

COVID-19: Impact on
Consumer Attitudes Toward
Health Plan Benefits

MOM'S
MEALS®

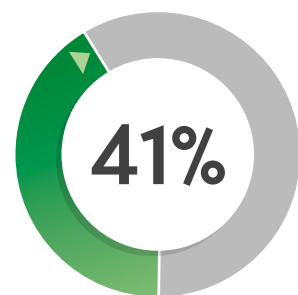




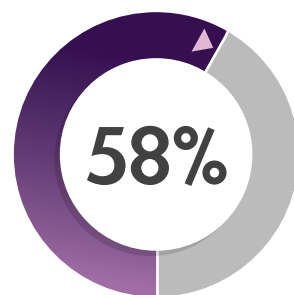
COVID-19 PANDEMIC: CHANGING HOW WE MANAGE OUR HEALTH

With the pandemic turning the healthcare system upside down, many consumers are taking charge of their own health. Covid-19 has introduced a tremendous challenge in the world of healthcare. Individuals are not engaging with their healthcare team as often as they did prior to the pandemic. Instead, they're doing their best to stay healthy at home with whatever resources and healthcare knowledge they have on hand. For some vulnerable populations, such as seniors and people with chronic conditions that may not be enough.

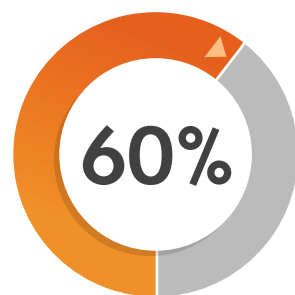
In a recent national survey conducted by the Alliance Community Health Plans (ACHP) and AMCP (Academy Managed Care Pharmacy), 72% of U.S. consumers said they have dramatically changed their use of traditional healthcare services, with many delaying in-person care and embracing virtual care.¹



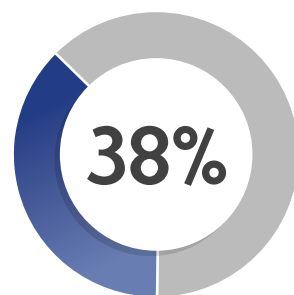
41% have delayed care



58% of seniors have delayed care

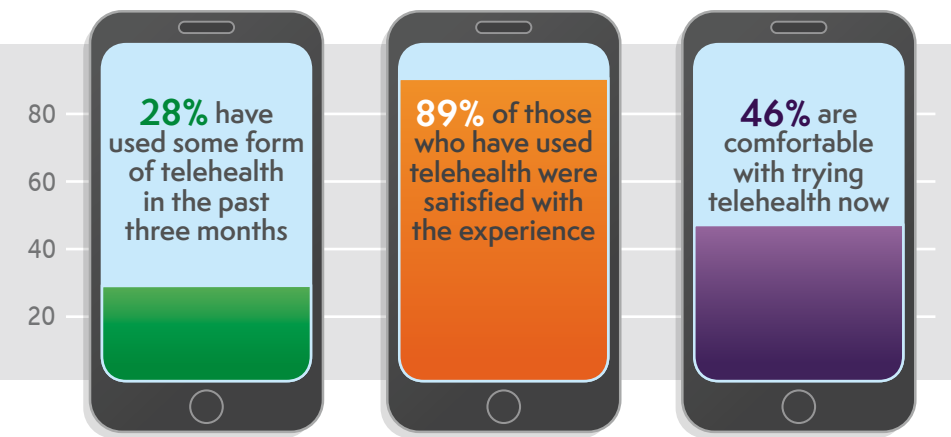


60% of those with chronic conditions have delayed care



38% intend to delay future care, treatment, and procedures

Telehealth usage has nearly tripled during the pandemic.²



In addition, Americans today are reporting more problems with social determinants of health (SDOH), or the non-health characteristics that affect a person's quality of life. Across all insurance types, PricewaterhouseCoopers' Health Research Institute (HRI) found the biggest differences before and during the pandemic were related to feelings of isolation or loneliness, spending too much time on technology, and lacking access to healthy food.³

Here at Mom's Meals, we began to wonder...

How is COVID-19 affecting people's perceptions of their healthcare options and benefits?

If health plans were to gain a deeper understanding of what individuals want, could they ultimately improve their members' healthcare experience at home? As a result, we replicated our 2017 survey that asked over nearly 2,000 Medicare and Medicaid recipients to comparatively rank healthcare activities and benefits. What healthcare-related activities do they enjoy most/least? What kinds of benefits do they desire, or even expect, from their plan? Do factors like race and location make a difference?





Before we dive into our findings, let's review what has happened during the three years between our studies.

Medicare

Medicare is a federal program that provides healthcare coverage primarily to people over age 65, whatever their income, and serves younger disabled people and dialysis patients.⁴ Many Medicare-eligible individuals also have the option of enrolling in Medicare Advantage (MA) plans, which are touted for the additional choices, benefits, and services they offer to beneficiaries.

Medicare Advantage Organizations (MAOs) continuously increase their menu of supplemental benefits to stay competitive. In addition to quality healthcare, MAO members have come to expect more from their plan and, in some cases, make coverage decisions based on the supplemental benefits available to them.

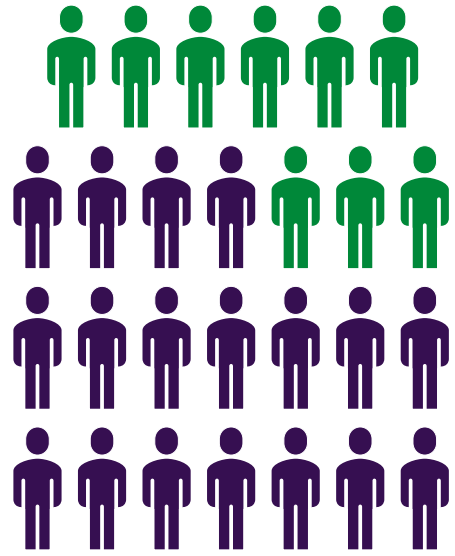
Supplemental benefits have been a valuable differentiator for MA plans since the Centers for Medicare and Medicaid Services (CMS) expanded the scope of coverage to certain non-medical supplemental benefits in 2018. The Creating High-Quality Results and Outcomes Necessary to Improve Chronic (CHRONIC) Care Act of 2018 gave plans new flexibility to offer Special Supplemental Benefits for the Chronically Ill (SSBCI), which address needs that aren't primarily healthcare-related—such as transportation, home safety, and meal delivery. Plans could use SSBCI

to selectively tailor benefits to specific chronic disease patients, instead of uniformly across the entire population (which was previously the rule).

Supplemental benefits are particularly attractive at a time when individuals, especially those at high risk for COVID-19, are social distancing. A recent analysis by Pareto Intelligence identified meals benefits, transportation, and over-the-counter (OTC) items as some of the fastest growing, most adopted supplemental benefits.⁵

In response to COVID-19, on April 21, 2020, CMS announced they will be "temporarily relaxing enforcement" of a 2008 rule prohibiting mid-year benefit enhancements for MAOs as long as the new enhancements are (1) directly related to COVID-19, (2) beneficial to the member, and (3) uniform across all similarly situated members.⁶

A final rule issued by CMS on May 22, 2020 announced SSBCI-eligible MA plan members are no longer limited to a specific list of chronic conditions originally outlined in 2018. "[CMS] recognizes that there may be other chronic conditions that may meet the statutory definition of a chronic condition, but are not included in Chapter 16b. Therefore, beginning in contract year 2021, CMS is allowing plans to target other chronic conditions."⁷



An analysis by Health Management Associates estimates 27 million people will lose their job-based insurance before the end of 2020, causing at least **18 million more new Medicaid enrollments** depending on the continued economic downturn.⁸

Medicaid

Medicaid is a joint federal and state assistance program that serves low-income, vulnerable populations of all ages whose health is often most negatively impacted by SDOH, including lack of quality, affordable housing, food, and transportation. Increasingly, state Medicaid programs are addressing non-medical drivers of health—such as access to healthier foods, safer neighborhoods, and reliable transportation—to improve health outcomes and control costs.

Deloitte’s 2020 Survey of U.S. Health Care Consumers on the Medicaid and exchange populations (from right before the start of the pandemic) and Deloitte’s Health Care Consumer Response to COVID-19 Survey (during the pandemic) showed Medicaid consumers and those who are uninsured were most likely to say they face challenges having enough money for food (47%) and being able to pay for housing (51%).

An analysis by Health Management Associates estimates 27 million people will lose their job-based insurance before the end of 2020, causing at least 18 million more new Medicaid enrollments, depending on the continued economic downturn.⁸

On March 13, 2020, pursuant to section 1135(b) of the Social Security Act, the Department of Health and Human Services (HHS) invoked its authority to waive or modify certain requirements of title XVIII, XIX and XXI of the Act. The section 1135 waivers give Medicaid health plans the flexibility to offer certain benefits, including home-delivered meals, to enrollees* even if the plans had not filed for the benefit, or if there were provisions that would have otherwise restricted the plans from offering the benefit. Plans are also using section 1115 and section 1915 waivers, which provide even more flexibility to offer benefits addressing SDOH.





MOM'S MEALS: THE 2020 MEDICARE/MEDICAID STUDY

PURPOSE

To measure enrollee attitudes regarding healthcare activities and benefits

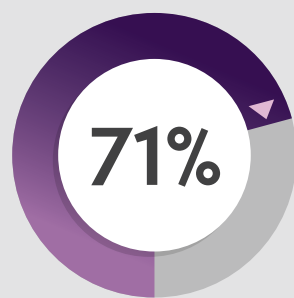
AUDIENCE

Random sampling of Medicare (1,378) and Medicaid (969) enrollees

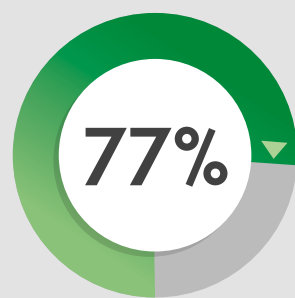
ENJOYMENT OF HEALTH-RELATED ACTIVITIES

Mom's Meals assessed enrollee* attitudes regarding health-related activities. Respondents were asked how much they enjoyed specific activities, such as taking medications, eating healthy meals, visiting the doctor, and other things a typical person may do to maintain health.

Eating Healthy Meals



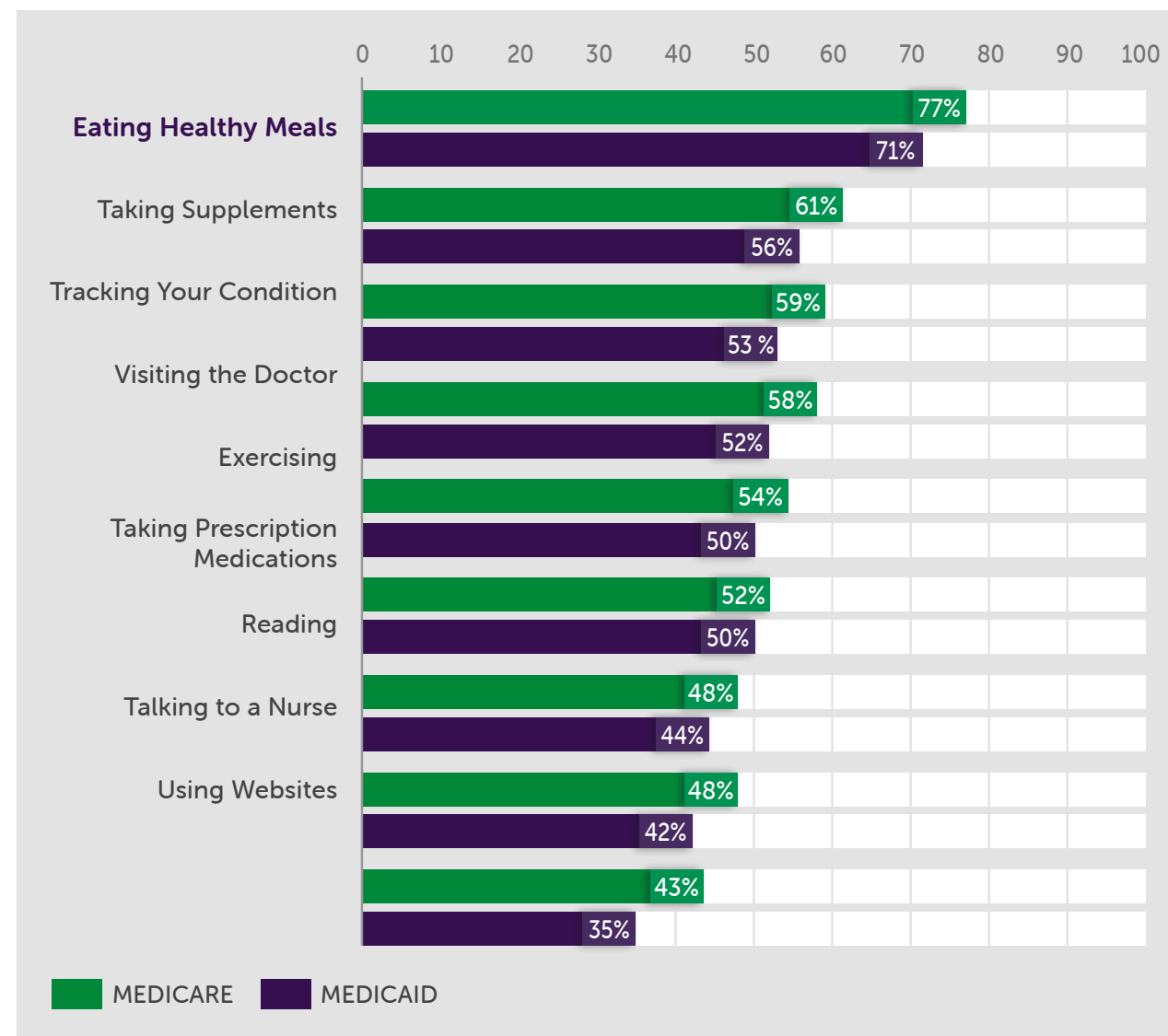
Medicaid enrollees



Medicare enrollees

71% of Medicaid enrollees* and 77% of Medicare enrollees* enjoyed eating healthy meals significantly more than other health-related activities. They either liked it or really liked it.

Health-Related Activities Members Enjoy, 2020



Compared to our 2017 survey:

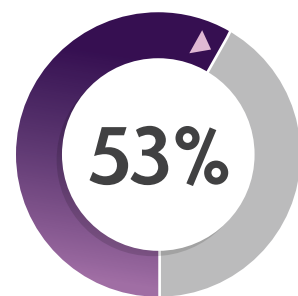
- ✔ **The most significant change in any one activity for Medicare enrollees* was "talking to a nurse,"** 8% more respondents said they like it or really like it. This slight increase may be due to the fact more people are turning to virtual care during the pandemic.
- ✔ **The most significant change in any one activity for Medicaid enrollees* was "reading booklets"** (-10%), followed by "tracking your condition" (-9%). Diminishing interest in these two activities poses obvious challenges for healthcare providers.



Importance of Home-Delivered Meals

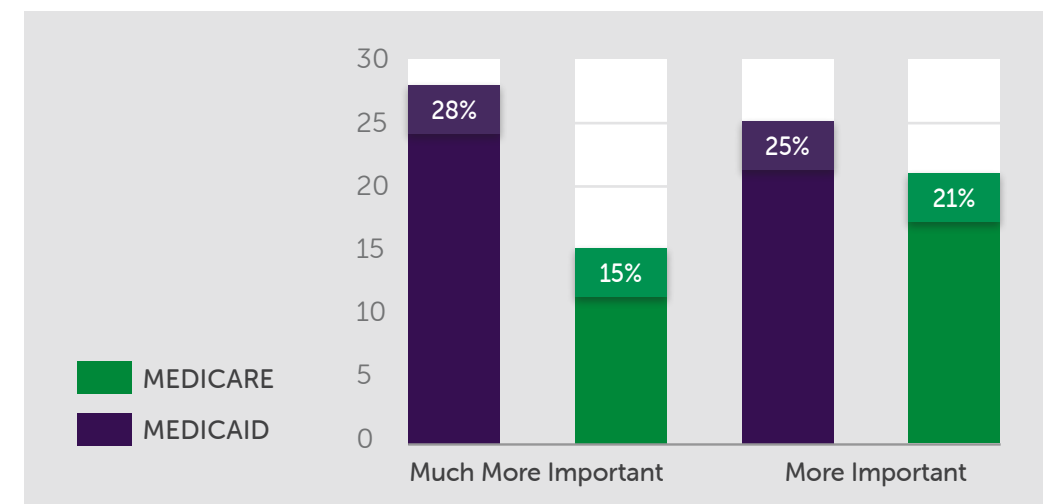
Access to healthy food is already a challenge for many Medicaid beneficiaries. Many low income individuals also reside in food swamps (areas with a high density of stores selling high-calorie fast foods) or food deserts (low-income areas where a substantial number of residents have limited access to a supermarket or large grocery store).^{9,10}

With COVID-related business closures and social distancing, as well as diminished community support programs (like volunteer food delivery and congregate meal centers), food insecurity has heightened across America. Survey data from the U.S. Census Bureau reveals that during the week ending July 21, 12.1% of adults reported their households sometimes or often experienced food insufficiency in the previous week, up from 9.8% in early May 2020. Those figures were considerably higher in lower-income households, with 21% of those earning less than \$50,000 per year and 29% of those earning less than \$25,000 going hungry at times.¹¹



The majority of Medicaid (53%) respondents felt home-delivered meals are more important or much more important during/ since COVID-19 than they were prior to the pandemic

Enrollee Opinions of Home-Delivered Meals During/Since COVID-19



Among Medicare respondents, 36% felt home-delivered meals were more important or much more important during/since COVID-19, while just over half (53%) felt they are important.

The fact that a higher percentage of Medicaid versus Medicare respondents felt home-delivered meals were more important or much more important during/since COVID-19 is logical. Since high-risk individuals with one or more chronic conditions comprise the majority of the Medicare population, Mom's Meals would expect they already highly value home-delivered meals, and therefore may not feel home-delivered meals are more important or much more important given the pandemic.

The 36% of Medicare respondents who felt home-delivered meals were more important or much more important during/since COVID-19 may find it difficult to access food given shelter-in-place orders and/or limited food supplies, as many businesses and community programs have shut down. Additionally, people with chronic conditions, a group considered to be at high risk for COVID-19, may be wary of leaving their home for fear of getting sick.

SPOTLIGHT: RACE

Non-white Medicare respondents were significantly more likely than their white counterparts to agree COVID-19 has made home-delivered meals more important.

SPOTLIGHT: AGE

Medicaid

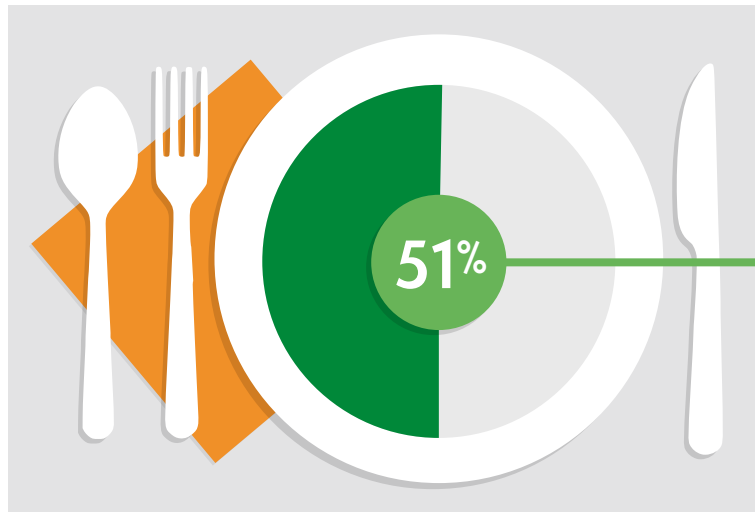
Respondents age 65 and older were more likely than those ages 55-64 to agree home-delivered meals are more important during/since COVID-19.

Medicare

Respondents age 55-64 were more likely than those ages 65 and older to agree home-delivered meals are more important during/since COVID-19.

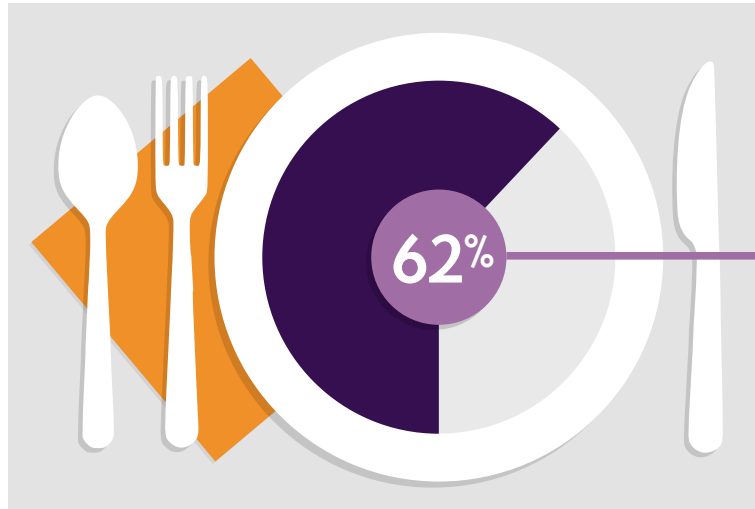
Services for which health insurance plans should pay

Medicare and Medicaid respondents were presented with a variety of supplemental services and asked which ones they would prefer that their health insurance plan pay for.



Medicare

Just over half of Medicare respondents said they were interested or very interested in having home-delivered meals as a paid benefit from their health insurance plan.



Medicaid

62% of Medicaid respondents said they were interested or very interested in having home-delivered meals as a paid benefit from their health insurance plan.

Compared to our 2017 survey:

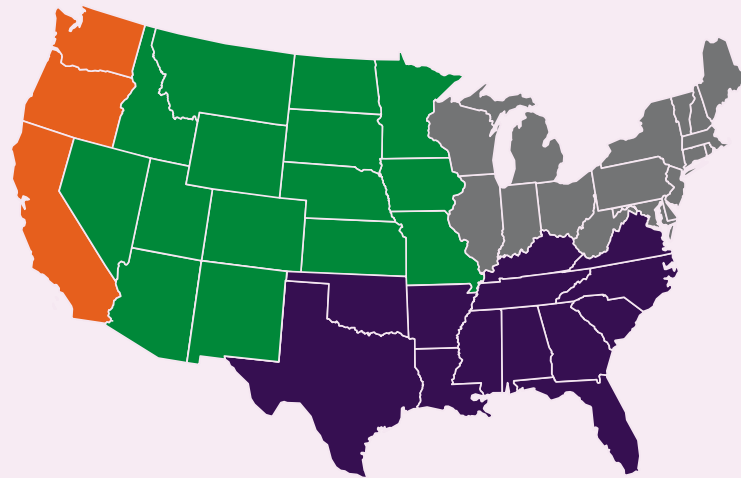
- ✓ **Home-delivered meals made the biggest leap forward (16 percentage points) among Medicare recipients for desire to have home-delivered meals as a paid benefit from health insurance plans.**
- ✓ The number of Medicare respondents interested in having phone calls covered by their plans increased by 10%—perhaps due to social distancing and, particularly if individuals have a chronic condition, being wary of leaving their home for fear of getting sick.

SSBCI & Home-delivered Meals

SSBCI addresses needs that are not primarily health-related, such as transportation services, structural home modifications, pest control, and meal delivery. When Medicare respondents were asked what supplement benefits they'd like to see covered under their health plan, the top three most popular answers included home-delivered meals, structural home modifications, and transportation services (all three of which were within a 5% margin of one another).



SPOTLIGHT: REGION



Medicaid

- Regions that were less populated were most likely to want home-delivered meals paid for by health care plans.
- Southern region dwellers were less likely to want health plans to pay for home-delivered meals.

Medicare

- South and West region dwellers were more likely to want home-delivered meals covered by Medicare.
- Northeast region dwellers were less likely to want health plans to pay for home-delivered meals.



In our 2020 Medicare/Medicaid study designed to measure enrollee attitudes regarding healthcare activities and benefits, we found that Medicare and Medicaid beneficiaries:

- ✓ Enjoyed eating healthy meals significantly more than they enjoyed other health-related activities
- ✓ Felt home-delivered meals were just as important, more important, or much more important during/since COVID-19
- ✓ Desired home-delivered meals to be included as a paid benefit by their health plan



SPOTLIGHT: RACE

Medicare

The desire to have meals paid for by Medicare was more prominent among beneficiaries who:

- Live alone (13% more likely)
- Identify as non-white (13% more likely)

Medicaid

White Medicaid respondents were 28% more likely than their non-white counterparts to want meals paid for by their plans.

SPOTLIGHT: GENDER

Females were 15% more likely to want their health insurance provider to pay for home-delivered meals.

Conclusion

Research shows home-delivered meals bring value to health plan beneficiaries—providing essential nutrition and comfort to vulnerable populations. Not only are home-delivered meals a cost-effective way to keep aging adults and vulnerable individuals in their homes longer, but they also improve health outcomes, ultimately driving down healthcare costs.

Today, with greater attention on one’s “whole” self, individuals have taken a deeper interest in their overall well-being. Meanwhile, the COVID-19 pandemic has caused consumer attitudes to shift. Many Americans are taking charge of their own health by delaying in-person health care, embracing telehealth, sharing their personal data, and participating in clinical trials. Many also struggle with SDOH, especially food insecurity.

As we look to the future, there are still many uncertainties, including exactly when we will emerge from the pandemic, or how consumer attitudes may shift once it is over. One thing is for certain—there will always be people enrolled in Medicare and Medicaid whose very lives depend on the supplemental services their plans provide, such as transportation, home care and home-delivered meals.

^{1,2} <https://achp.org/fact-sheet-covid-19-consumer-behavior/>

³ <https://www.pwc.com/us/en/library/covid-19/covid-19-consumer-behavior.html>

⁴ <https://www.hhs.gov/answers/medicare-and-medicaid/what-is-the-difference-between-medicare-medicaid/index.html>

⁵ <https://paretointel.com/insight/2020-medicare-advantage-annual-enrollment-period-supplemental-benefits-analysis/>

⁶ Information Related to Coronavirus Disease 2019 - COVID-19. Centers for Medicare & Medicaid Services. April 21, 2020. <https://www.cms.gov/files/document/updated-guidance-ma-and-part-d-plan-sponsors-42120.pdf>

⁷ Announcement of Calendar Year (CY) 2020 Medicare Advantage Capitation Rates and Medicare Advantage and Part D Payment Policies and Final Call Letter. U.S. Department of Health & Human Services, Centers for Medicare and Medicaid Services. April 1, 2019. <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvSpecRateStats/Downloads/Announcement2020.pdf>

⁸ <https://www.healthmanagement.com/wp-content/uploads/HMA-Updated-Estimates-of-COVID-Impact-on-Health-Insurance-Coverage-May-2020.pdf>

⁹ <https://www.acf.hhs.gov/ocs/programs/community-economic-development/healthy-food-financing>

¹⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5708005/>

¹¹ <https://jamanetwork.com/channels/health-forum/fullarticle/2770754>

ABOUT MOM'S MEALS

Mom's Meals works with hundreds of health plans nationwide, including Medicare and Medicaid plans, that have implemented or plan to implement a home-delivered meals benefit. We are a leading national provider of refrigerated, home-delivered meals and nutrition services for individuals managing a chronic condition or recuperating at home after an inpatient hospital stay. We are passionate about improving health outcomes and have deep knowledge of legislative policy surrounding food and nutrition to populations in need.



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