

Integrated Care Updates

2020 Medicare Advantage Star Ratings Released

The Medicare Advantage (MA) star ratings for calendar year 2020 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 plans operating in their state, especially Dual Eligible Special Needs Plans (D-SNPs) with which they may have contracts to provide services to Medicaid beneficiaries. 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 all plans under the contract.

Refer to the [How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance](#) technical assistance tool published this month by ICRC in order to find Star Ratings for D-SNPs in your state.

2019 MedPAC Data Book Provides Information on Demographic and Other Characteristics of Dually Eligible Beneficiaries

The Medicare Payment Advisory Commission's (MedPAC) [annual data book on health care spending and the Medicare program](#) has a section on dually eligible beneficiaries that provides national, survey-based information on their demographic and other characteristics that is not otherwise available. Graphs 4-3 and 4-4 on pp. 39-40 show information about beneficiaries' self-reported health status, limitations on activities of daily living, living arrangements, education, and other characteristics, as well as the percent enrolled in Medicare managed care, based on information from the 2016 Medicare Current Beneficiary Survey.

New MACPAC State Policy Compendium Provides State-by-State Detail on Medicaid Fee-for-Service (FFS) Payment Policies for Nursing Facilities

In October, the Medicaid and CHIP Payment and Access Commission (MACPAC) posted a new [compendium on Medicaid FFS payment policies for nursing facilities](#), including a summary state-by-state comparison table and separate tabs showing regulatory language and other details for each state. Almost 90 percent of the residents of Medicaid nursing facilities are dually eligible beneficiaries. States that are contracting with Medicare D-SNPs and/or Medicaid managed care plans to cover Medicaid nursing facility benefits can use this compendium to assess options for nursing facility payment policies with these plans. The summary table in the compendium highlights a number of features of state nursing facility payment policies that may be especially relevant to these discussions, including inflation factors, bed-hold policies, occupancy rate

minimums, acuity adjustments, adjustments related to provider taxes, supplemental payments, and incentive payments for quality, performance, and/or efficiency.

In addition to reviewing the compendium, states interested in implementing value-based purchasing techniques with nursing facilities may wish to read a November 2017 ICRC technical assistance tool, [Value-Based Payment in Nursing Facilities: Options and Lessons for States and Managed Care Plans](#), that discusses state and health plan options for using value-based payment policies for nursing facilities.

October 2019 Enrollment in Medicare-Medicaid Plans

Between September and October 2019, total Medicare-Medicaid Plan 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 386,100 to 387,463, as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, October 2018 to October 2019](#).

October 2019 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](#), 131 PACE organizations were operating in 31 states in October 2019. Between September and October 2019, the total number of Medicare beneficiaries enrolled in PACE increased from 47,042 to 47,588.

New Resources on the ICRC Website

[Information Sharing to Improve Care Coordination for High-Risk Dual Eligible Special Needs Plan Enrollees: Key Questions for State Implementation](#)

This technical assistance tool offers key questions and considerations that states can review as they begin working with D-SNPs and other parties to design and implement information-sharing requirements. (ICRC/September 2019)

Key Upcoming Dates

- **November 11** – Notice of Intent to Apply (NOIA) due for new Medicare Advantage or Prescription Drug Plan contracts or extensions.
- **November 12** – Comments due on [proposed process](#) to verify that D-SNP contracts meet new information-sharing requirements for Contract Year 2021.
- **December 17** – Comments due on [Proposed Applicable Integrated Plan Coverage Decision Letter](#) to be used in 2021 in a limited number of states that limit D-SNP enrollment to enrollees in Medicaid managed care plans offered by the same organization.

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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