

Supplemental Benefits Offered by Medicare-Medicaid Plans in CY 2018

Medicare-Medicaid Plans (MMPs) serve full-benefit dually eligible enrollees in nine states through capitated model demonstrations under the Financial Alignment Initiative. Each MMP is required to cover all Medicare and Medicaid benefits specified in the three-way contracts between CMS, the state, and the MMP. In addition, many MMPs offer supplemental benefits either by requirements in the three-way contracts or at the MMP’s discretion. In some cases, MMPs provide supplemental benefits that are enhanced versions of existing Medicaid or Medicare benefits (for example, skilled nursing facility, home health, transportation). In other cases, MMPs offer benefits that are otherwise unavailable through Medicare and Medicaid.

All benefits covered by MMPs are included in the annual submission of their Plan Benefit Packages (PBPs) through the Health Plan Management System (HPMS), which is approved by CMS and the state. MMPs explain each of these benefits to enrollees at the time of enrollment and annually thereafter in their Annual Notice of Change (ANOC)/Evidence of Coverage (Member Handbook) or standalone Evidence of Coverage (Member Handbook), as applicable and described in section 60.6 of the Medicare Marketing Guidelines and state-specific Marketing Guidance. ANOCs and Member Handbooks are posted on MMP websites, and state-specific ANOC and Member Handbook models are located on the CMS “Medicare-Medicaid Plan (MMP) Marketing Information & Resources” webpage (see <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/MMPMarketingInformationandResources.html>).

On the next two pages, Table 1 summarizes the average number of supplemental benefits offered per MMP in each demonstration, by different benefit categories, and Table 2 shows the percentage of MMPs in each demonstration that offer at least one supplemental benefit in each category. For convenience, several benefit categories in Table 1 and Table 2 use the following common acronyms as descriptors:

Acronym	Description
PT, OT, SLP	Physical therapy, occupational therapy, speech language pathology
DME	Durable medical equipment
HCBS	Home and community-based services
LTSS	Long-term services and supports
AL, NF, ICF	Assisted living, nursing facility, intermediate care facility
OTC	Over-the-counter

As displayed in the bottom row of Table 1, the total average number of supplemental benefits by MMP varies by state, ranging from 1.1 in New York to 24.3 in South Carolina. **Dental** benefits were the most frequently offered supplemental benefits per MMP, as shown in the last column of Table 1. **Health and wellness services** and **Supplemental Part D prescription drug benefit cost-sharing reductions** were the second two categories with the greatest total average number of supplemental benefits per MMP. More information on the average number of supplemental benefits by specific benefit category and by state is provided in Table 1.

From the bottom row of Table 2, it is evident that all MMPs across all states had at least one supplemental benefit. Further, all benefit categories were offered by at least one MMP in each state as a supplemental benefit. **Health and wellness services**, followed by **Telecommunication devices and services**, **OTC items**, and **Supplemental Part D prescription drug benefit cost-sharing reductions**, are the benefit categories with the greatest percentage of states with at least one MMP offering the given supplemental benefit. More information on the percentage of MMPs in each demonstration that offer at least one supplemental benefit by specific benefit category and by state is detailed in Table 2.

The tables make it possible to compare the extent to which MMPs offer supplemental benefits above and beyond those benefits provided by Medicare and Medicaid. However, we encourage readers to note their limitations. The tables:

- Do not indicate how benefit generosity varies from state to state. Because Medicaid benefits may be more or less comprehensive in one state than another, the number of supplemental benefits MMPs decide to provide may be lower or higher. For example, in a state that covers few dental benefits in its Medicaid program, MMPs may choose to offer more supplemental dental benefits.
- Group supplemental benefits in fairly broad categories. For example, the dental category includes both preventive and comprehensive services, and the home and community-based services (HCBS) category includes a variety of supplemental benefits, such as personal care or self-directed supports, which enrollees can receive in their own home or a community setting rather than in an institution such as a skilled nursing facility.
- Count supplemental benefits as MMPs list them in their PBPs. For example, an MMP in one state might list a group of supported employment services as one supplemental benefit while an MMP in another state might include intensive supported employment as one supplemental benefit and extended supported employment as a second supplemental benefit.

Table 1: Average Number of Supplemental Benefits Offered per MMP in each Demonstration State (in each benefit category)¹

Benefit Category	Demonstration State (Number of MMPs)									Total Average Number of Supplemental Benefits per MMP by Benefit Category
	CA (14)	IL (6)	MA (2)	MI (7)	NY (11)	OH (5)	RI (1)	SC (3)	TX (5)	
Dental	3.6	3.8	0.0	0.3	0.0	1.0	0.0	0.0	6.0	2.1
Vision	0.7	0.5	0.0	0.0	0.1	0.6	0.0	1.7	2.0	0.6
Hearing	0.5	0.0	0.0	0.4	0.0	0.0	0.0	2.0	0.2	0.3
Health and wellness services	0.9	2.7	0.5	2.1	0.1	1.6	0.0	3.0	2.6	1.4
Medical, nursing, health professional services	0.2	0.7	0.0	0.9	0.1	0.0	0.0	1.0	1.2	0.4
PT, OT, and SLP services	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	<0.1
Rehabilitation services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	<0.1
Telecommunication devices and services	0.1	1.5	0.0	1.1	0.0	0.2	1.0	1.0	0.4	0.5
Transportation	0.1	0.0	0.0	0.1	0.0	0.8	0.0	1.0	0.6	0.2
Adaptive equipment, supplies, and assistive technology	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	<0.1
DME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.0	<0.1
Environmental modifications	0.1	0.0	0.0	0.1	0.0	0.0	0.0	1.0	0.0	0.1
HCBS (for example, personal care, self-directed supports)	0.0	0.0	0.0	0.4	0.0	0.0	1.0	5.3	0.6	0.4
LTSS (for example, adult day health, case management)	0.0	0.0	0.0	0.3	0.0	0.0	0.0	2.0	0.0	0.2
Respite services	0.0	0.2	0.0	0.3	0.0	0.0	0.0	1.0	0.6	0.2
AL, NF, and ICF services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.1
Other benefits	0.6	0.0	0.0	0.0	0.2	0.0	0.0	0.0	1.2	0.3
OTC items	0.2	1.0	0.0	0.4	0.6	0.6	0.0	0.7	0.8	0.5
Supplemental Part D prescription drug benefit cost-sharing reductions	0.6	1.7	2.0	0.0 ²	0.0 ²	1.6	2.0	3.0	1.4	0.9
Total	7.7	12.0	2.5	7.0	1.1	6.4	4.0	24.3	17.8	8.2

¹ Decimals are rounded up to the nearest tenth.

² Because three-way contracts in Michigan and New York require \$0 cost sharing for all Part D prescription drugs, no opportunity exists for MMPs to offer reduced cost sharing in this supplemental benefit category.

Table 2: Percentage of MMPs in Each Demonstration State Offering At Least One Supplemental Benefit (in each benefit category)¹

Benefit Category	Demonstration State									Percentage of
	CA (14)	IL (6)	MA (2)	MI (7)	NY (11)	OH (5)	RI (1)	SC (3)	TX (5)	
Dental	50.0	66.7	0.0	14.3	0.0	60.0	0.0	0.0	80.0	35.2
Vision	35.7	33.3	0.0	0.0	9.1	20.0	0.0	66.7	60.0	25.9
Hearing	28.6	0.0	0.0	14.3	0.0	0.0	0.0	66.7	20.0	14.8
Health and wellness services	57.1	83.3	50.0	85.7	9.1	60.0	0.0	100.0	100.0	59.3
Medical, nursing, health professional services	21.4	66.7	0.0	71.4	9.1	0.0	0.0	100.0	80.0	37.0
PT, OT, and SLP services	0.0	0.0	0.0	14.3	0.0	0.0	0.0	0.0	0.0	1.9
Rehabilitation services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	1.9
Telecommunication devices and services	7.1	100.0	0.0	85.7	0.0	20.0	100.0	100.0	40.0	37.0
Transportation	14.3	0.0	0.0	14.3	0.0	80.0	0.0	100.0	60.0	24.1
Adaptive equipment, supplies, and assistive technology	0.0	0.0	0.0	14.3	0.0	0.0	0.0	0.0	0.0	1.9
DME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	1.9
Environmental modifications	7.1	0.0	0.0	14.3	0.0	0.0	0.0	100.0	0.0	9.3
HCBS (for example, personal care, self-directed supports)	0.0	0.0	0.0	28.6	0.0	0.0	100.0	100.0	40.0	14.8
LTSS (for example, adult day health, case management)	0.0	0.0	0.0	14.3	0.0	0.0	0.0	100.0	0.0	7.4
Respite services	0.0	16.7	0.0	28.6	0.0	0.0	0.0	100.0	60.0	16.7
AL, NF, and ICF services	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	5.6
Other benefits	28.6	0.0	0.0	0.0	9.1	0.0	0.0	0.0	40.0	13.0
OTC items	21.4	100.0	0.0	42.9	63.6	60.0	0.0	66.7	80.0	51.9
Supplemental Part D prescription drug benefit cost-sharing reductions	42.9	83.3	100.0	0.0 ²	0.0 ²	80.0	100.0	100.0	80.0	46.3
Percentage of MMPs with at least one supplemental benefit by state	85.7	100.0	100.0	85.7	72.3	80.0	100.0	100.0	100.0	87.0