

Air conditioners, groceries, and transportation: these are a few new benefits being [touted in headlines](#) as a result of recently proposed changes to Medicare Advantage. But a closer look at current coverage, the [newly expanded definition](#), and its potential future implications may tell a different story.

A conversation with Jennifer Coffman, Senior Vice President of Health Services at naviHealth, and Albert de Hombre, Vice President and Actuary at naviHealth, led to a deeper understanding of what these changes really mean. The consensus? For now, it's unclear exactly how these new benefits will be rolled out by Medicare Advantage plans, and which ones will actually be available and accessible to consumers. However, there are some community-based benefits that could contribute to healthier, and more independent, living at home.

According to de Hombre, some health plans already provide transportation to medical appointments as a supplemental benefit. While the new rule could essentially expand coverage, it is not yet clear what the net new transportation benefit would be, says de Hombre. "Right now, it seems the only new coverage may be trips to the pharmacy to improve drug adherence."

For Medicare beneficiaries wanting to stay home for as long as possible, this expanded coverage would certainly be a win in terms of increased independence and decreased isolation. For the caregivers juggling responsibilities and giving their own time and financial resources to support these older adults, having a potentially new transportation option could make a meaningful difference — perhaps alleviating the burden of care just enough to prevent early placement in a costly long-term-care community.

With more and more research pointing to the negative effects of both caregiver burnout and isolation on a person's health, these "social determinants of health," per Coffman, become even more important in reducing costs and improving outcomes when it comes to chronic illness and disease management.

Paying for groceries is by no means the only answer, but it's certainly part of the solution to staying in the community longer, she says. "These social determinants impact care as much as, if not more sometimes, as the disease itself," Coffman adds.

Coffman and de Hombre agreed that the real winners — generally absent from the "groceries and transportation" headlines — are home health care providers. As stated in a [press release from CMS](#), the program may soon include "additional services that increase health and improve quality of life, including coverage of non-skilled in-home supports and

other assistive devices.”

For the 5.7 million Americans currently diagnosed with Alzheimer’s or a related dementia — 70 percent of whom live at home either alone or cared for by a family member¹ — this expanded definition and coverage of non-skilled home care supports would be a huge win. Assistance with the basic, non-medical activities of daily living (ADLs) like bathing, dressing, feeding, and continence care — which often become extremely challenging and time-consuming tasks given the interference of memory loss — could greatly reduce the burden on caregivers. And it’s not just people with dementia who may struggle with these daily tasks: those who have suffered strokes or live with Parkinson’s or any other illness/disease that limits mobility and independence could benefit from non-skilled home care services.

With the final rule [taking effect June 15th](#) (you can read the full [report here](#)), naviHealth will continue monitoring the way these changes may impact the plans, providers, and patients we serve, and we’re optimistic about the ways community health goals are being supported and addressed.

¹ [2018 Facts and Figures report](#), Alzheimer’s Association, p. 48