

Integrated Care Updates

New CMS Final Rule Implements Changes to Medicare Enrollment and Eligibility Rules

On October 28, 2022, the Centers for Medicare & Medicaid Services (CMS) released a [final rule](#) that will simplify Medicare enrollment and expand access to coverage. The final rule includes several provisions to help dually eligible individuals (see pages 82-92 in the unpublished version of the rule, linked above), including changes to:

1. Extend the Medicare Savings Programs (MSPs) to cover premiums and cost sharing for individuals enrolling in the new Part B immunosuppressive drug benefit;
2. Specify that state buy-in agreements reside entirely within the Medicaid state plan; and
3. Beginning January 1, 2024, limit retroactive Medicare Part B premium liability for states to 36 months.

The final regulations also make technical updates that affect dually eligible individuals (see pages 101-135), including changes to:

1. Clarify buy-in coverage groups in 50 states and the District of Columbia;
2. Codify the requirement that states buy in for all eligible individuals;
3. Clarify populations for whom states can obtain federal financial participation; and
4. Codify MSP eligibility groups in Medicaid regulations.

While many of these final regulatory changes are consistent with current policy, updating the regulations is an important step toward achieving greater clarity and accountability in administering the MSPs.

The final regulations also create a new Medicare special enrollment period (SEP) for individuals losing Medicaid eligibility and who missed a Medicare enrollment period (see pages 38-50). This change will help promote continuity of coverage for individuals who lose Medicaid eligibility and who did not enroll in Medicare on time.

The rule will be published in the *Federal Register* on November 3, 2022. A CMS [fact sheet](#) provides more information on the rule.

CMS Seeks Comment on a List of Screening Instruments for Housing, Food, and Transportation Questions on SNP Health Risk Assessments

CMS announced an opportunity for Medicare Advantage special needs plans (SNPs) and other partners to comment on the proposed list of screening instruments available for SNPs to meet the new requirement to include one or more questions on housing stability, food security, and access to transportation in their health risk assessments beginning in contract year 2024. Comments are due by December 27, 2022.

How to Comment: The 60-day notice for the proposed list of screening instruments (CMS-10825; OMB control number: 0938-TDB) was published in the *Federal Register* at: <https://www.govinfo.gov/content/pkg/FR-2022-10-28/pdf/2022-23553.pdf>.

Please review the draft guidance document available at <https://www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995pra-listing/cms-10825>.

Please note CMS will accept comments in any format submitted electronically or by mail per the instructions in the notice by December 27, 2022.

2023 SNP Landscape Source File Available on CMS Website

In October, CMS published the [2023 SNP Landscape source file](#). This file shows all 2023 contracts that CMS has approved through the end of September, although this list is subject to change. The file shows each contract and plan that will operate in each state and county starting in January 2023 for all Special Needs Plans (including D-SNPs) and includes information in D-SNP integration status (Fully Integrated Dual-Eligible SNP, Highly Integrated Dual-Eligible SNP, or Coordination-Only D-SNP) and whether or not each D-SNP is an Applicable Integrated Plan (AIP) with exclusively aligned enrollment. Each plan lists the monthly consolidated premiums (includes Part C and D), the annual drug deductible, and other information. States can use this file to identify the plans that will be operating in their state in 2023, and their premiums, deductibles, and other features. States can also compare the file to the current [SNP Comprehensive Report](#) to see which plans will no longer be operating in 2022. Based on ICRC's preliminary analysis of the SNP Landscape file, it appears that there will be new MA contracts containing D-SNPs in CY 2023 in AL, CA, CO, CT, DC, DE, FL, GA, IN, KS, KY, LA, MS, MO, NC, NE, NY, NV, OH, OK, PA, RI, SC, SD, TX, UT, VA, WA, WV, WI, and WY, and non-renewing (departing) MA contracts containing D-SNPs in CA, CO, FL, GA, KY, NC, NY, OH, OK, SC, and VA. In 2023, there will be 774 total D-SNPs nationwide. **There will be 45 states (plus DC and PR) with D-SNPs in 2023, the same number as in 2022. No new states will have D-SNPs in 2023.**

Accessing the 2023 SNP Landscape Source file:

- Go to: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html> and click on the link entitled, "2023 SNP Landscape Source file (v 09 06 2022) (ZIP)."
- Or, go directly to the zip file: <https://www.cms.gov/files/zip/2023-snp-landscape-source-file-v-09-06-2022.zip>
- Open the zip file, and click on the "2023LandscapeSource file SNP 09062022.xls to access the excel version.

As it does on an annual basis, CMS released updated landscape files in mid-October to populate with the Star Ratings (and sanctions tab as needed). In addition, this year CMS added a few additional plans that had been missing from the September 28, 2022 release. For D-SNPs, three PBPs were deleted (H6207-001, 002, and 003) and one (H5496-011) was added in the October file. In addition, CMS made some corrections in the October landscape file to Medicare-Medicaid Plans (MMPs) in Texas. The September landscape file included five Texas MMPs, but one of those plans consolidated with another Texas MMP so there are now four MMPs in the state, as shown on the October landscape file.

The October landscape files are available at: <https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovgenin>

Notice of Intent to Apply (NOIA) Deadline

CMS announced the release of the Contract Year (CY) 2023 Notice of Intent to Apply (NOIA) web tool and key dates for the CY 2024 Medicare Advantage (MA) and Prescription Drug Benefit (Part D) application cycle. Organizations should submit the CY 2023 NOIA by **5:00 pm ET on November 11, 2022**.

MA and Part D organizations must submit a NOIA for CY 2024 if they plan to:

- Offer a new (initial) MA and/or Part D product type; or
- Expand an existing contract's service area (service area expansion or SAE) or adding to an existing contract.

For CY 2024, there are four distinct websites for interested organizations. Organizations must use the following links to access and complete the NOIA web tools:

- New/Initial MA or Part D Plan – https://surveys.CMS.gov/jfe/form/SV_eLhBkpPeV9REU8S
- MA or Part D SAE (including adding a SNP to an existing contract) – https://surveys.CMS.gov/jfe/form/SV_0x5eToaooNbhb8i
- New/Initial Medicare-Medicaid Plan (MMP) – https://surveys.CMS.gov/jfe/form/SV_412WIARLXrdCr1c
- MMP SAE – https://surveys.CMS.gov/jfe/form/SV_9YwpTwGQtFtM9ro

2023 Medicare Advantage Star Ratings Released

The [Medicare Advantage \(MA\) Star Ratings](#) for calendar year 2023 are now available. CMS publishes the Star Ratings each year to help beneficiaries find the best plan for them and to determine MA quality bonus payments to plans. States can use the ratings to help assess the performance of plans operating in their state, especially D-SNPs with which they have contracts.

In reviewing the ratings, note that:

- The lowest-ranking plans receive one star, and the highest-ranking plans receive five stars.
- Star Ratings are assigned at the contract level, not at the individual plan level. A single MA contract may include more than one type of SNP (i.e., chronic condition, institutional, and/or dual eligible), as well as non-SNP MA plans. A single MA contract may also include plans in more than one state. The Star Rating assigned to the contract applies to (and reflects the performance of) all plans under the contract.
- Three SNP-specific measures are reported at the plan level rather than at the contract level, and apply to all SNP types. The measures are:
 - Measure C05: SNP Care Management
 - Measure C06: Care for Older Adults - Medication Review
 - Measure C07: Care for Older Adults – Pain Assessment
- For more information, see the [2023 Part C and D Star Ratings Fact Sheet](#).

Five-Star Contracts. As detailed in the Fact Sheet, 62 out of 507 MA-PD contracts for 2023 have received the highest five-star rating. These contracts enroll about 22 percent of MP-PD enrollees (Table 4). Of these 62 top-rated contracts, 28 include one or more SNPs (Appendix Table A1). One contract containing a D-SNP received a low performing icon for consistently low quality ratings.

ICRC's [How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance](#) technical assistance tool explains how to find Star Ratings for D-SNPs in your state.

October 2022 Enrollment in Medicare-Medicaid Plans

Between September and October 2022, total Medicare-Medicaid Plan (MMP) enrollment in the nine states (CA, IL, MA, MI, NY, OH, RI, SC, and TX) with current capitated model demonstrations under the Financial Alignment Initiative increased from 428,060 to 431,687 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, October 2021 to October 2022](#).

October 2022 Enrollment in PACE Organizations

Program of All Inclusive Care for the Elderly (PACE) organizations provide comprehensive medical and social services to frail, community-dwelling individuals age 55 and older, most of whom are dually eligible. As shown in ICRC's table, [PACE Total Enrollment by State and by Organization](#), PACE organizations were operating in 31 states in October 2022. Between September and October 2022, the total number of Medicare beneficiaries enrolled in PACE increased from 54,626 to 55,075.

New Resources on the ICRC Website

- [Alignment of Medicare Savings Program \(MSP\) Eligibility with the Medicare Part D Low Income Subsidy Program](#) (Updated September 2022): This tip sheet details one way a state can improve the MSP eligibility determination process by aligning its MSP eligibility criteria with those used for the Medicare Part D Low-Income Subsidy (LIS) program to facilitate the use of LIS eligibility data in determining eligibility for MSPs. Aligning MSP eligibility limits allows states to more easily use the Social Security Administration's LIS "leads" data to automate and/or streamline enrollment into MSP benefits.

Key Upcoming Dates

- **November 11, 2022-** CY 2024 NOIA deadline to ensure access to HPMS for new MA or PDP contracts or plans that wish to expand their service areas.
- **December 7, 2022-** End of the Annual Election Period.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The Integrated Care Resource Center is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.

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