

Integrated Care Updates

CMS 2024 Medicare Advantage Star Ratings Released

The Centers for Medicare & Medicaid Services (CMS) has published the [Medicare Advantage \(MA\) Star Ratings](#) for calendar year 2024. Star Ratings help beneficiaries find the best plan for them, and CMS uses Star Ratings to determine quality bonus payments to MA plans. States can use the ratings to help assess the performance of plans operating in their state, especially Dual Eligible Special Needs Plans (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 Special Needs Plan (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.
- For more information, see the [2023 Part C and D Star Ratings Fact Sheet](#).

Five-Star Contracts. As detailed in the Fact Sheet, 31 out of 545 MA-PD contracts for 2024 have received the highest five-star rating. These contracts enroll about seven percent of MA prescription drug plan enrollees (Table 1). Of these 31 top-rated contracts, 20 include one or more SNPs (Appendix Table A1).

To see which specific contracts received particular ratings and the star ratings for contracts operating in your specific state, download the star ratings data tables from the CMS [Part C and D Performance Data](#) webpage.

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.

CMS Announces New Evaluation Reports for Demonstrations under the Financial Alignment Initiative

CMS has posted online additional evaluation reports highlighting ongoing operations in three demonstrations under the Medicare-Medicaid Financial Alignment Initiative (FAI). These include the third-year (preliminary) evaluation reports for the [New York Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities \(FIDA-IDD\) Demonstration](#), the third report for the [Ohio MyCare Demonstration](#), and the eighth actuarial report for the [Washington Managed Fee-for-Service \(MFFS\) Demonstration](#). Key takeaways include:

- **New York's FIDA-IDD Demonstration** is the only FAI demonstration exclusively serving individuals with intellectual and developmental disabilities. Stakeholders reported that the demonstration is an attractive alternative when family members are unable to continue being primary caregivers, and enrollees reported increased access to durable medical equipment after enrolling.

- The New York evaluation found no statistically significant changes in Medicare or Medicaid costs through 2020. However, these results are preliminary and do not account for the final risk corridor payments made from New York to the participating plan, as those final numbers have not been calculated. These results should be interpreted with caution given the relatively small number of enrollees.
- **The Ohio MyCare demonstration** led to several positive results from 2014 through 2020, including fewer hospitalizations, readmissions, nursing facility admissions, and greater probability of follow up visits after a mental health discharge. However, the evaluation also found increased preventable emergency department visits.
 - The Ohio demonstration reports unfavorable Medicare cost results. The Medicare cost results are improved from the prior report, largely due to data updates. Due to methodological concerns, the report does not include Medicaid cost analyses for Ohio.
- **The Washington Managed Fee-for-Service Demonstration** actuarial savings analysis shows a reduction in gross Medicare Parts A and B expenditures of \$37.8 million and \$25.3 million for calendar years 2020 and 2021, respectively. The 2021 finding is preliminary, the evaluator will incorporate additional data in the next report. Gross Medicare Parts A and B savings from 2013 through 2021 are now estimated to total \$356 million.

All FAI evaluation reports are available on CMS' website: <https://www.cms.gov/priorities/innovation/innovation-models/financial-alignment>

New CMS D-SNP State-by-State Contract Data for 2024

On October 10, CMS shared a [D-SNP State-by-State Contract Data file](#) that summarizes the levels of integration offered by D-SNPs for contract year 2024, based on CMS' review of contracts between states and D-SNPs (state Medicaid agency contracts or SMACs, also known as "MIPPA contracts"). For more information on the different levels of D-SNP integration, see ICRC's tips sheet [Definitions of Different Medicare Advantage D-SNP Types in 2023 and 2025](#).

October 2023 Enrollment in Medicare-Medicaid Plans, PACE Organizations, and Applicable Integrated Plans

ICRC has developed a new, consolidated format for sharing enrollment in Medicare-Medicaid Plans (MMPs), Program of All-Inclusive Care for the Elderly (PACE) organizations, and Applicable Integrated Plans (AIPs). The October enrollment data in the new consolidated format is now available on the ICRC website at: [Monthly Integrated Care Exclusively Aligned Enrollment Report: Dually Eligible Individuals Enrolled in MMPs, PACE, and AIPs](#). Between September and October 2023, total MMP enrollment in the eight states (IL, MA, MI, NY, OH, RI, SC, and TX) with capitated model demonstrations under the Financial Alignment Initiative increased from 313,588 to 313,739, the total number of Medicare beneficiaries enrolled in PACE increased from 59,197 to 59,751, and the total AIP enrollment increased from 604,542 to 609,706.

New Resources on the ICRC Website

- [Tips for States on Incorporating D-SNPs into Medicaid Quality Improvement Activities](#) (October 2023): This tip sheet describes the Medicare resources available to states to monitor D-SNP performance, explains how states can leverage those resources for Medicaid managed care quality oversight and improvement, and provides tips for states on incorporating D-SNPs into Medicaid quality improvement activities.
 - [State Strategies for Encouraging Enrollment in Integrated Care Programs](#) (August 2023): This webinar discusses strategies states can use to encourage enrollment in integrated care programs, including communicating the value of integrated care to dually eligible individuals through direct outreach and education, partnering with State Health
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Insurance Assistance Programs (SHIPs) and other trusted organizations to educate dually eligible individuals, and leveraging policy options to promote enrollment in integrated care programs. This webinar also describes discuss additional factors that can affect integrated care program enrollment.

Key Upcoming Dates

- **November 11, 2023** - CY2025 Notice of Intent to Apply (NOIA) deadline to ensure access to HPMS for new Medicare Advantage (MA) or Prescription Drug Plan contracts or plans that wish to expand their service areas.
- **December 7, 2023** - End of the MA and Prescription Drug Plan 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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