

Helping states develop integrated programs for individuals who are dually eligible for Medicare and Medicaid

October 30, 2024

Integrated Care Updates

Resource for New Special Enrollment Periods (SEPs) for Dually Eligible and Low-Income Subsidy (LIS) Eligible Individuals

The Centers for Medicare & Medicaid Services (CMS) recently released a <u>resource about the new SEPs for dually eligible</u> <u>and LIS eligible individuals</u>. Effective January 1, 2025, the quarterly Dual/LIS SEP will sunset. It will be replaced by a new Dual/LIS SEP that will allow dually eligible and LIS-only eligible individuals to elect a standalone prescription drug plan (PDP) in any month. In addition, effective January 1, 2025, a new Integrated Care SEP will allow full-benefit dually eligible individuals to elect an integrated dual eligible special needs plan (D-SNP) in any month to align coverage with a Medicaid managed care organization. CMS designed this resource to provide an overview of the new SEPs and help anyone who assists dually eligible and LIS-only eligible individuals with their Medicare coverage choices to better understand eligibility for and availability of both SEPs.

Please feel free to share this resource with plans or stakeholders that may have questions and are interested in more information on the new SEPs. Please direct any questions on these SEPs to the CMS Medicare-Medicaid Coordination Office (MMCO)'s D-SNP mailbox <u>MMCO_DSNPOperations@cms.hhs.gov</u>.

2025 Integrated D-SNPs List Now Available

CMS has also posted on its <u>D-SNPs: Integration & Unified Appeals & Grievance requirements page</u> the <u>CY 2025 Integrated</u> <u>D-SNPs List (XLSX)</u>, a sortable list of the integrated D-SNPs that will operate in 2025.

Starting January 1, 2025, the D-SNPs in this list can enroll full-benefit dually eligible (FBDE) individuals in <u>any month</u> using the new Integrated Care Special Enrollment Period (SEP) that was implemented in the <u>April 2024 Medicare Advantage and</u> <u>Part D final rule</u>. (Note: FBDE individuals using this SEP must also be enrolled in – or in the process of enrolling in – an affiliated Medicaid Managed Care Organization offered by the same parent company as the D-SNP.)

New Model Materials Developed by CMS and Participating States for AIP D-SNPs

CMS and several states have jointly developed integrated model materials for use by applicable integrated plan (AIP) D-SNPs in 2025. Those materials are issued by CMS to D-SNPs through the Health Plan Management System (HPMS) and they are also now available on the CMS <u>D-SNPs: Integration & Unified Appeals & Grievance Requirements</u> webpage. The information in these materials is state-specific, so the materials on the page above have been organized and alphabetized by state name.

States that are interested in requiring D-SNPs to use integrated materials in the future may wish to review these materials as they consider their own requirements and options.

CMS Releases Beneficiary Experience Research

CMS recently published a report from the <u>Dual Eligible Terms and Experience Study</u> summarizing qualitative research conducted with D-SNP enrollees and State Health Insurance Assistance Program (SHIP) counselors in Minnesota and

Arizona. The study explored terms that resonate with D-SNP enrollees to improve communication and enrollee materials as well as understand D-SNP enrollees' experiences with care coordination and plan selection.

2025 Medicare Advantage and Part D Star Ratings Released

On October 10, CMS published the <u>2025 Star Ratings</u> for Medicare Advantage (MA) and Part D plans. Star Ratings help Medicare 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, including D-SNPs. ICRC's <u>How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance</u> technical assistance tool explains how to find and use Star Ratings to assess the performance of D-SNPs in your state.

In reviewing MA Star Ratings, note that:

- The lowest-ranking plans receive one star, and the highest-ranking plans receive five stars.
- Star Ratings are assigned at the <u>contract level</u>, 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 SNP), 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.
 - States that have D-SNPs operating with <u>exclusively aligned enrollment</u> can require D-SNPs to operate within <u>D-SNP only contracts</u> to ensure that the Star Ratings calculated for those contracts only represent the quality and performance of the D-SNPs operating within that state.

For more information, see the CMS 2025 Part C and D Star Ratings Fact Sheet.

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 <u>Part C and D Performance Data</u> webpage.

October 2024 Enrollment in Medicare-Medicaid Plans, Programs of All-Inclusive Care for the Elderly, and Applicable Integrated Plans

October data on enrollment in Medicare-Medicaid Plans (MMPs), Program of All-Inclusive Care for the Elderly (PACE) organizations, and AIPs are now available on the ICRC website at: <u>Monthly Integrated Care Exclusively Aligned Enrollment</u> <u>Report: Dually Eligible Individuals Enrolled in MMPs, PACE, and AIPs</u>. Table 1 in this document shows total monthly enrollment for all integrated care plans with exclusively aligned enrollment (MMPs, PACE, and AIPs). Between September and October 2024, total enrollment in integrated care plans with exclusively aligned enrollment held steady at about 1.3 million.

Key Upcoming Dates

- November 11, 2024: CMS Notice of Intent to Apply (NOIA) deadline to ensure access to HPMS for organizations that plan to offer a new MA and/or Part D product type or a service area expansion (SAE) for an existing contract in CY2026.
- December 7, 2024: End of the CY2025 annual election period for MA and Part D plans (began on October 15).
- January 1, 2025: Medicare Advantage (MA) and Part D plan contract year starts; enrollment effective date for plan enrollments processed during the Medicare Annual Enrollment Period (AEP) that took place between October 15 and December 7 and 2024.
- January 1 March 31, 2025: Annual MA Open Enrollment Period, during which an individual who is already enrolled in an MA plan including Dual Eligible Special Needs Plans (D-SNPs) and Medicare-Medicaid Plans

(MMPs) – can switch to a different MA plan or disenroll from that MA plan to go to original, fee-for-service Medicare (with or without a Part D prescription drug plan).

- January 8, 2025: CMS releases MA application for CY2026 on CMS website for new plan applications and organizations submitting service area expansions in 2026.
- Early January 2025: Model of Care (MOC) renewal submission period begins for D-SNPs, Institutional Special Needs Plans (I-SNPs) and Chronic Condition Special Needs Plans (C-SNPs) with MOC approvals ending December 31, 2025.
- January 17, 2025: Final day for MA organizations to submit NOIAs to CMS for CY2026. (CMS requires NOIAs
 from all MA organizations wishing to operate a new product type or expand the service areas of an existing contract
 in 2026.)

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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