



Are You Prepared for the 2024 Medicare Advantage Proposed Rule Changes?

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Our Panelists



Morgan Beschle

Cureatr
Chief Product Officer



Rex Wallace

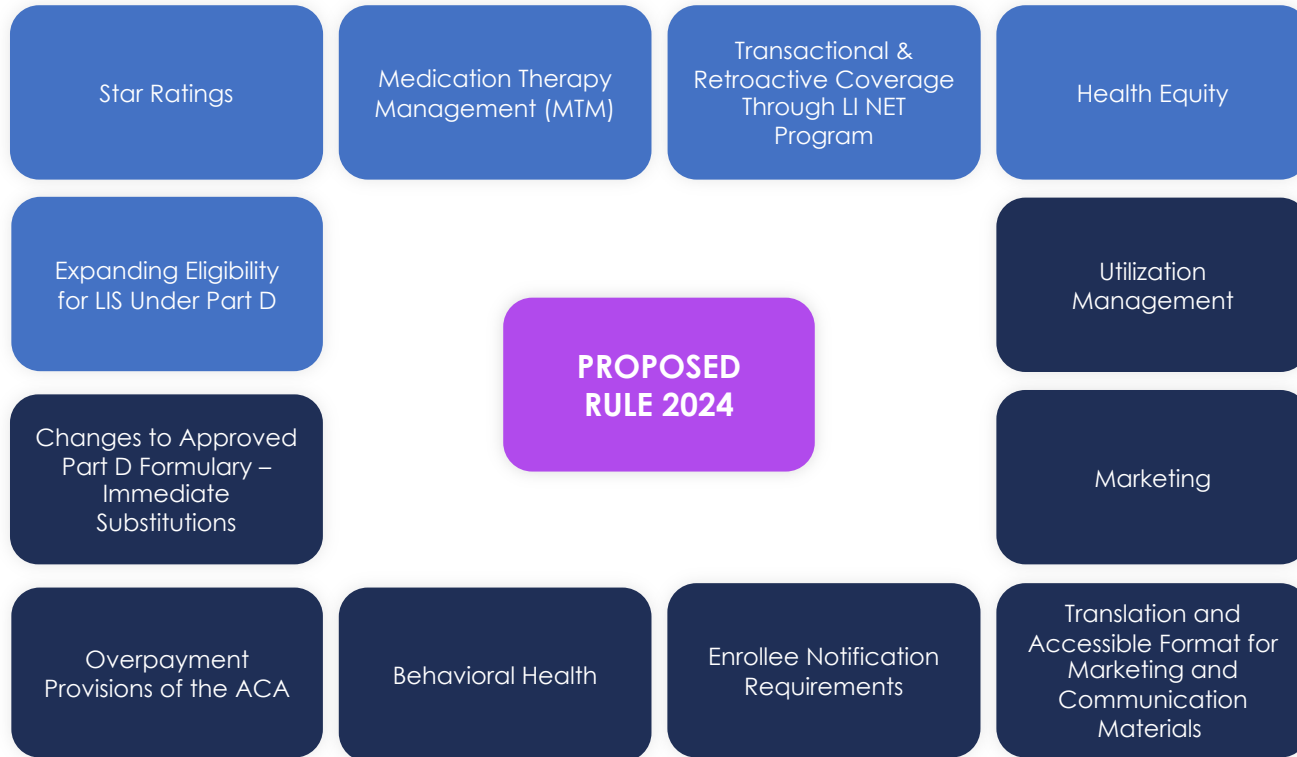
Rex Wallace Consulting, LLC
Principal & Founder



Jessica Muratore

Rex Wallace Consulting, LLC
Senior Consultant

12 Major* Provisions Addressed in the Proposed Rule CY2024

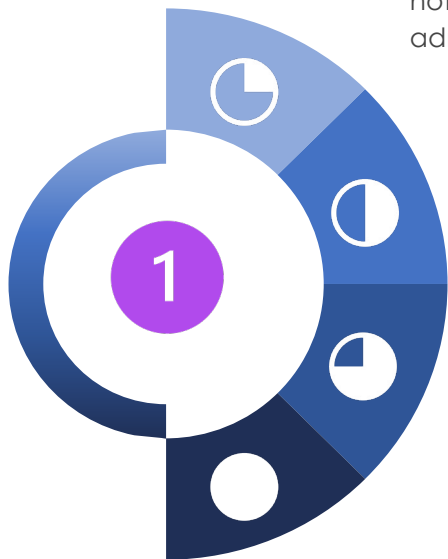


**There are 77 "minor" provisions also in the Proposed Rule*

Transitions of Care

Transitions of Care (TRC) measures whether appropriate activities have taken place, including coordination with primary care, whenever a member moves from one care setting to another. These activities include timely notification of admission and discharge, as well as follow-up and coordination of medications.

- The four sub-measures are combined in the Star Ratings, with the composite carrying a weight of 1 (.25 weight each)
- Due to CMS rule-making processes for MA, **Medication Reconciliation Post-Discharge (MRP) will be weighted at 1.25 until the historical 1-weighted measure is officially retired for Stars Year 2026**



1. NOTIFICATION OF INPATIENT ADMISSION

Documented receipt of inpatient admission notification on the day of or within 2 days following admission (3 total days)

2. RECEIPT OF DISCHARGE INFORMATION

Documented receipt of discharge information on the day of or within 2 days following discharge (3 total days)

3. PATIENT ENGAGEMENT AFTER DISCHARGE

Documented follow-up contact with a patient within 30 days of discharge (can be in-office, in-home, or telehealth visit)

4. MEDICATION RECONCILIATION POST-DISCHARGE

Documented medication reconciliation performed on the day of or within 30 days following discharge (31 total days)



Health Equity Index (HEI) Reward



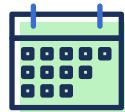
New aggregate measure to reward reduction of disparities in those with Social Risk Factors (LIS/Dual-Eligible/Disability)



Measured on two years of data, starting with calendar year 2024-2025 (Star year 2026-2027) to be applied in Star year 2027



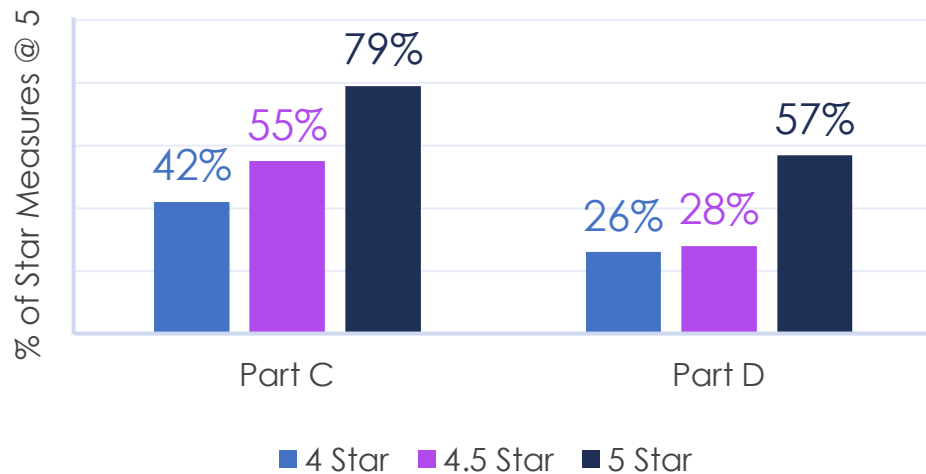
Will **replace** existing Reward Factor to **prioritize reduction of disparities over high performance/low variability**



Measures included will be **announced annually** in the Payment and Risk Adjustment policies, section 1853(b)

Improvement Measure Hold Harmless

CMS believes 4-4.5 star plans still have room for improvement.



Medication Therapy Management Program

CHANGES / REQUIREMENTS

- Part D sponsors to target **all** core chronic conditions plus HIV/AIDS (see list to right)
- Lower qualifying amount of drugs to enroll in MTM **from 8 to 5, and inclusion of all Part D** maintenance drugs
- Lower cost threshold (\$4,935 in 2023) to average annual cost of **5 generic drugs (\$1,004** based on 2020 PDE data)
- Allow Comprehensive Medication Review (CMR) to be **completed by prescriber, caregiver, or other authorized individual if beneficiary has a cognitive impairment**
- CMRs must be completed during a **real-time interaction** (in-person, telehealth, or telephone)

IMPACT

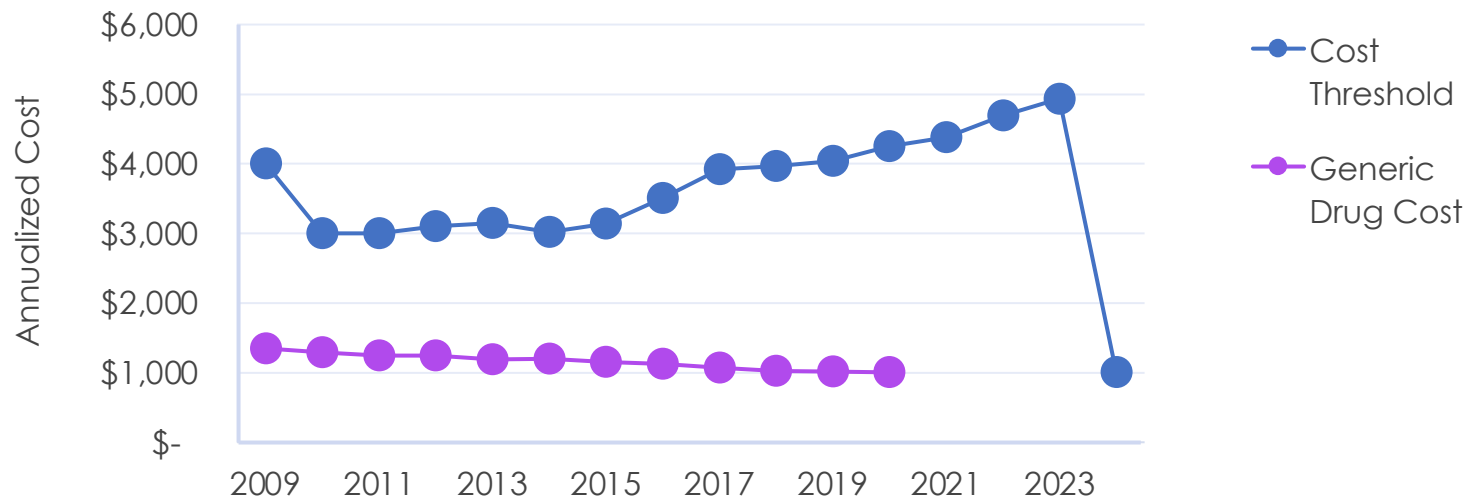
- **Increased denominator** in Part D MTM Program Completion Rate for **CMR measure**
- Measure performance may be impacted negatively **if health plans are not ready to manage increased volume** of eligible members
- Cut points may be impacted due to potential changes in performance
- Expected increase in Part D population enrollment **from 4.5 million (9%) to 11 million (23%) members**
- Total cost of MTM Program is estimated to be **\$336 million**

MTM CHRONIC CONDITIONS

- ✓ Alzheimer's Disease
- ✓ Bone Disease/Arthritis
- ✓ Congestive Heart Failure
- ✓ Diabetes
- ✓ Dyslipidemia
- ✓ End-Stage Renal Disease
- ✓ Hypertension
- ✓ Mental Health
- ✓ Respiratory Disease
- ✓ HIV/AIDS



Average Annual Generic Drug Cost vs. MTM Cost Threshold



Expanding Eligibility for Low-Income Subsidies* (LIS)

CURRENT

- Individuals with income \leq 135% of the federal poverty level (FPL) **qualify for the full LIS** (income is based on family size) and \$0 or reduced maximum deductible, and cost-sharing
- Individuals with income $>135\%$ to 150% of the FPL receive a reduced subsidy between 25-75% and reduced maximum deductible and cost-sharing

PROPOSED

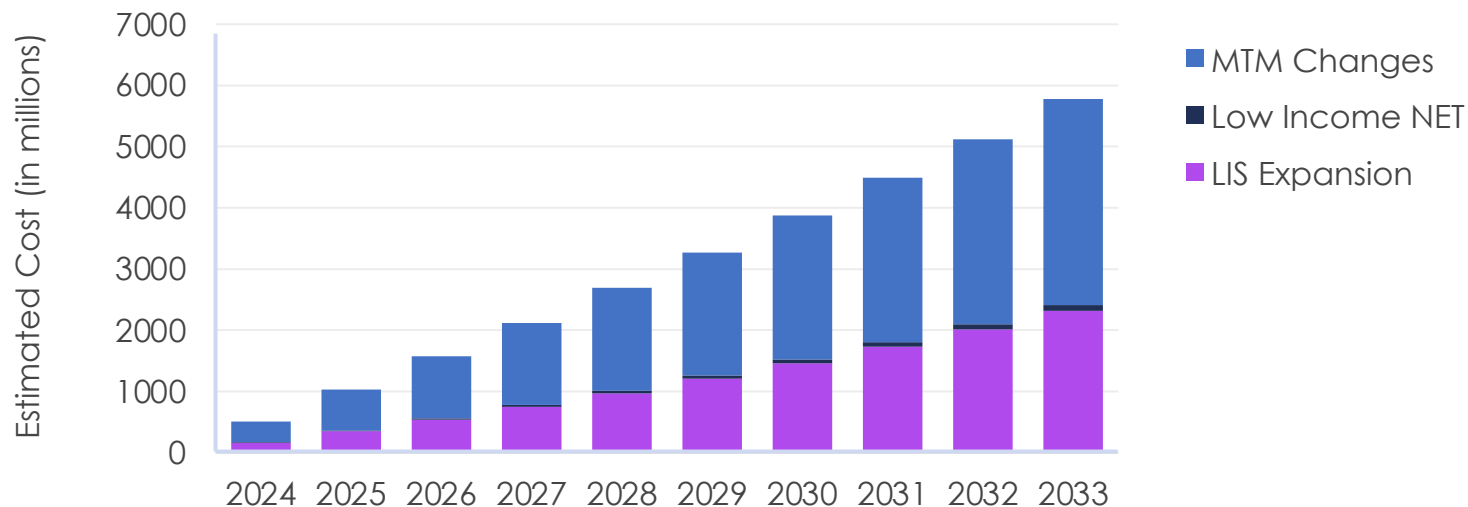
- Individuals with income up to 150% of the federal poverty level (FPL) and who meet statutory resource requirements **will qualify for the full LIS beginning on or after January 1, 2024**
- There would be no change in the number of individuals eligible for the Part D LIS, but it will create a transition of people from partial subsidy status to full benefit status, providing more subsidies to low-income beneficiaries

*Must reside in the service area of a Part D prescription drug plan (covers the 50 States, District of Columbia).

*While beneficiaries in the US Territories may qualify for Part D, LIS does not apply to them.



MTM, LI Net, and LIS Expansion Cost Estimates over the Next Decade





[Cureatr](#)

Have More Questions?



[Rex Wallace Consulting, LLC](#)



Morgan Beschle

[Cureatr](#)

Chief Product Officer

Email

morganbeschle@cureatr.com



Rex Wallace

[Rex Wallace Consulting, LLC](#)

Principal & Founder

Email

rex.wallace@rexwallaceconsulting.com



Jessica Muratore

[Rex Wallace Consulting, LLC](#)

Senior Consultant

Email

jessica.muratore@rexwallaceconsulting.com