

2025 MA Proposed Rule & Final 2024 Medicare PFS Updates

2025 Medicare Advantage Proposed Rule

2024 Final Rule

Star Ratings Proposals

- Initiation and Engagement of Substance Use Disorder Treatment (IET) submitted to Measures Application Partnership prior to proposing future addition to Stars
- Adult Immunization Status, Depression Screening & Follow-up, Social Needs Screening to be submitted to MAP
- Retire MTM CMR Completion measure to Display for MY2025 and MY2026 if previous proposals are codified
- Require sponsor review requests on Patient Safety rates to be submitted no later than deadline established by CMS (expected to be ~mid-May)
- Revises process for identifying data completeness issues and calculating scaled reductions for Appeals measures
- Codifies calculations of CAI and HEI resulting from contract consolidations
- Provides Administrator the opportunity to modify QBP appeals decision

Operational Changes with Indirect Stars Impact

- Apply network adequacy standards to certain MH/BH specialties (marriage/family therapists, mental health counselors, opioid treatment providers, CMHCs)
- Adjust formulary change procedures to increase in-year uptake of biosimilars
- Change Multi-Language Insert from 15 most common languages nationally to 15 most common languages in State
- Make MA encounter data available to States to support quality reporting
- Require SSBCIs in bids be supported by bibliography of evidence, require plans to follow written policies to determine SSBCI eligibility, require documentation of SSBCI denials rather than approvals
- Require mid-year outreach to inform enrollees of unused supplemental benefits
- Eliminate payment to agents/brokers for administrative activities such as HRA completions, appointment scheduling, etc.

SNP Alignment & Integration

- Expand policies to increase enrollment in aligned/integrated Medicare & Medicaid plans
- Revise quarterly SEP for duals/LIS-eligibles to monthly SEP to enroll in a PDP and create a new SEP to allow duals to elect an integrated D-SNP on a monthly basis
- Lower D-SNP look-alike threshold to 70% for 2026 non-renewals; 60% for 2027 non-renewals
- Strengthens incentives for MA sponsors to also compete for Medicaid managed care contracts
- Reduces number of D-SNP options available in market
- Recognizes CMS is not obligated to accept any and every MA plan bid
- Restructures and limits the number of D-SNP's an MAO may offer in a service area
- By 2030, requires disenrollment of duals NOT enrolled in the affiliated MCO

Medicare Physicians Fee Schedule

- Establishes payment for caregiver training performed by practitioners to train caregivers to support patients carrying out their treatment plan
- Adds addiction, drug and alcohol counselors, marriage and family therapists, mental health counselors as eligible Medicare providers
- Finalizes provider coding and payment for principal illness navigation services, community health integration services and SDOH risk assessments
- Finalizes coverage for certain dental services prior to and during certain cancer treatments
- Increases payment for crisis care, substance use disorder treatment and psychotherapy

Key Known and Proposed Star Ratings Changes

MY2022/SY2024

CONFIRMED AND CODIFIED CHANGES

- ✓ Increase Controlling Blood Pressure weight to 3x
- ✓ Return Plan All-Cause Readmissions
- ✓ Add Transitions of Care
- ✓ Retain Medication Reconciliation Post-Discharge as stand-alone measure
- ✓ Add Follow-Up After ED Visit for People with High-Risk Multiple Chronic Conditions
- ✓ Retire Diabetes Care-Nephropathy
- ✓ Cut points use Tukey Outlier Deletion
- ✓ Adjust Statin Use in Persons with Diabetes inclusion and exclusion criteria
- ✓ Raise MPF Price Accuracy criteria to \$0.02

MY2023/SY2025

CONFIRMED AND CODIFIED CHANGES

- ✓ Increase Plan All-Cause Readmissions weight to 3x
- ✓ Transition Breast Cancer Screening to ECDS
- ✓ Change optional exclusions to required for CBP, COL, KED and member deaths
- ✓ Use >1 code for HEDIS frailty exclusions
- ✓ Deny New Contracts/Service Area Expansions for legal entities with 2 years of ≤2.5 Part C, Part D or Overall rating

MY2024/SY2026

CONFIRMED AND CODIFIED CHANGES

- ✓ Reduce CAHPS & Administrative weights to 2x
- ✓ Add web surveys to CAHPS (2024 survey; 2025 rating)
- ✓ Remove 15-minute wait time CAHPS question (2024 survey; 2025 ratings)
- ✓ Return Improving or Maintaining Physical Health at 1x weight
- ✓ Return Improving or Maintaining Mental Health at 1x weight
- ✓ Add Kidney Health for Patients w/Diabetes (KED)
- ✓ Remove hybrid reporting from Colorectal Cancer Screening & transition to ECDS
- ✓ Allow States to require separate H-contract with only that state's D-SNP members
- ✓ Use Continuous Enrollment for Med Adherence & SUPD denominator inclusion
- ✓ Use MY2024 results in Health Equity Index
- ✓ Notify members annually of ability to opt out of phone calls for certain plan business
- ✓ Screen members to identify low digital health literacy & offer digital health education to access telehealth
- ✓ Provide materials on standing basis in non-English for languages >5% of pbp service area or accessible format upon request or after learning of enrollee preference (includes ICPs)
- ✓ HIDE/FIDE SNPs must translate materials into languages required by MCD contract
- ✓ Provide full LIS subsidy for members currently only qualifying for partial LIS subsidy
- ✓ Part D Price Concessions at point of sale
- ✓ Depression Screening, Adult Immunization Status added to Display

PROPOSED CHANGES

- ✓ Remove hybrid reporting from Diabetes Care-Eye Screening & transition to administrative reporting
- ✓ Add glucose mgmt indicator to Diabetes Care-A1c Control
- ✓ Expand Breast Cancer Screening criteria to include others at risk (transgender, gender diverse)

MY2025/SY2027 & Beyond

CONFIRMED AND CODIFIED CHANGES

- ✓ FIDE SNPs must have exclusively aligned enrollment (i.e., only enrollment of individuals in the affiliated Medicaid MCO contract; MY2025)
- ✓ HIDE SNP state contracts must apply to D-SNP's entire service area (MY2025)
- ✓ Implement Health Equity Index & use as replacement for Reward Factor (MY2024 & 2025/SY2027)
- ✓ Increase Improving or Maintaining Physical Health weight to 3x (MY2025)
- ✓ Increase Improving or Maintaining Mental Health weight to 3x (MY2025)
- ✓ Sunset Reward Factor (MY2025)
- ✓ Use Risk-adjusted Medication Adherence measures (MY2026; 1-time weight of 1x)
- ✓ Remove IP/SNF adjustments from Med Adherence measures (MY2026)

PROPOSED CHANGES

- ✓ Add COA-FSA, Concurrent Use of Opioids & Benzos, PolyRx Multi Anticholinergics, PolyRx Multi CNS Meds
- ✓ Retire COA-Pain Assessment
- ✓ Add ages 46-49 to Colorectal Cancer Screening
- ✓ Apply Improvement measure Hold Harmless solely to 5-star plans
- ✓ Remove cutpoint guardrails
- ✓ Retire Med Rec Post-Discharge measure
- ✓ Expand required MTM eligibility criteria & retire to Display