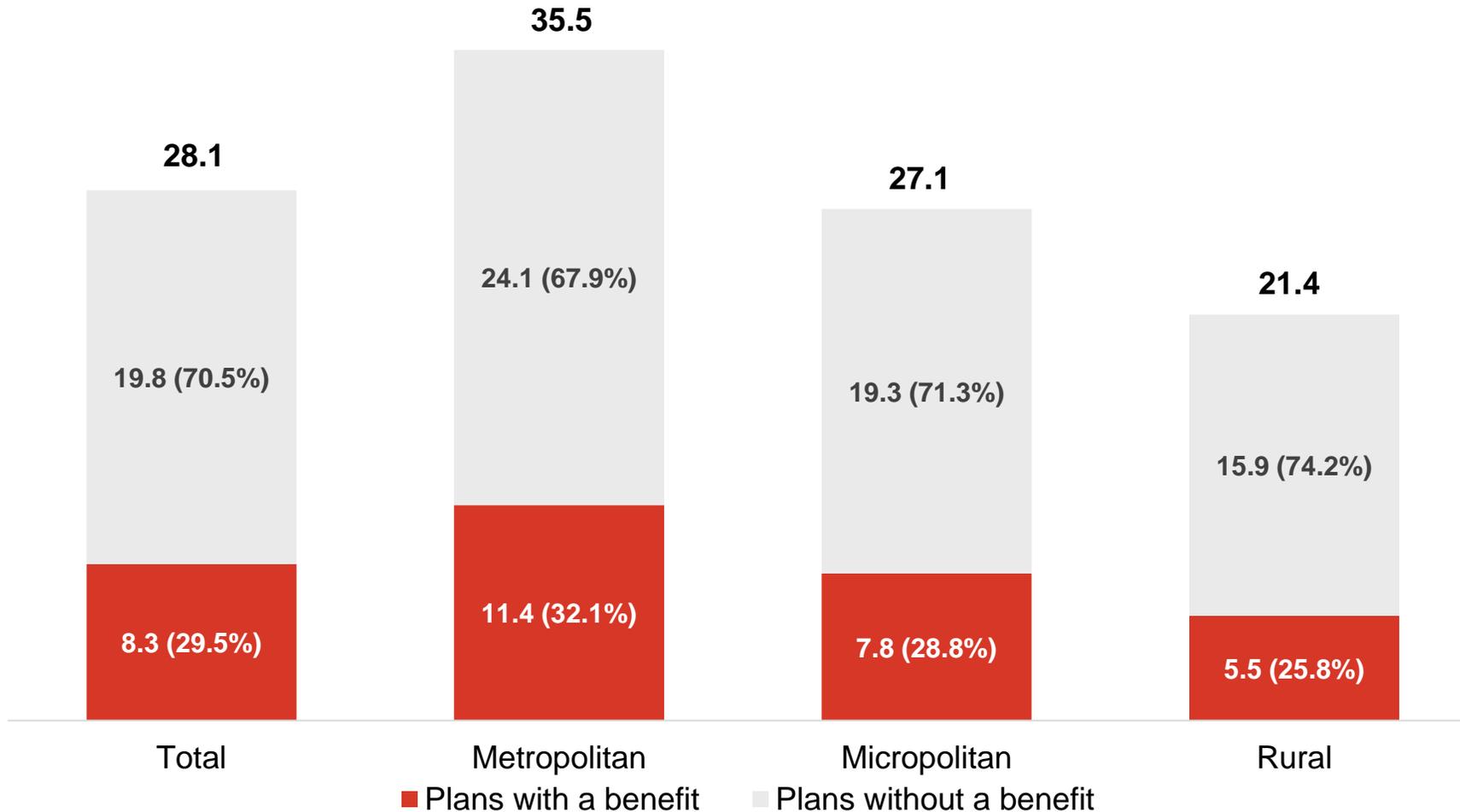


MA beneficiaries living in a metro area have greater access to plans offering a nonmedical supplemental benefit compared to beneficiaries in micropolitan and rural counties.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

AVAILABILITY OF ANY NONMEDICAL SUPPLEMENTAL BENEFIT IN NON-SPECIAL NEEDS PLANS (NON-SNPS), BY COUNTY TYPE

Average Number of Non-SNPs Offering and Not Offering a Nonmedical Supplemental Benefit, by County Type

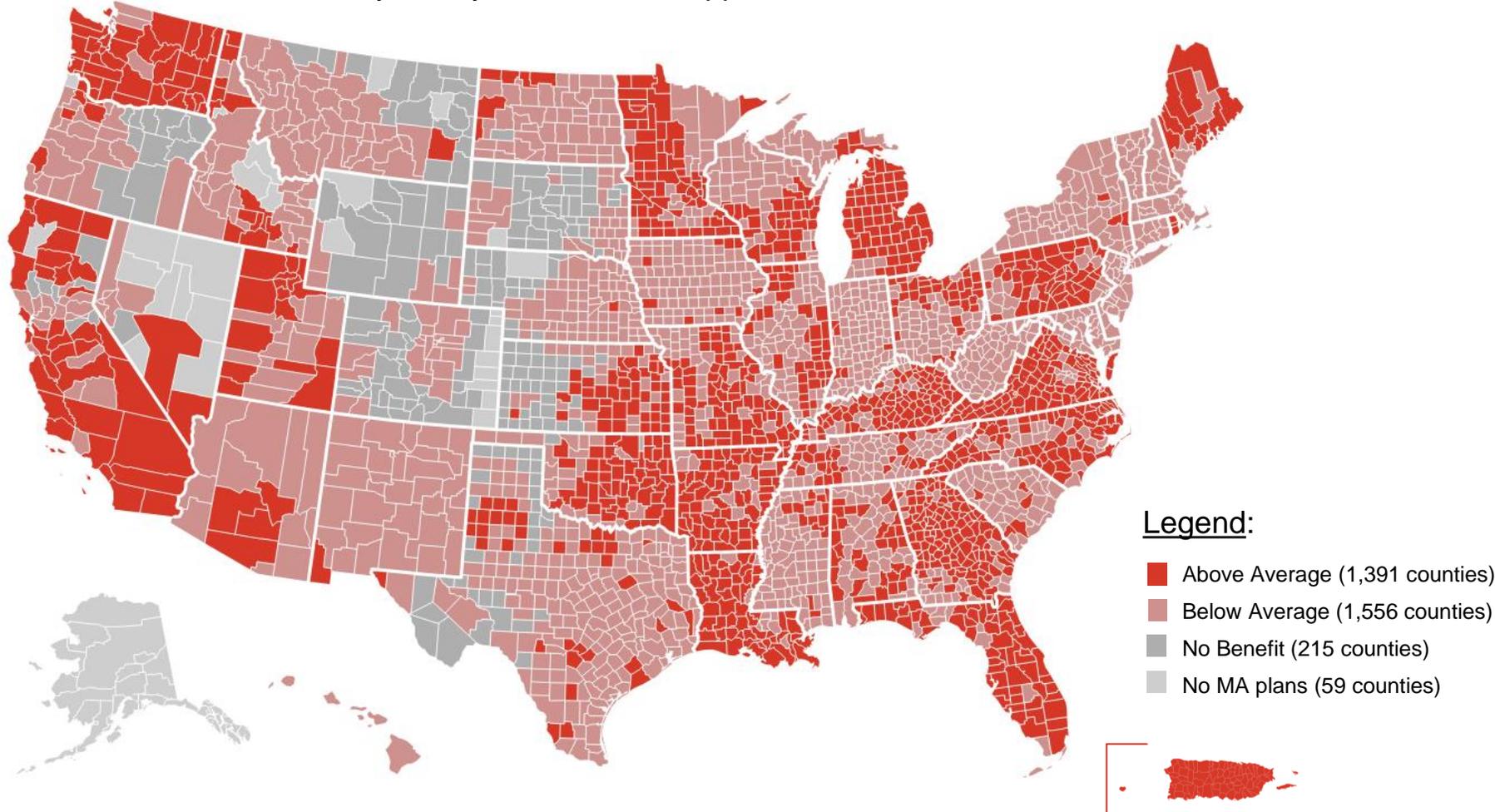


The same pattern holds for non-SNPs (plans available to all Medicare eligibles), where there is a higher availability of plans offering a benefit in metropolitan counties compared to micropolitan and rural counties.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

HEAT MAP OF THE AVAILABILITY OF ANY NONMEDICAL SUPPLEMENTAL BENEFIT

Availability of Any Nonmedical Supplemental Benefit in PY 2023



Nonmedical supplemental benefits are available in 49 states and Puerto Rico, with all counties in 34 states and Puerto Rico having at least one plan offering a benefit.

→ Average is based on proportion of plans offering a nonmedical supplemental benefit by county type:



42.1%
Metro



36.4%
Micro

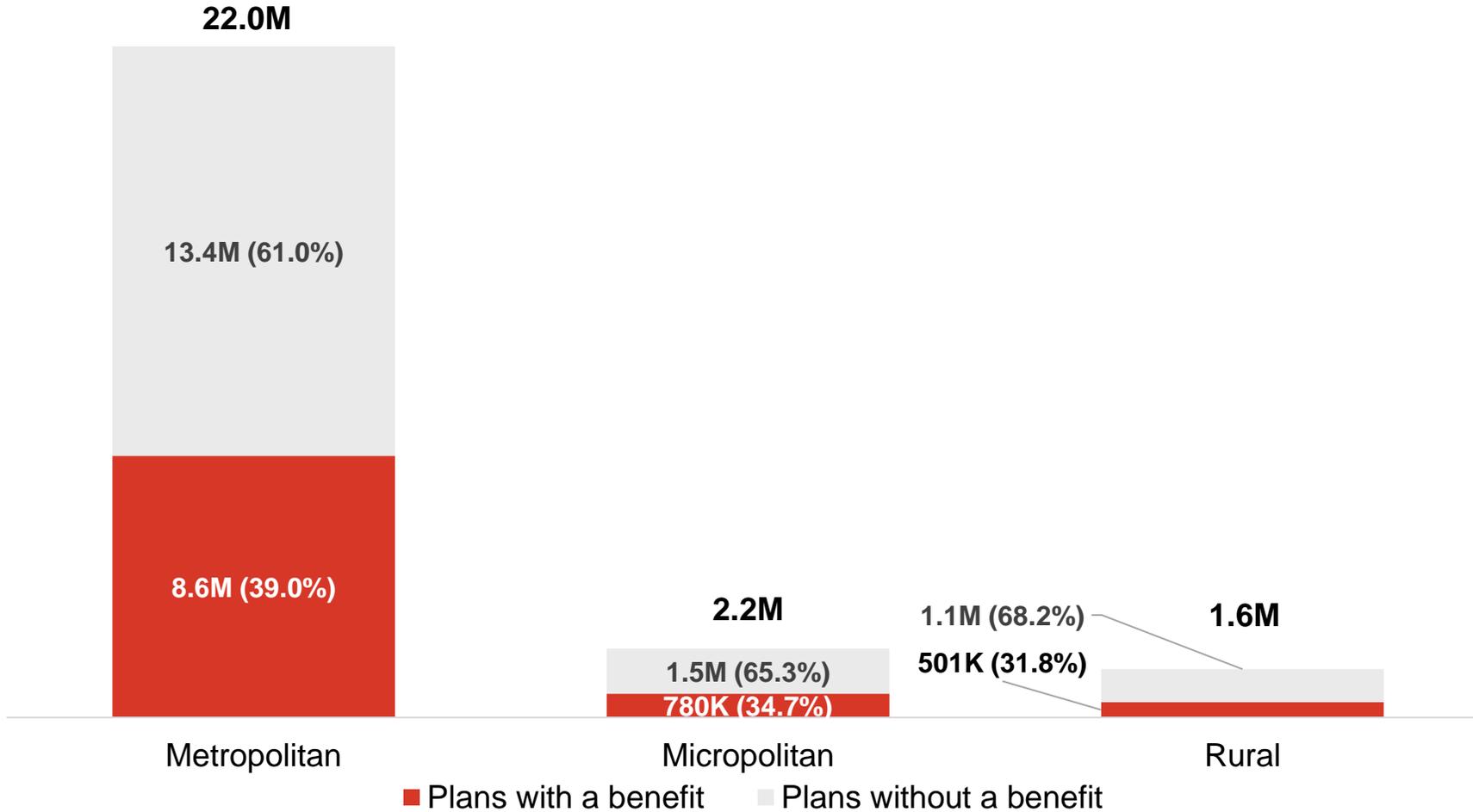


34.3%
Rural

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

TOTAL ENROLLMENT BY NONMEDICAL SUPPLEMENTAL BENEFIT OFFERING, BY COUNTY TYPE

Enrollment in Plan Offering and Not Offering a Nonmedical Supplemental Benefit, by County Type

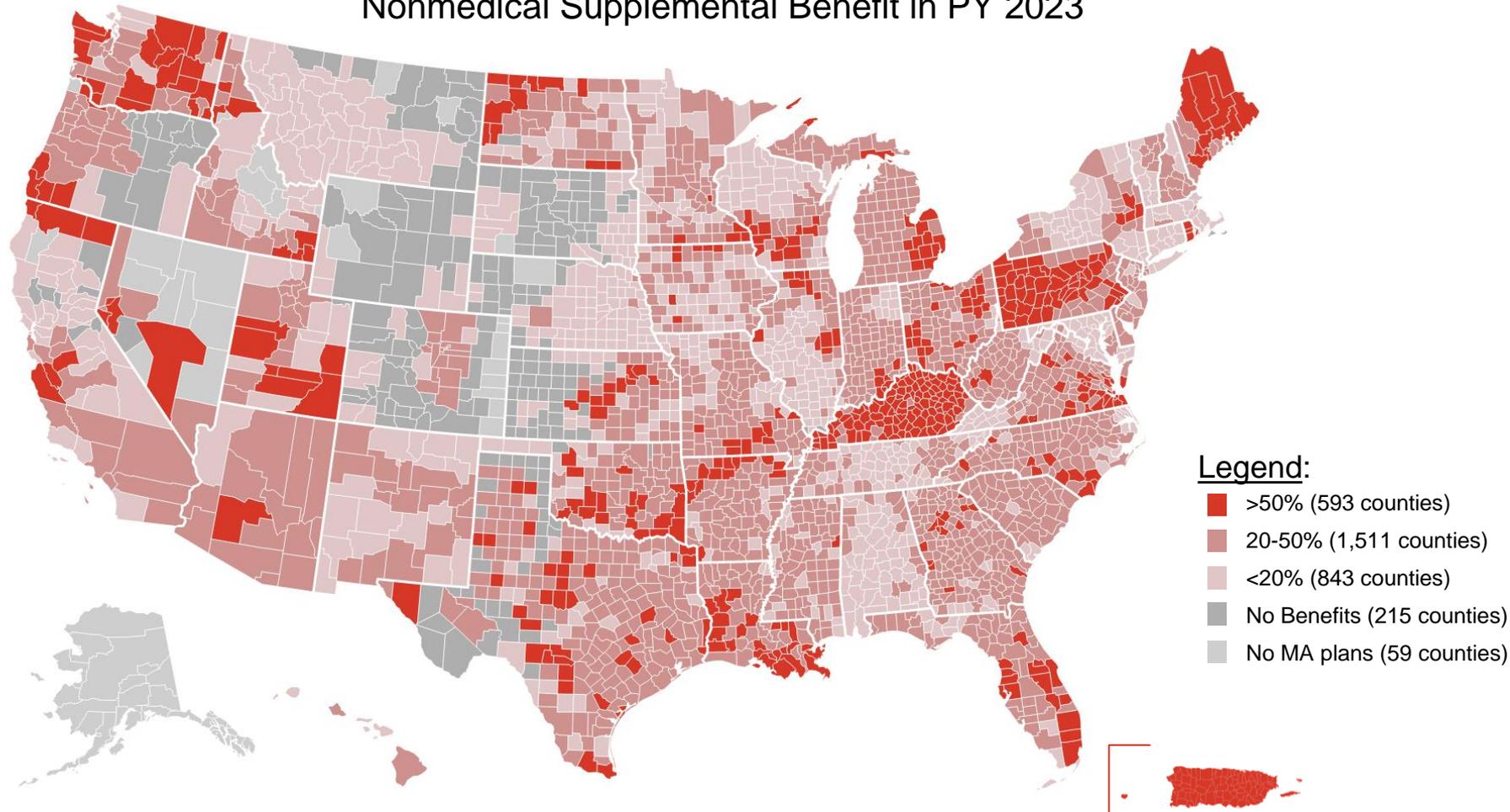


MA beneficiaries living in a metro area are more likely to be enrolled in a plan offering a nonmedical supplemental benefit than beneficiaries in micropolitan and rural counties.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

HEAT MAP OF COUNTY MA ENROLLMENT IN A PLAN OFFERING A NONMEDICAL SUPPLEMENTAL BENEFIT

Proportion of County MA Enrollment in a Plan Offering Any Nonmedical Supplemental Benefit in PY 2023



24% of metropolitan counties have >50% of their MA enrollment in a plan offering a nonmedical supplemental benefit, compared to **18%** of micropolitan and **14%** of rural counties.

→ 270 of the 593 counties with >50% MA enrollment in plans offering a nonmedical supplemental benefit are in KY, ME, PA, PR, and WA.

LARGEST MA ORGANIZATIONS BY TOTAL ENROLLMENT, BY COUNTY TYPE

County Type	MA Organization	Total Enrollment in Plans Offering a Nonmedical Supplemental Benefit	Total Enrollment in Plans Not Offering a Nonmedical Supplemental Benefit
 Metropolitan	United Healthcare	354,203 (5.8%)	5,724,881 (94.2%)
	Humana	2,337,610 (56.3%)	1,813,202 (43.7%)
	CVS/Aetna	476,051 (26.8%)	1,300,562 (73.2%)
	Elevance Health	1,285,541 (86.8%)	195,744 (13.2%)
	Kaiser Foundation	189,001 (14.9%)	1,082,963 (85.1%)
 Micropolitan	United Healthcare	19,096 (3.0%)	625,084 (97.0%)
	Humana	218,104 (38.8%)	343,863 (61.2%)
	CVS/Aetna	67,498 (38.3%)	108,913 (61.7%)
	Elevance Health	139,566 (90.2%)	15,143 (9.8%)
	Centene	48,349 (45.7%)	57,563 (45.3%)
 Rural	United Healthcare	12,129 (2.6%)	458,753 (97.4%)
	Humana	159,907 (37.3%)	268,240 (62.7%)
	Elevance Health	106,094 (92.8%)	8,189 (7.2%)
	CVS/Aetna	35,402 (33.6%)	69,840 (66.4%)
	Centene	32,932 (42.5%)	44,605 (57.5%)

Of the largest MAOs, Elevance has the largest proportion of its total MA enrollment in plans offering a nonmedical supplemental benefit.

Note. Enrollment figures in this table do not necessarily represent total enrollment in all of the MAO's plans.

Sources: CMS PBP Data for PY 2023 Q2. A "plan" is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

MA ENROLLMENT BY NONMEDICAL SUPPLEMENTAL BENEFIT OFFERING IN THE TEN LARGEST METROPOLITAN COUNTIES

County	Enrollment in Plans Offering a Nonmedical Supplemental Benefit	Enrollment in Plans not Offering a Nonmedical Supplemental Benefit	Above or Below Average
Los Angeles County, CA	293,259 (41.1%)	419,832 (58.9%)	Above
Miami-Dade County, FL	279,887 (76.4%)	86,615 (23.6%)	Above
Maricopa County, AZ	171,946 (51.8%)	160,273 (48.2%)	Above
Harris County, TX	126,272 (42.4%)	171,353 (57.6%)	Above
Orange County, CA	107,821 (41.0%)	155,084 (59.0%)	Above
San Diego County, CA	44,614 (17.6%)	209,375 (82.4%)	Below
Cook County, IL	122,305 (49.9%)	122,554 (50.1%)	Above
Riverside County, CA	93,966 (43.1%)	123,865 (56.9%)	Above
Broward County, FL	152,679 (70.1%)	64,987 (29.9%)	Above
Clark County, NV	75,065 (37.7%)	124,029 (62.3%)	Below

Variations between and within states are evident for enrollment in plans offering a nonmedical supplemental benefit. Metros with the highest proportions include Miami and Phoenix.

→ Average based on proportion of enrollment in plans offering a nonmedical supplemental benefit metropolitan counties (39.0%).

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

Benefit Analysis Across County Type

TOP FIVE NONMEDICAL SUPPLEMENTAL BENEFITS BY AVERAGE NUMBER AND PERCENT OF PLANS OFFERING A BENEFIT, BY COUNTY TYPE

Metropolitan

- 1 Food & Produce:**
13.0 plans (25.8%)
- 2 In-Home Support Services (IHSS):**
11.8 plans (23.4%)
- 3 General Support for Living:**
8.9 plans (17.8%)
- 4 Non-Medical Transportation:**
7.8 plans (15.6%)
- 5 Social Needs Benefit:**
6.7 plans (13.4%)

Micropolitan

- 1 IHSS:**
8.0 plans (22.4%)
- 2 Food & Produce:**
6.8 plans (19.2%)
- 3 General Support for Living:**
5.2 plans (14.6%)
- 4 Non-Medical Transportation:**
4.7 plans (13.2%)
- 5 Social Needs Benefit:**
3.5 plans (9.8%)

Rural

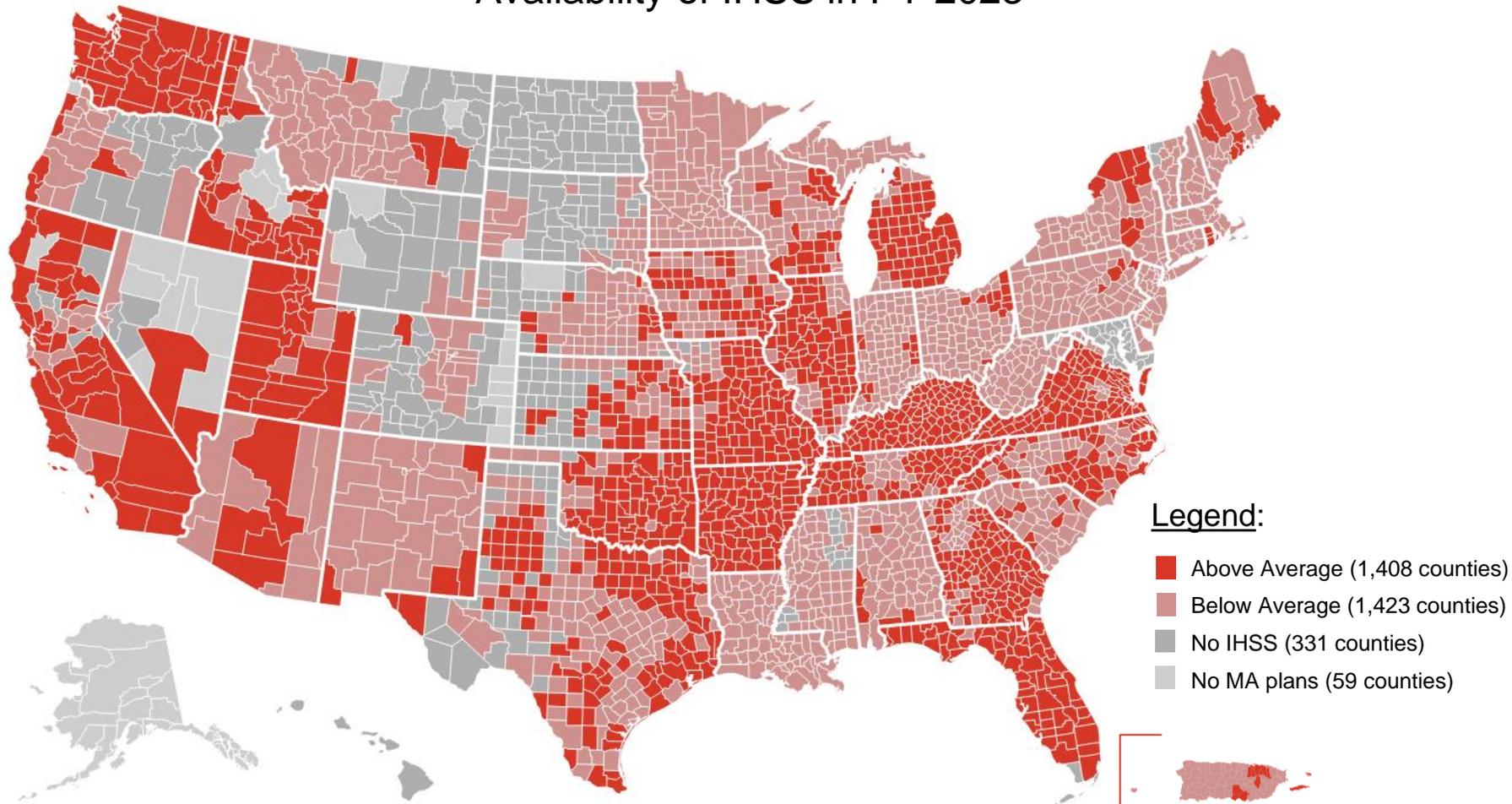
- 1 IHSS:**
6.4 plans (22.2%)
- 2 Food & Produce:**
5.7 plans (20.0%)
- 3 Non-Medical Transportation:**
4.4 plans (15.3%)
- 4 General Support for Living:**
4.3 plans (15.0%)
- 5 Social Needs Benefit:**
2.8 plans (9.8%)

Food & Produce and **In-Home Support Services (IHSS)** are the top two offered nonmedical supplemental benefits in all county types, though Food & Produce is the most common in metropolitan counties and IHSS is the most common in micropolitan and rural counties.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

HEAT MAP OF THE AVAILABILITY OF IN-HOME SUPPORT SERVICES (IHSS) COMPARED TO COUNTY TYPE AVERAGE

Availability of IHSS in PY 2023



IHSS is available in 46 states and Puerto Rico, with all counties in 28 states and Puerto Rico having at least one plan offering IHSS.

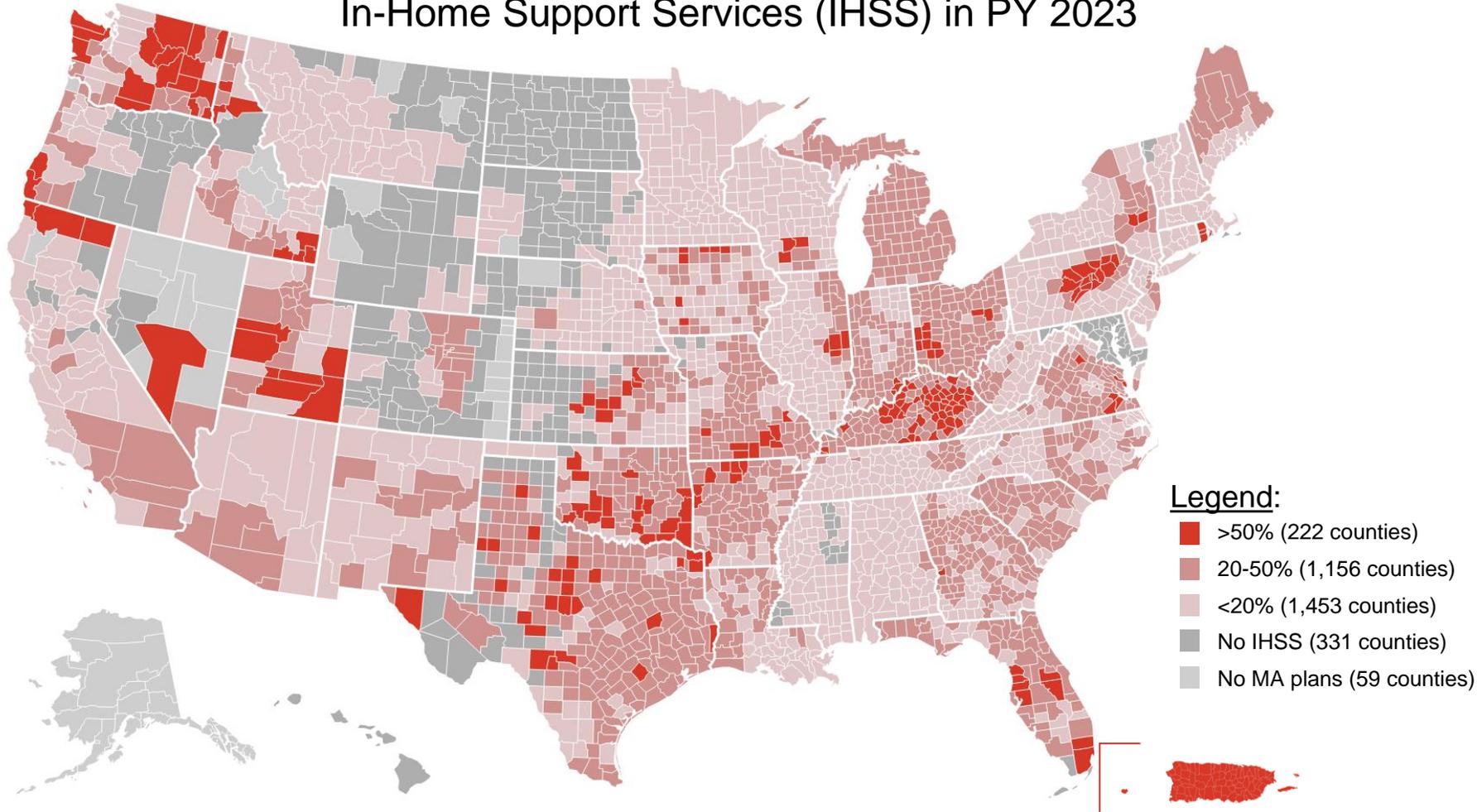
→ Average is based on proportion of plans offering IHSS by county type:



Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

HEAT MAP OF COUNTY MA ENROLLMENT IN A PLAN OFFERING IN-HOME SUPPORT SERVICES (IHSS)

Proportion of County MA Enrollment in a Plan Offering In-Home Support Services (IHSS) in PY 2023



6% of metropolitan counties with plans offering IHSS have >50% of their MA enrollment in a plan offering the benefit, compared to **8%** of micropolitan and **7%** of rural counties.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

MAOS WITH HIGHEST ENROLLMENT IN PLANS OFFERING IN-HOME SUPPORT SERVICES (IHSS), BY COUNTY TYPE

County Type	MAO	Number of Plans Offering IHSS	Enrollment in Plans Offering IHSS (Proportion of Total IHSS Enrollment in County Type)
 Metropolitan	Humana	282	1,969,733 (36.4%)
	Elevance	228	1,025,866 (18.9%)
	Centene	152	475,118 (8.8%)
	All other MAOs	638	1,943,023 (35.9%)
 Micropolitan	Humana	164	175,616 (35.4%)
	Elevance	91	128,300 (25.8%)
	Centene	91	36,795 (7.4%)
	All other MAOs	288	155,846 (31.4%)
 Rural	Humana	130	130,055 (39.5%)
	Elevance	85	104,315 (31.7%)
	Centene	92	27,510 (8.3%)
	All other MAOs	325	67,634 (20.5%)

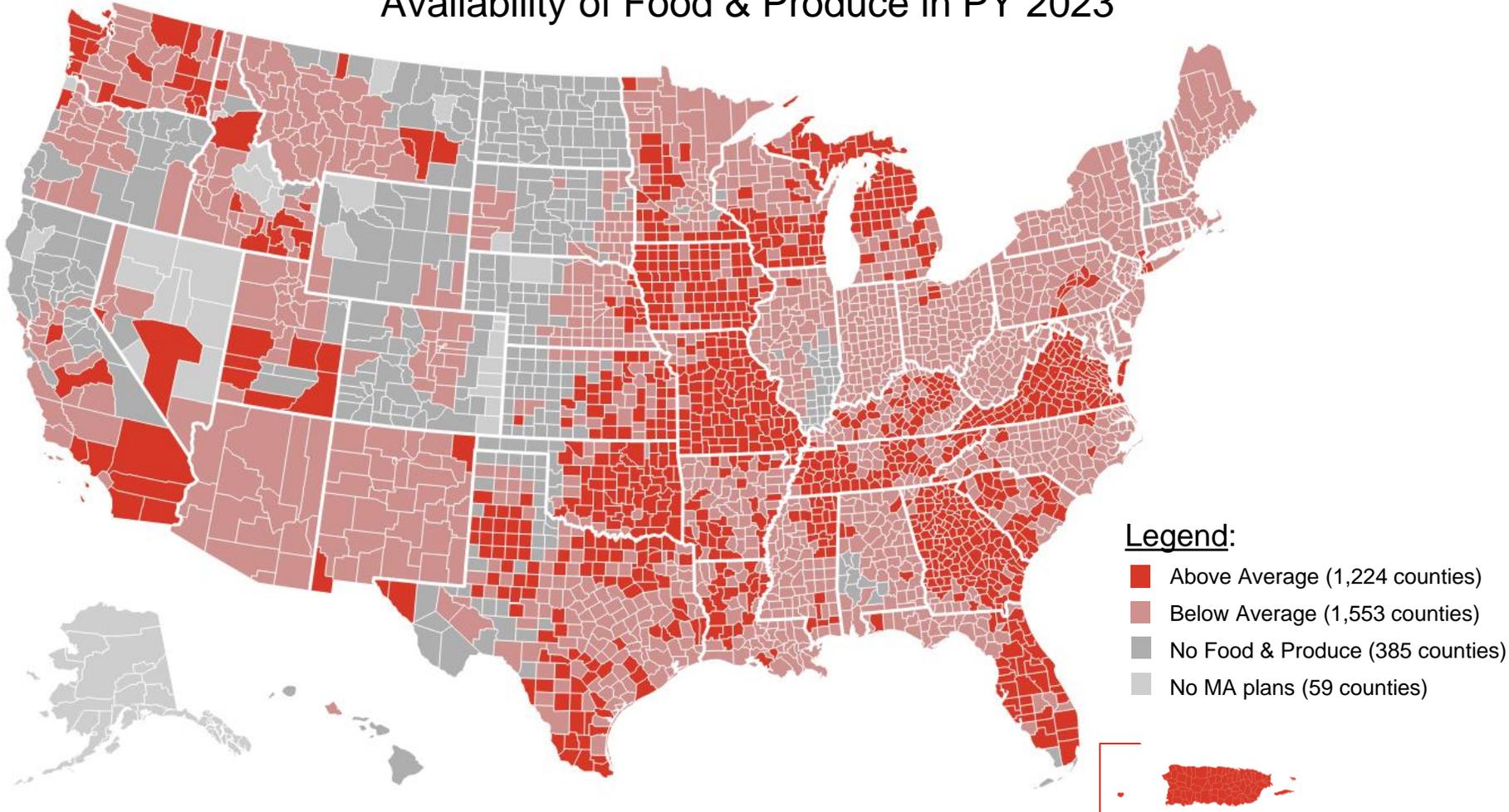
Humana, Elevance, and Centene account for two-thirds of overall enrollment in MA plans offering IHSS, with the highest proportion in rural counties.

Note. Enrollment figures in this table do not necessarily represent total enrollment in all of the MAO's plans.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

HEAT MAP OF THE AVAILABILITY OF FOOD & PRODUCE COMPARED TO COUNTY TYPE AVERAGE

Availability of Food & Produce in PY 2023



Food & Produce is available in 47 states and Puerto Rico, with all counties in 27 states having at least one plan offering Food & Produce.

→ Average is based on proportion of plans offering Food & Produce by county type:



25.8%
Metro



19.2%
Micro

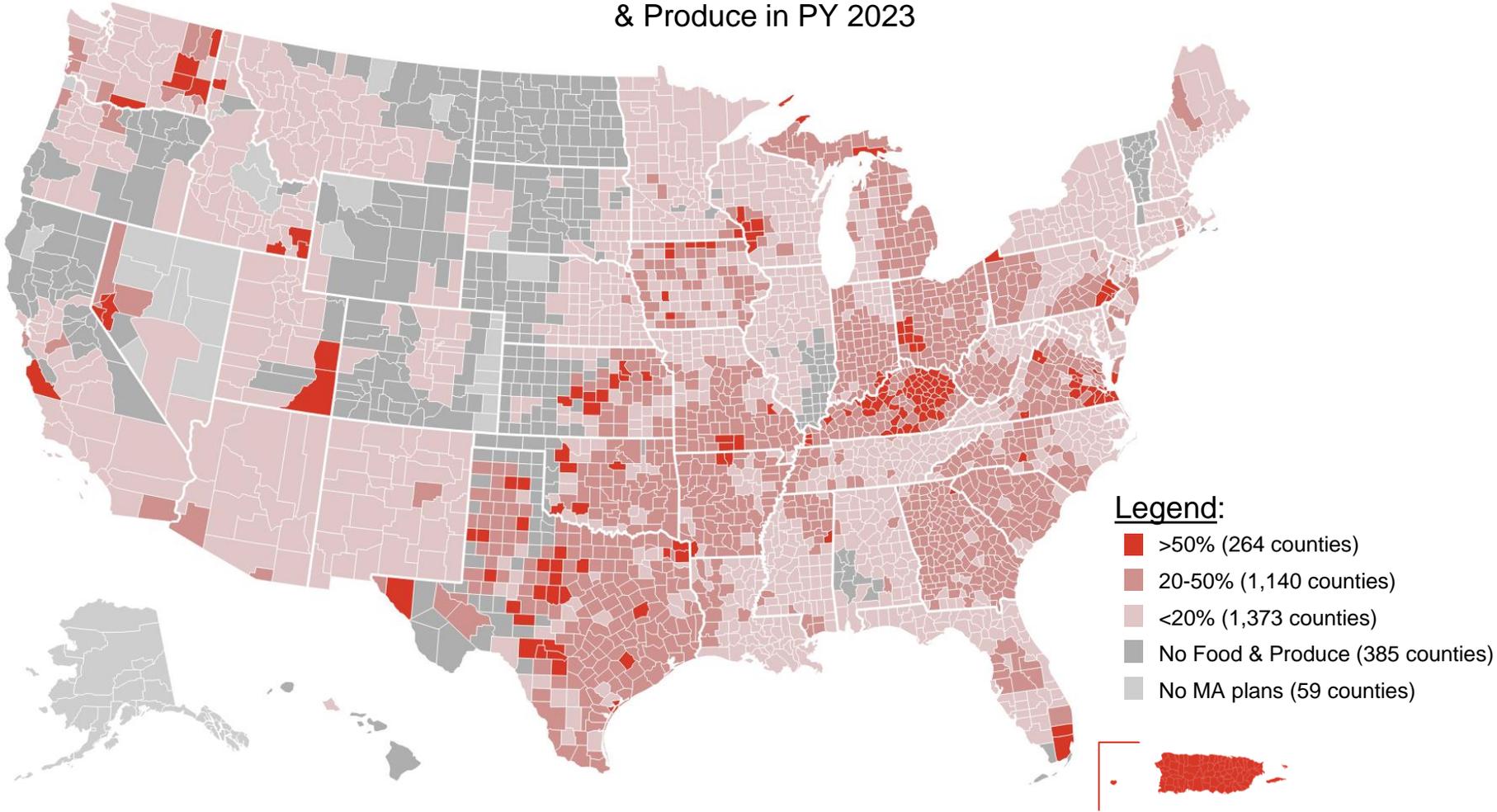


20.0%
Rural

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

HEAT MAP OF COUNTY MA ENROLLMENT IN A PLAN OFFERING FOOD & PRODUCE

Proportion of County MA Enrollment in a Plan Offering Food & Produce in PY 2023



11% of metropolitan counties with plans offering Food & Produce have >50% of their MA enrollment in a plan offering the benefit, compared to **7%** of micropolitan and **6%** of rural counties.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

MAOS WITH HIGHEST ENROLLMENT IN PLANS OFFERING FOOD & PRODUCE, BY COUNTY TYPE

County Type	MAO	Number of Plans Offering Food & Produce	Enrollment in Plans Offering Food & Produce (Proportion of Total Food & Produce Enrollment in County Type)
 Metropolitan	Humana	253	1,547,318 (32.3%)
	Elevance	194	1,125,942 (23.5%)
	CVS/Aetna	134	415,627 (8.7%)
	All other MAOs	640	1,708,813 (35.6%)
 Micropolitan	Humana	152	181,433 (39.2%)
	Elevance	86	125,763 (27.2%)
	CVS/Aetna	87	60,045 (13.0%)
	All other MAOs	281	95,716 (20.7%)
 Rural	Humana	132	137,419 (42.0%)
	Elevance	83	90,477 (27.7%)
	CVS/Aetna	84	34,409 (10.5%)
	All other MAOs	251	64,532 (19.7%)

Humana, Elevance, and CVS/Aetna account for two-thirds of overall enrollment in MA plans offering Food & Produce, with higher proportions in micropolitan and rural counties.

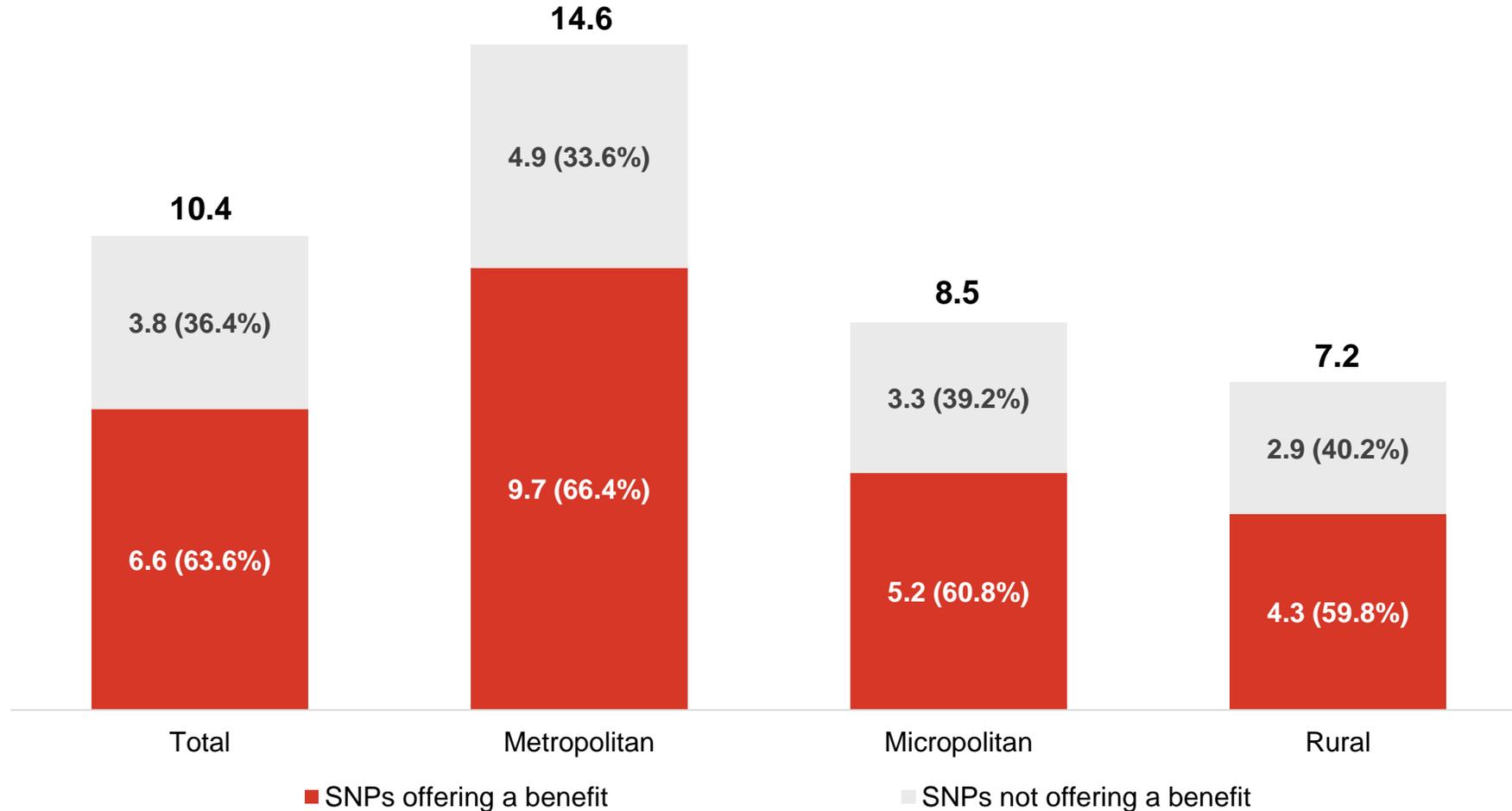
Note. Enrollment figures in this table do not necessarily represent total enrollment in all of the MAO's plans.

Sources: CMS PBP Data for PY 2023 Q2. A "plan" is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

Benefit Availability in Special Needs Plans

AVAILABILITY OF ANY NONMEDICAL SUPPLEMENTAL BENEFIT IN SPECIAL NEEDS PLANS (SNPS), BY COUNTY TYPE

Average Number of Special Needs Plans (SNPs) Offering and Not Offering a Nonmedical Supplemental Benefit, by County Type



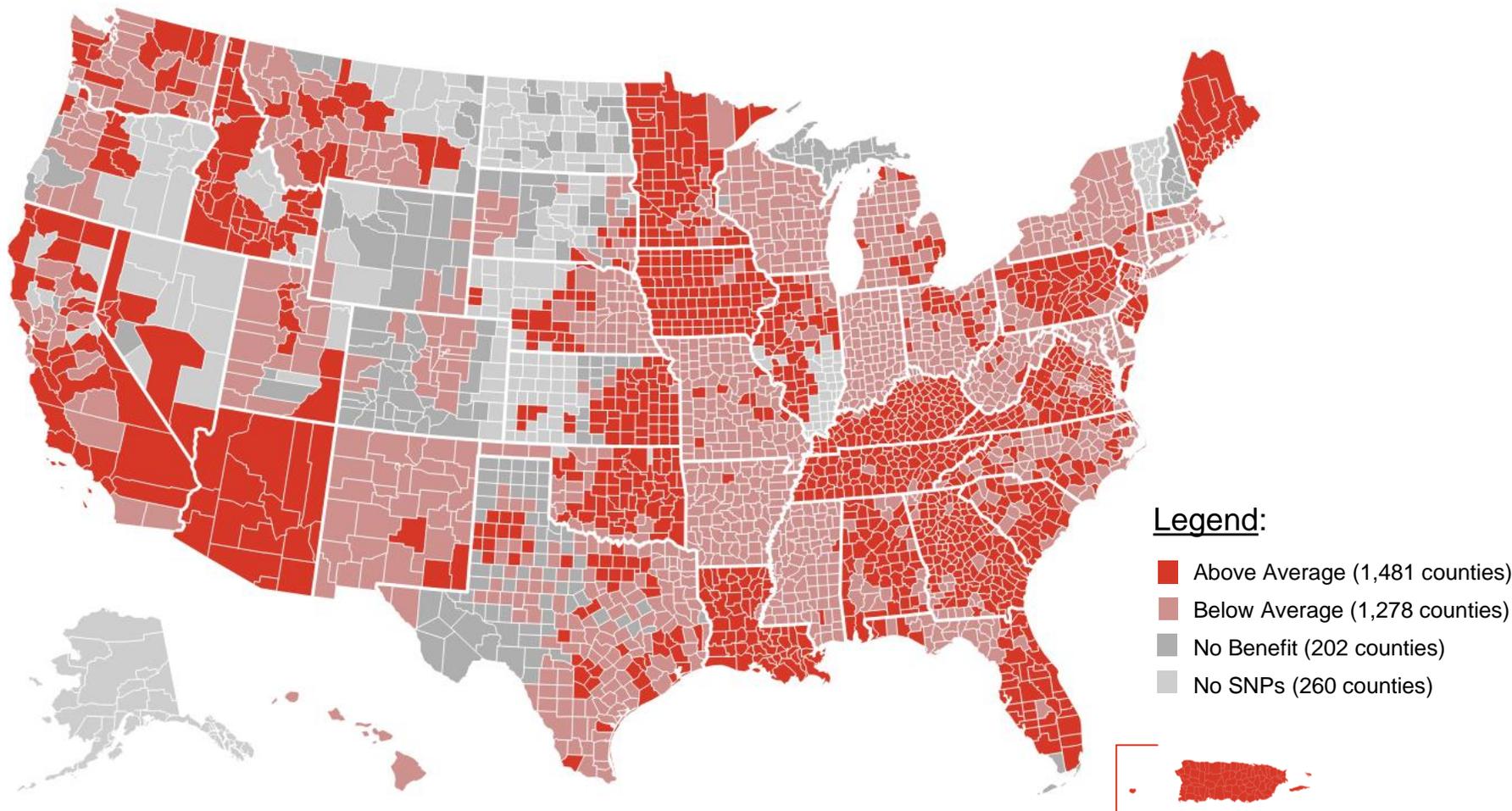
Special needs plans (SNPs) in metropolitan counties are more likely to offer a nonmedical supplemental benefit than SNPs in micropolitan and rural counties.

→ SNPs offer nonmedical supplemental benefits at higher rates than non-SNPs, which is at least in part because enrollees in SNPs are more likely to qualify for SSBCI than enrollees in non-SNPs.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

HEAT MAP OF THE AVAILABILITY OF ANY NONMEDICAL SUPPLEMENTAL BENEFIT IN SPECIAL NEEDS PLANS (SNPS)

Availability of Any Nonmedical Supplemental Benefit in SNPs in PY 2023



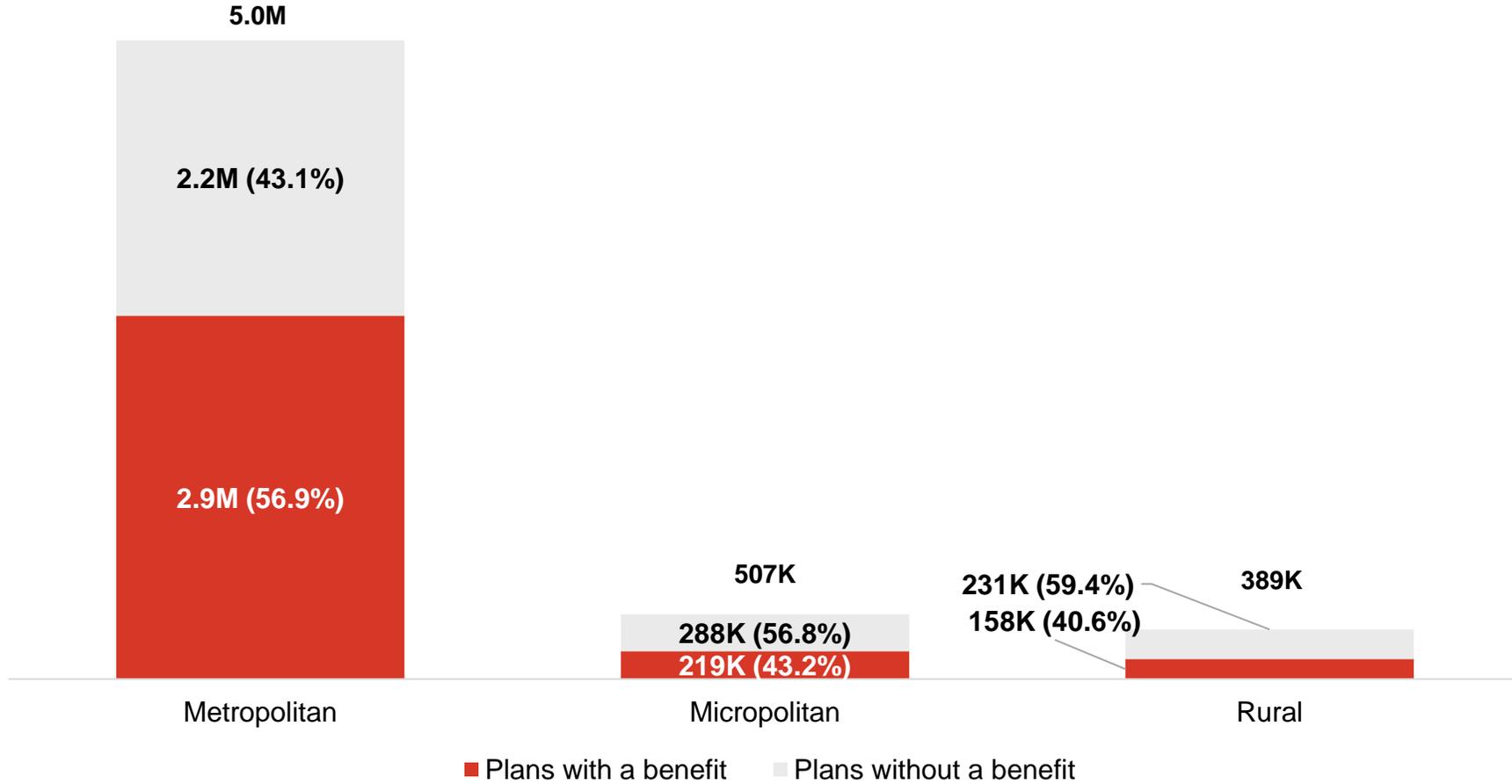
Nonmedical supplemental benefits in SNPs are available in 46 states and Puerto Rico, with all counties in 27 states and Puerto Rico having at least one plan offering a benefit.

→ Average is based on proportion of plans offering a nonmedical supplemental benefit by county type:



TOTAL ENROLLMENT BY NONMEDICAL SUPPLEMENTAL BENEFIT OFFERING IN SPECIAL NEEDS PLANS (SNPS), BY COUNTY TYPE

Enrollment in Special Needs Plans (SNPs) Offering and Not Offering a Nonmedical Supplemental Benefit, by County Type



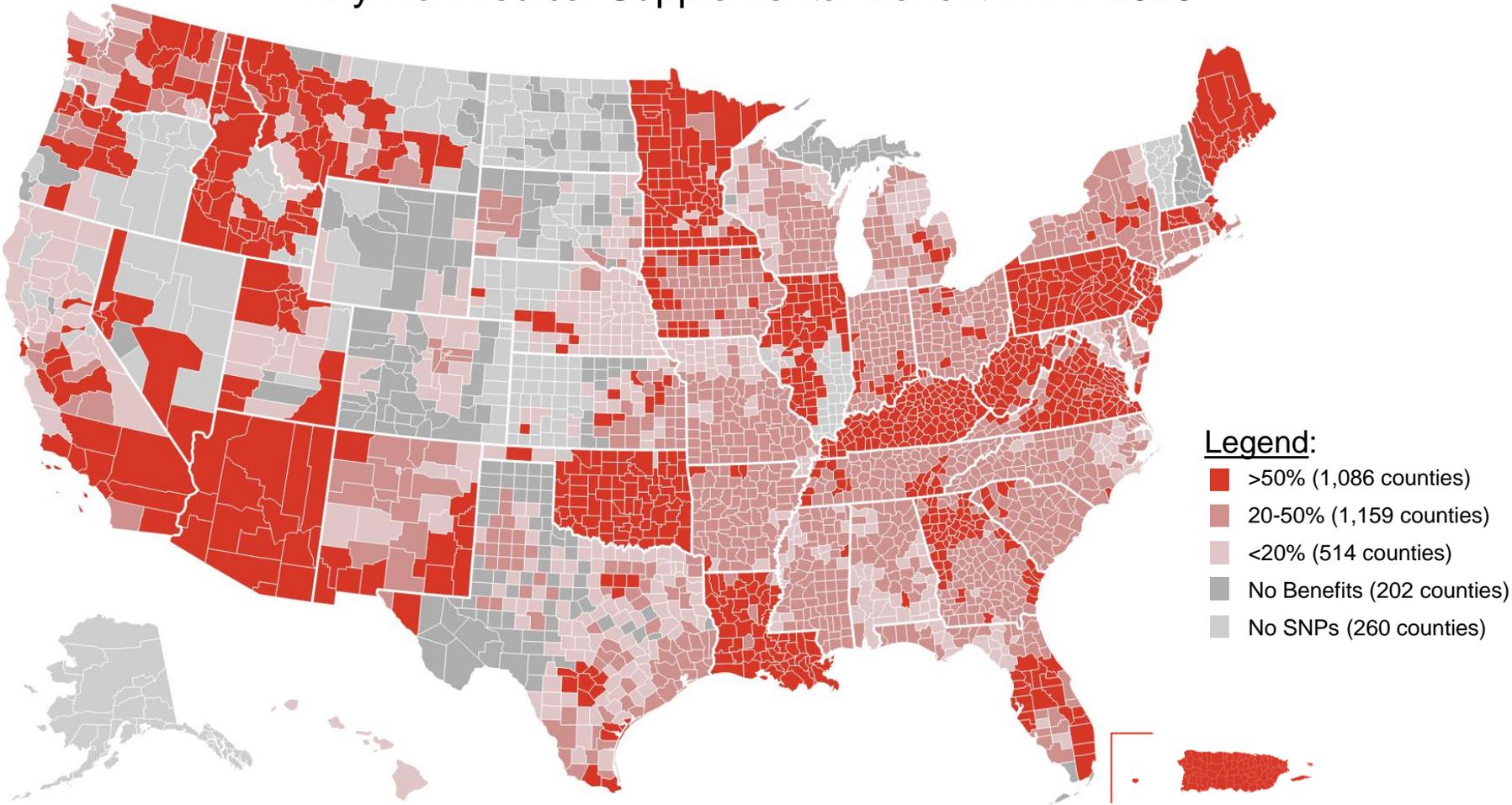
Metropolitan SNP enrollees are more likely to be enrolled in a plan offering a nonmedical supplemental benefit than micropolitan and rural SNP enrollees.

→ SNPs account for the following proportion of county enrollment in plans offering a nonmedical supplemental benefit:



HEAT MAP OF SPECIAL NEEDS PLANS (SNPs) ENROLLMENT IN PLANS OFFERING A NONMEDICAL SUPPLEMENTAL BENEFIT

Proportion of County Special Needs Plan (SNP) Enrollment in a Plan Offering Any Nonmedical Supplemental Benefit in PY 2023



45% of metropolitan counties have >50% of their SNP enrollment in a SNP offering a nonmedical supplemental benefit, compared to 30% of micropolitan and 25% of rural counties.

SPECIAL NEEDS PLAN (SNP) TYPE ENROLLMENT BY COUNTY TYPE AND NONMEDICAL SUPPLEMENTAL BENEFIT OFFERING

County Type	SNP Type	Total Enrollment in SNPs Offering a Nonmedical Supplemental Benefit	Total Enrollment in SNPs Not Offering a Nonmedical Supplemental Benefit
 Metropolitan	Chronic Condition (C-SNP)	318,773 (77.2%)	94,320 (22.8%)
	Dual Eligible (D-SNP)	2,518,239 (55.9%)	1,987,092 (44.1%)
	Institutional (I-SNP)	15,799 (16.8%)	78,551 (83.2%)
 Micropolitan	C-SNP	16,401 (47.9%)	17,814 (52.1%)
	D-SNP	200,482 (43.0%)	265,970 (57.0%)
	I-SNP	2,252 (33.0%)	4,572 (67.0%)
 Rural	C-SNP	10,571 (37.1%)	17,947 (62.9%)
	D-SNP	145,242 (40.7%)	211,431 (59.3%)
	I-SNP	2,296 (55.4%)	1,850 (44.6%)

Metropolitan enrollees in C- & D-SNPs are more likely to be enrolled in a SNP with a nonmedical supplemental benefit compared to micropolitan and rural enrollees, while the reverse is true for enrollees in I-SNPs.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP) ENROLLMENT, MA ORGANIZATION, AND NONMEDICAL SUPPLEMENTAL BENEFIT OFFERING, BY COUNTY TYPE

County Type	MA Organization	Total Enrollment in D-SNPs Offering a Nonmedical Supplemental Benefit	Total Enrollment in D-SNPs Not Offering a Nonmedical Supplemental Benefit
 Metropolitan	United Healthcare	207,653 (13.0%)	1,393,352 (87.0%)
	Humana	486,207 (76.1%)	152,881 (23.9%)
	Elevance	496,979 (94.6%)	28,133 (5.4%)
	Centene	302,222 (87.1%)	44,920 (12.9%)
	CVS/Aetna	199,669 (100%)	0 (0%)
 Micropolitan	United Healthcare	8,836 (3.9%)	215,530 (96.1%)
	Humana	55,261 (63.0%)	32,417 (37.0%)
	Elevance	45,216 (97.0%)	1,392 (3.0%)
	Centene	24,656 (82.5%)	5,220 (17.5%)
	CVS/Aetna	18,812 (100%)	0 (0%)
 Rural	United Healthcare	5,973 (3.2%)	179,477 (96.8%)
	Humana	46,165 (65.0%)	24,854 (35.0%)
	Elevance	36,196 (99.1%)	334 (0.9%)
	Centene	17,829 (89.9%)	2,002 (10.1%)
	CVS/Aetna	10,533 (100%)	0 (0%)

The five largest MAOs by D-SNP enrollment, account for 68.5% of enrollment in plans offering a nonmedical supplemental benefit across all county types.

Note. Enrollment figures in this table do not necessarily represent total enrollment in all of the MAO's plans.

Sources: CMS PBP Data for PY 2023 Q2. A "plan" is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

TOP FIVE NONMEDICAL SUPPLEMENTAL BENEFITS BY AVERAGE NUMBER AND PERCENT OF D-SNPS OFFERING A BENEFIT, BY COUNTY TYPE

Metropolitan

- 1 Food & Produce:**
5.4 D-SNPs (51.2%)
- 2 IHSS:**
4.4 D-SNPs (41.5%)
- 3 General Support for Living:**
3.6 D-SNPs (33.7%)
- 4 Non-Medical Transportation:**
3.4 D-SNPs (32.1%)
- 5 Social Needs Benefit:**
2.3 D-SNPs (21.7%)

Micropolitan

- 1 IHSS:**
2.8 D-SNPs (41.3%)
- 2 Food & Produce:**
2.8 D-SNPs (40.6%)
- 3 General Support for Living:**
2.2 D-SNPs (32.9%)
- 4 Non-Medical Transportation:**
2.1 D-SNPs (30.4%)
- 5 Social Needs Benefit:**
1.4 D-SNPs (20.3%)

Rural

- 1 IHSS:**
2.5 D-SNPs (42.5%)
- 2 Food & Produce:**
2.3 D-SNPs (40.4%)
- 3 Non-Medical Transportation:**
2.0 D-SNPs (35.3%)
- 4 General Support for Living:**
1.9 D-SNPs (32.4%)
- 5 Social Needs Benefit:**
1.1 D-SNPs (18.4%)

Food & Produce and **In-Home Support Services (IHSS)** are the top two offered nonmedical supplemental benefits in D-SNPs in all county types, though Food & Produce is the most common in metropolitan counties and IHSS is the most common in micropolitan and rural counties.

Sources: CMS PBP Data for PY 2023 Q2. A "plan" is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

CHRONIC CONDITION SPECIAL NEEDS PLAN (C-SNP) ENROLLMENT, MA ORGANIZATION, AND NONMEDICAL SUPPLEMENTAL BENEFIT OFFERING, BY COUNTY TYPE

County Type	MA Organization	Total Enrollment in C-SNPs Offering a Nonmedical Supplemental Benefit	Total Enrollment in C-SNPs Not Offering a Nonmedical Supplemental Benefit
 Metropolitan	United Healthcare	91,285 (58.2%)	65,659 (41.8%)
	Elevance	87,225 (96.5%)	3,211 (3.5%)
	Humana	55,845 (98.5%)	877 (1.5%)
	Bright Health Group	15,844 (43.3%)	20,718 (56.7%)
	SCAN Group	15,371 (99.1%)	134 (0.9%)
 Micropolitan	United Healthcare	8,295 (31.8%)	17,814 (68.2%)
	Humana	7,165 (100%)	0 (0%)
	MHH Healthcare	537 (100%)	0 (0%)
	Elevance	333 (100%)	0 (0%)
	Centene	43 (100%)	0 (0%)
 Rural	United Healthcare	5,355 (23.0%)	17,947 (77.0%)
	Humana	4,784 (100%)	0 (0%)
	MHH Healthcare	368 (100%)	0 (0%)
	Elevance	53 (100%)	0 (0%)
	Sentara HealthCare	11 (100%)	0 (0%)

Of the top 5 MAOs in metropolitan counties, only United Healthcare and Bright Health Group do not have more than 95% of C-SNP enrollment in a plan offering a nonmedical supplemental benefit. In micropolitan and rural counties, all MAOs except United Healthcare have all C-SNP enrollment in a plan offering a nonmedical supplemental benefit.

Note. Enrollment figures in this table do not necessarily represent total enrollment in all of the MAO's plans.

Sources: CMS PBP Data for PY 2023 Q2. A "plan" is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

TOP FIVE NONMEDICAL SUPPLEMENTAL BENEFITS BY AVERAGE NUMBER AND PERCENT OF C-SNPS OFFERING A BENEFIT, BY COUNTY TYPE

Metropolitan

- 1 Food & Produce:**
1.3 C-SNPs (58.6%)
- 2 IHSS:**
0.8 C-SNPs (36.5%)
- 3 General Support for Living:**
0.8 C-SNPs (35.7%)
- 4 Non-Medical Transportation:**
0.7 C-SNPs (30.7%)
- 5 Social Needs Benefit:**
0.6 C-SNPs (28.7%)

Micropolitan

- 1 Food & Produce**
0.5 C-SNPs (54.0%)
- 2 General Support for Living**
0.3 C-SNPs (28.7%)
- 3 Non-Medical Transportation**
0.3 C-SNPs (27.4%)
- 4 Social Needs Benefit**
0.2 C-SNPs (20.7%)
- 5 IHSS**
0.2 C-SNPs (16.9%)

Rural

- 1 Food & Produce:**
0.5 C-SNPs (48.4%)
- 2 General Support for Living:**
0.2 C-SNPs (26.3%)
- 3 Non-Medical Transportation:**
0.2 C-SNPs (25.8%)
- 4 IHSS:**
0.2 C-SNPs (16.8%)
- 5 Social Needs Benefit:**
0.1 C-SNPs (15.8%)

Food & Produce is the most common nonmedical supplemental benefits in C-SNPs in all county types. However, **In-Home Support Services (IHSS)** is second in metropolitan counties and **General Support for Living** is second in micropolitan and rural counties.

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

Future Research

→ Future research should examine

- 1 the **eligibility** requirements for nonmedical supplemental benefits, such as chronic conditions or low-income status,
- 2 the **specifics** of benefit offerings,
- 3 county **demographics** to understand if plans are targeting these benefits for those who may benefit the most, and
- 4 **access** and **utilization** of benefits.

Appendix

URBAN INFLUENCE CODES

County Type for Analysis	Total Number of Counties in Analysis	Total Number of Counties By UIC Category	UIC County Category
Metropolitan	1,231	472	1 - In large metro area of 1+ million residents
		759	2 - In small metro area of less than 1 million residents
Micropolitan	639	131	3 - Micropolitan area adjacent to large metro area
		245	5 - Micropolitan area adjacent to small metro area
		263	8 - Micropolitan area not adjacent to a metro area
Rural	1,292	148	4 - Noncore adjacent to large metro area
		342	6 - Noncore adjacent to small metro area and contains a town of at least 2,500 residents
		161	7 - Noncore adjacent to small metro area and does not contain a town of at least 2,500 residents
		183	9 - Noncore adjacent to micro area and contains a town of at least 2,500 residents
		182	10 - Noncore adjacent to micro area and does not contain a town of at least 2,500 residents
		108	11 - Noncore not adjacent to metro or micro area and contains a town of at least 2,500 residents
		168	12 - Noncore not adjacent to metro or micro area and does not contain a town of at least 2,500 residents

COUNTY OUTCOMES DATA (1 OF 4)

County Type	Above Average: Plans Offering a Benefit	Below Average: Plans Offering a Benefit	>50% Enrollment in Plans Offering a Benefit	20-50% Enrollment in Plans Offering a Benefit	<20% Enrollment in Plans Offering a Benefit	No Plans Offering a Benefit
Metropolitan (n = 1,231)	508 (41.3%)	719 (58.4%)	296 (24.1%)	649 (52.7%)	282 (22.9%)	4 (0.3%)
Micropolitan (n = 639)	301 (47.1%)	305 (47.7%)	115 (18.0%)	320 (50.1%)	171 (26.8%)	33 (5.2%)
Rural (n = 1,292)	582 (45.1%)	532 (41.2%)	182 (14.1%)	542 (42.0%)	390 (30.2%)	178 (13.8%)

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

COUNTY OUTCOMES DATA (2 OF 4)

County Type	Above Average: Plans Offering In-Home Support Services (IHSS)	Below Average: Plans Offering IHSS	>50% Enrollment in Plans Offering IHSS	20-50% Enrollment in Plans Offering IHSS	<20% Enrollment in Plans Offering IHSS	No Plans Offering IHSS
Metropolitan (n = 1,231)	544 (44.2%)	650 (52.8%)	79 (6.4%)	516 (41.9%)	599 (48.7%)	37 (3.0%)
Micropolitan (n = 639)	308 (48.2%)	274 (42.9%)	49 (7.7%)	238 (37.3%)	295 (46.2%)	57 (8.9%)
Rural (n = 1,292)	556 (43.0%)	499 (38.7%)	94 (7.3%)	402 (31.1%)	559 (43.3%)	237 (18.3%)

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

COUNTY OUTCOMES DATA (3 OF 4)

County Type	Above Average: Plans Offering Food & Produce	Below Average: Plans Offering Food & Produce	>50% Enrollment in Plans Offering Food & Produce	20-50% Enrollment in Plans Offering Food & Produce	<20% Enrollment in Plans Offering Food & Produce	No Plans Offering Food & Produce
Metropolitan (n = 1,231)	427 (34.7%)	773 (62.8%)	137 (11.1%)	480 (39.0%)	583 (47.4%)	31 (2.5%)
Micropolitan (n = 639)	274 (42.9%)	291 (45.4%)	45 (7.0%)	236 (36.9%)	284 (44.4%)	74 (11.6%)
Rural (n = 1,292)	523 (40.5%)	489 (37.8%)	82 (6.4%)	424 (32.8%)	506 (39.2%)	280 (21.7%)

Sources: CMS PBP Data for PY 2023 Q2. A “plan” is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.

COUNTY OUTCOMES DATA (4 OF 4)

County Type	Above Average: Special Needs Plans (SNPs) Offering a Benefit	Below Average: SNPs Offering a Benefit	>50% Enrollment in SNPs Offering a Benefit	20-50% Enrollment in SNPs Offering a Benefit	20-50% Enrollment in SNPs Offering a Benefit	No SNPs Offering a Benefit
Metropolitan* (n = 1,221)	614 (50.3%)	590 (48.3%)	557 (45.6%)	523 (42.8%)	124 (10.2%)	17 (1.4%)
Micropolitan* (n = 601)	319 (53.1%)	235 (39.1%)	194 (32.3%)	250 (41.6%)	110 (18.3%)	47 (7.8%)
Rural* (n = 1,139)	548 (48.1%)	453 (39.8%)	335 (29.4%)	386 (33.9%)	280 (24.6%)	138 (12.1%)

*Note: Number of counties offering SNPs is 201 less than number of plans offering MA plans.

Sources: CMS PBP Data for PY 2023 Q2. A "plan" is defined as a unique bid ID using the contract ID, plan ID, and section ID. Excludes EGHPs, PDPs, MMPs, Part B-only plans, and PACE. Plan enrollment is from the May 2023 Contract/Plan/State/County file. Benefits are 5 EPHRB and 10 SSBCI. Analysis includes all authorities used to offer benefits (EPHRB, SSBCI, VBID, and UF). Includes all 50 states, Washington DC, and Puerto Rico. County types defined by Urban Influence Codes, with final analysis of 1,231 metropolitan, 639 micropolitan, and 1,292 rural.