



Anne Tumlinson

ATI Advisory

In this Voices interview, Senior Housing News sits down with Anne Tumlinson, CEO of ATI Advisory and Sentric Advisory Board member, to hear about how operators are using Medicare Advantage plans to combat COVID-19. Anne shares specific, brand new MA plan data. She also looks at how senior housing operators have adjusted to the pandemic in part through the technology platforms they are using.

Editor's note: This interview has been edited for length and clarity.

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Q: Senior Housing News:

In a year of change, COVID-19 obviously caused the biggest impact. What are the biggest areas of adjustment to care that senior living operators have made in the wake of the pandemic?



We've seen a really significant uptick in the number of (Medicare Advantage) plans that are offering the non-traditional, non-medical benefits as part of their supplementary benefits. ... We've seen the number of plans offering at least one of these benefits increase from 500 to 738 just for this year."

Anne Tumlinson: It's not so much that the senior living operators have made changes in the wake of the pandemic as much as the pandemic has changed senior living. Before the pandemic, occupancy and the day-to-day health care needs of residents were not so closely connected.

Previously, I would go out and give speeches on how important it is to have integrated primary care and care coordination for residents, and most operators looked at me like I had two heads. But now, it's directly related.

The day-to-day health care needs of your residents are directly related to occupancy and your ability to prevent and manage COVID outbreaks and keep your residents out of the dangerous hospital setting. Those capabilities are really important now to move-in decisions. Obviously, the ability for your residents to stay safe is also very much related to keeping your building filled. If you can't figure out how to support your residents and their health care needs, you basically encourage move-outs, deter move-ins and, worst-case scenario, your residents die.

What this means is that operators have to learn how to do two things.

First, they have to learn how to manage health. We think of public health as something you manage related to a disease, an outbreak or a pandemic — something like that. But, the skill set is the same for public health and population health: It involves evaluating your risk, implementing interventions, preventing risky things from happening and then measuring how well you're doing.

Second, operators must learn how to assist and help in the delivery of virtual care. All of a sudden, whether the residents get to see their physicians depends on the ability of the people who work in that building to facilitate and help deliver virtual care with those physicians. Now you're basically integrating it without even making a big deal out of it.

Q: Senior Housing News:
You track Medicare Advantage plans as closely as perhaps anyone working today. What are you seeing in terms of senior living operators using MA since the start of the pandemic?

Anne Tumlinson: There are two major shifts. The first is that those senior living operators that own or operate their own Medicare Advantage plans were able to much more quickly adapt primary care resources to telehealth.

The leaders at AllyAlign Health have done a great job with this. Seemingly within minutes of the pandemic, AllyAlign Health had installed telehealth kiosks in many of the buildings that were owned by their partners. Other successful senior housing operators with MA since the pandemic are those in partnerships with companies like Optum and CareMore, which could not only support virtual care with their nurse practitioners and physicians but also were bringing lots of resources to those operators in the form of PPE and testing. They had the Medicare Advantage dollars there to pay for that.

Senior living operators that have Medicare Advantage as a partner, or some kind of variation on that, can access all of these primary care resources, such as telehealth, virtual care, funding and other support that they wouldn't have without those relationships.

The second thing is that — you're the first to hear it right here — we have been seeing a surprisingly strong growth in the Medicare Advantage plans that are focused on the nursing home and senior living population going into 2021.

These are the plans that are offering open enrollment right now [in November]. For the 2020 year, we had 150 institutional special needs plans (I-SNPs) operated around the country. Those plans very often are offered in nursing homes, but also offered in assisted living. Of those plans, there were 150 in 2020, and we're going to have 174 in 2021. Of those 174, 64 of them are provider-owned, which is an increase in the percentage of the total that are owned, or have some ownership by a long-term care provider.

One of the most exciting pieces of that is, of those 64 plans, we have three brand new organizations coming into the space offering 14 new plans. They are CommuniCare, which has nursing homes and some senior housing; the Perennial Consortium, which many of your readers have probably heard about, operated by Juniper Communities founder Lynne Katzmann and her partners including Larry Gumina at Ohio Living; and then LA Jewish.

Q: Senior Housing News:
How are these new MA plans supporting senior living specifically?

Anne Tumlinson: Of those three new organizations, we have 14 new plans being offered going into 2021 that are specifically focused on either nursing homes or the seniors housing setting. That's really exciting. Of the 174 special needs plans for populations living in facility settings, 89 are specifically designed to support seniors housing populations, meaning people who are not in nursing homes who might be in seniors housing, whether assisted living or independent living. The growth in this little corner of the Medicare Advantage program went from 50 in 2019, to 73 in 2020, to 89 in 2021, which is the result of these Institutional Equivalent Special Needs Plans (IESNPs).

About one third are being offered by UnitedHealthcare, UnitedHealth Group and Anthem. United Healthcare and Anthem are really big players in that space, even in senior living. They're not just focused on nursing homes. Through those plans, these senior living operators are now getting access to a lot more enhanced primary care and on-site healthcare than they would have had.

There are a lot of exciting things happening at a time when you might have expected it to slow up or pull up. I think everybody recognizes that you need this Medicare Advantage funding in order to pay for the kind of primary care and healthcare support that we need for residents going forward. It's really the only way we're going to do it.

Q: Senior Housing News:
What are the major changes you're seeing to benefits under MA plans in light of COVID?

Anne Tumlinson: We've seen a really significant uptick in the number of plans that are offering the non-traditional, non-medical benefits as part of their supplementary benefits. These are benefits such as in-home support services, adult day health services, home-based palliative care and support for caregivers of enrollees. We've seen the number of plans offering at least one of these benefits increase from 500 to 738 just for this year.

We've seen, also, a commensurate increase in the number of these plans offering transportation, meals, and other services that they've been able to offer for a while but are still not traditional. We are still waiting for data from CMS on some of the more innovative benefits like groceries and the social determinants of health.

On what we call the Social Special Supplemental Benefits for Chronically Ill, CMS is reporting right now that we're going from 245 plans offering those to 920. We're seeing enormous growth in these non-medical benefits.

We actually have a chartbook on our website under the tab "Our Work." This work is funded by The SCAN Foundation.

Q: Senior Housing News:
Insurance companies have more money than usual right now because they haven't had as much health care to cover, yet they're still collecting premiums. What are you seeing them do with that surplus?

Anne Tumlinson: They're doing a range of things, but it varies a lot from carrier to carrier. We did a study in the spring of which plans are allowed to make midyear changes to their benefit packages in light of COVID, and we studied a handful of plans that were doing exactly what you would expect: more means for more telehealth and virtual care, grocery delivery, meals, social isolation support.

That was a big one we've seen crop up — social isolation — which I suspect is driving a lot of that growth in those 922 plans. One of the several benefits that they can offer has to do with general support for living, which is helping connect people to socialization. I think we're going to see a lot of technology solutions offered to help connect older adults to opportunities for virtual socializing. That is one of the biggest areas.

Q: Senior Housing News:
What major COVID-driven technology trends in senior living stand out to you this year?

Anne Tumlinson: First, it's using technology to foster more customized, individual engagement and to support communication with families. Without group activities, communities are looking for more individualized ways to engage residents. And with so many communities sheltering in place, they need to support communication with the family and other connections outside of the community. Technology (e.g., ipads, TV) does this.

Then the telehealth kiosks that I mentioned earlier are very exciting. Lastly, of course, just leveraging technology to do some of the COVID

tracking, contact tracing and even case management. That's really important around managing COVID inside the buildings.



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Q: Senior Housing News:
What are you seeing communities do to reopen safely?

Anne Tumlinson: I think they're getting the hang of, and they are getting good at, first and foremost, tracking what's happening in their communities. We know now the research is very strong, that what is happening in your larger community is going to have a huge impact on you. You can have the best infection control, the best preventative interventions, but if your community at large has experienced a surge in COVID cases, then you've got to be particularly vigilant.

Operators have learned quickly about offering PPE to family members, quarantining new residents, doing as much as they can outdoors, masking, testing — all of those things. I think it was very tough in March, April and May. Then we saw this enormous uptick in the ability of communities to learn quickly and adapt and bring everything that they learned to bear on the management of this going forward.



We just had a really big election. The focus of the new administration is going to be on COVID, and I think what we're going to see in 2021 is rapid growth in Medicare Advantage.”

Q: Senior Housing News:
What do you see for value-based care in 2021?

Anne Tumlinson: Well, we just had a really big election. The focus of the new administration is going to be on COVID, and I think what we're going to see in 2021 is rapid growth in Medicare Advantage, which isn't technically value-based care, but it is an important trend to note. We're going to see a lot more enrollment in that program than ever. But we'll also see primary care physicians motivated to partner with senior living, and financing new clinical models through value-based care programs like Direct Contracting or working with Medicare Advantage plans.

Then I think on the value-based care side and Medicare fee-for-service, CMS is spending a lot of time and energy and effort getting the direct contracting program up and running and with sufficient participation. I don't know that we're going to see much beyond that because this next year is just going to be one where the new administration and all the healthcare resources are going to be focused like a laser beam on getting the pandemic under control.