

Integrated Care Updates

2021 Medicare Advantage Star Ratings Released

The [Medicare Advantage \(MA\) Star Ratings](#) for calendar year 2021 are now available. The Centers for Medicare & Medicaid Services (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 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.
- Four SNP-specific measures for care management and care for older adults are reported at the plan level rather than at the contract level.

State Count Down to 2021 – Implementing New D-SNP Integration Standards

By January 1, 2021, Dual Eligible Special Needs Plans (D-SNPs) must meet new integration standards. If your state has questions about next steps in implementing the information sharing requirements that it incorporated into its 2021 D-SNP contracts, please contact ICRC for technical assistance ICRC@chcs.org.

ICRC's [How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance](#) technical assistance tool (updated October 2020) explains how to find Star Ratings for D-SNPs in your state.

CMS and State Data Resource Center (SDRC) Release Buy-in Technical Assistance Webinar

CMS and its State Data Resource Center (SDRC) recently released a webinar for states on their data exchanges with CMS to effectuate state payments of Medicare premiums (“buy-in”) for dually eligible individuals. The webinar is a resource to support states moving to daily exchange of those data, and is available on the SDRC [Buy-in File Exchange](#) webpage.

The presentation covers the Buy-In File exchange, with focus on the importance of daily file exchange, and includes lessons learned from Texas HHSC's recent transition to daily exchanges. The [Interoperability and Patient Access Final rule](#) requires daily state-CMS data exchange to identify Medicare enrollees as well as which party – Medicare or Medicaid – is liable for paying each beneficiary's Parts A and B premiums (commonly referred to as “buy-in” files). For CMS technical assistance to help shift to daily submission of buy-in files, state staff should contact the CMS Office of Information Technology (MEPBSEDBSSStaff@cms.hhs.gov) and copy (DPBCStateBuy-In@cms.hhs.gov).

In addition to the SDRC webinar, CMS also recently updated the Manual for State Payment of Medicare Premiums (formerly called the “State Buy-in Manual”) and released information for states on troubleshooting code 21XX series accretion rejection in buy-in file exchanges. Both the revised manual and the technical assistance tool are available on the CMS webpage on [State Payment of Medicare Premiums](#).

State Options and Considerations for Sharing Medicaid Enrollment and Service Use Information with D-SNPs

To meet new integration requirements taking effect in CY 2021, D-SNPs that are not Highly Integrated D-SNPs (HIDE SNPs) or Fully Integrated D-SNPs (FIDE SNPs) will need to begin sharing information on hospital and skilled nursing facility admissions with the state or the state’s designee for a group of high-risk enrollees. In states where Medicaid managed care organizations (MCOs) are the designated recipients, D-SNPs must know which MCO should receive the admissions information. State Medicaid agencies are the best source of this information.

ICRC’s technical assistance brief, [State Options and Considerations for Sharing Medicaid Enrollment and Service Use Information with D-SNPs](#), discusses issues and options for states to support D-SNPs in meeting new requirements for the coordination of Medicare and Medicaid benefits, including:

- 1) Allowing D-SNPs to access state Medicaid beneficiary eligibility portals;
- 2) Conveying Medicaid enrollment and/or service use information in enrollment files or other files that are routinely shared with D-SNPs;
- 3) Allowing D-SNPs to use 270 transactions to request Medicaid enrollment and/or service use information (and conveying that information in 271 response files); or
- 4) Providing D-SNPs with specific points of contact for FFS Medicaid LTSS and/or BH assessments and service administration.

ICRC is available to help states in weighing these options and to support other aspects of developing information-sharing approaches. Please email ICRC@chcs.org to set up a call.

October 2020 Enrollment in Medicare-Medicaid Plans

Between September and October 2020, total Medicare-Medicaid Plan (MMP) enrollment in the nine states (CA, IL, MA, MI, NY, OH, RI, SC, and TX) currently implementing capitated model demonstrations under the Financial Alignment Initiative increased from 398,746 to 402,546 as shown in ICRC’s table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, October 2019 to October 2020](#).

October 2020 Enrollment in PACE Organizations

PACE organizations provide comprehensive medical and social services to frail, community-dwelling individuals age 55 and older, most of whom are Medicare-Medicaid enrollees. As shown in ICRC’s table, [Program of All Inclusive Care for the Elderly \(PACE\) Total Enrollment by State and by Organization](#), PACE organizations were operating in 31 states in October 2020. Between September and October 2020, the total number of Medicare beneficiaries enrolled in PACE increased from 49,566 to 49,717.

New Resources on the ICRC Website

- [How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance](#): This technical assistance tool walks through the how the Medicare Advantage Star Ratings system works, as well as how states can best use the system for D-SNP oversight. ([ICRC/ October 2020](#))

Key Upcoming Dates

- **October 15- December 7** – Annual Coordinated Election Period, Medicare beneficiaries can enroll in MA or Part D plans for 2021
- **November 2** – Deadline for D-SNPs to correct contract deficiencies and resubmit revised State Medicaid Agency Contracts (SMACs)
- **November 11** – 2022 Notice of Intent to Apply (NOIA) due for new MA or PDP contracts or extensions
- **November 13** – Comments due on Part I of the Advance Notice
- **December 7** – 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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