New SCAN Benefits Aim to Keep Seniors Healthy, Safe at Home

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Building on its previous experience of helping frail seniors and an existing infrastructure of "care navigators," SCAN Health Plan this month launched two new home care benefits for Medicare Advantage members that fall under the newly expanded category of health-related supplemental benefits.

In previous bid cycles, CMS has not considered an item or service to be eligible as a health-related supplemental benefit if the primary purpose included daily maintenance. But CMS for 2019 adopted a broader interpretation of the term, allowing plans to incorporate items like home safety modifications, meal delivery and transportation for non-emergent medical services. However, given the timing of related guidance released close to the June bid deadline, only 270 MA plans, or 7.3% of total plans, this year will provide an estimated 1.5 million enrollees with new types of supplemental benefits. And just 3% of plans will offer in-home support services like personal care and housekeeping, according to AARP.

In-Home Support Addresses Social Factors

One such organization is SCAN, a not-for-profit health plan that serves about 190,000 seniors in California and operates the state's only fully integrated dual eligible (FIDE) Special Needs Plan. Founded in 1977 by a group of senior activists who brought together social service agencies and medical providers into an integrated, community-based organization to serve the growing senior population of Long Beach, the company's mission has always been to improve access to care and help seniors remain healthy and independent in their home, explains CEO Chris Wing.

"We've seen the value of offering, arranging and providing for social determinants of health for years, and we really applaud the decision from CMS to give plans the flexibility to offer these types of non-Medicare services that plans like SCAN know will improve the quality and experience for the patient and family and at the same time reduce costs," Wing tells AIS Health.

Through existing SCAN programs like Connecting Providers to Home, which involves a nurse and a community health navigator making home visits to the highest-risk, most acute patients, SCAN has been able to learn valuable information about the health and safety of their members that physicians can't observe during office visits. Wing provides the example of an elderly patient with both

glaucoma and Parkinson's disease who workers observed could not administer his own eye drops without a \$12 "wrist guard."

Thanks to new CMS flexibility, most of SCAN's MA plans this year feature the Returning to Home and Home Advantage benefits. The first is essentially a readmission prevention benefit that offers members with a recent hospital or skilled nursing facility (SNF) stay a variety of support services that are ultimately geared toward making sure they don't land right back in the hospital. Eligible patients must have had at least a one-night stay either in a SNF or an acute hospital, and they can receive up to 16 hours in a given year of personal in-home caregiving that can include anything from bathing to basic housekeeping duties. Services are provided or arranged by a care navigator, a SCAN employee who works with the health care services team.

SCAN Offers Post-Discharge Support

"If you've ever been a part of anyone's discharge from the hospital, it's very daunting for the member but also for the caregiver because they give you hours of instruction and guidance in about a 30minute timespan and you can hardly remember anything and you just want to go home," remarks Jill Selby, corporate vice president of strategic initiatives and product development for SCAN. "So essentially once a member has been discharged...the member, the caregiver, a case manager, the physician, anybody can raise their hand and say, 'We'd like this individual to participate in Returning to Home.' And a SCAN employee care navigator will dialogue with whoever is able to communicate about the situation and will figure out things like what kind of supports they have" and what will enable a smooth transition to home, she explains.

In addition to the personal in-home caregiving, the care navigator can arrange in-home meal delivery for up to 84 meals in a year. Selby says this is a "big deal" because so many medications must be taken with food, and patients often don't have any fresh food in the home upon discharge.

"The unknown secret sauce, I think, will be the care navigator who's going to handhold them through all the things that need to happen when you are discharged to home — get this medication filled, make this doctor's appointment, figure out what your long term plans are if you're not capable of living alone," adds Selby. "It's like high-octane social work in addition to the coordination of that inhome caregiving and meal delivery....It's an important support to the member and it is a respite and an important support to a caregiver."

Meanwhile, the Home Advantage benefit has no prerequisite for a fall or hospital admission but is aimed at improving safety in the home and preventing falls. Anyone enrolled in one of the participating MA plans can call the plan and request a free home safety assessment. SCAN then sends a licensed occupational therapist from one of several contracted agencies to conduct a safety evaluation and look for issues. Among possible red flags are a member who uses a walker and has a lot of throw rugs or keeps coffee mugs in a hard-to-reach cabinet.

Experts Assess Home Safety

"They'll go through the member's entire home and actually provide a professional report to SCAN and SCAN will have one of our care navigators reach back out to the member and use the result of that evaluation to come up with a plan," says Selby. "I can't wait to use it for my parents because they won't get rid of those throw rugs!"

To implement those benefits, Selby says the plan didn't have to seek out additional providers or vendors and start negotiating new contracts because it already had established those partnerships in many of its markets. And more vendors have contacted SCAN about being a part of the network.

When measuring the success of these programs, SCAN will be looking at satisfaction rates amon g the participating members and caregivers, as well as program-specific metrics such as readmission and/or fall rates. Many of SCAN's MA plans have received a 4.5-star rating, and Wing says he believes the new benefits have the potential to boost ratings by improving care and reducing admissions and readmissions. At the same time, he says he hopes the benefit will stand out to prospective members.

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