

Boost Star Ratings with Home-Delivered Meals

Since 2007, the Centers for Medicare & Medicaid Services (CMS) has used a Five-Star Quality Rating System to measure how well Medicare Advantage (MA) plans provide service to members. CMS doubled the weight of patient experience measures used to calculate star ratings according to its Contract Year 2022 Medicare Advantage and Part D Final Rule. This change effectively means patient access to care and experience will carry even more weight than outcome measures when calculating star ratings.¹

Ratings range from 1 to 5 stars



1 Star = Poor Performance



5 Stars = Excellent Performance

The rating system is comprised of:

- ✓ Performance measures from the Healthcare Effectiveness Data and Information Set (HEDIS)
- ✓ Member satisfaction scores (Consumer Assessment of Healthcare Providers and Systems or CAHPS)
- ✓ Results of a health outcomes survey (HOS) to its own data

Certain measures may be influenced and strengthened with a home-delivered meals program.

2023 Part C & D Star Ratings – Medicare	Source	Star Weight
Improving or Maintaining Physical Health	HOS	3 – Will be Display Measure in 2022 and 2023 because of COVID-related validity
Diabetes Care – Blood Sugar Controlled	HEDIS	3
Reducing the Risk of Falling	HEDIS/HOS	1
Rating of Health Plan	CAHPS	2 – Will be Quadruple-Weighted in 2023
Health Plan Quality Improvement	Star Ratings	5
Hospitalizations for Potentially Preventable Complications	HEDIS	Display Measure
Plan All-Cause Readmissions	HEDIS	Display Measure

5 REASONS TO SHOOT FOR 5 STARS



1 Expanding MA Market

The Congressional Budget Office projects the share of all Medicare beneficiaries enrolled in MA plans will rise to about 51% by 2030.²

More than 28 million people are enrolled in a MA plan in 2022, accounting for 48% of the total Medicare population.³



2 Meeting Consumer Demands

Plans have become hyper-focused in boosting patient experience as a means to a five-star rating and, thus, heightened enrollment.

Nearly 90% of MA enrollees were in plans with quality ratings of four or more stars.⁴



3 Year-Round Marketing

CMS allows five-star plans to market themselves year-round, enabling more flexible marketing strategies.

During special enrollment periods, people can join or switch to a five-star MA or Part D plan.⁵ Year-round marketing can help five-star plans grow membership and strengthen retention rates.



4 Better Patient Outcomes

Research shows that people with chronic conditions who receive home-delivered meals experience fewer hospitalizations and significantly shorter length of hospital stays.⁶

A study of MA members in a community-based care transition program that included home-delivered meals showed a 38% improvement in 30-day readmissions over no post-discharge support.⁷



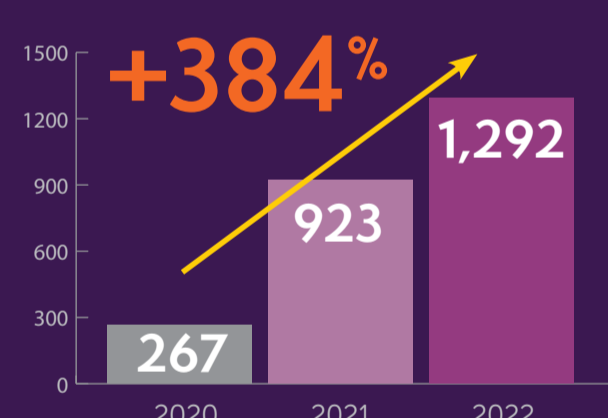
5 Competitor Differentiation

The average medicare beneficiary in 2023 has access to 43 MA plans, the largest number of options available in the last decade.⁸

A condition-appropriate, home-delivered meals program can be a low-cost, low-risk health intervention that improves both health outcomes and quality measures.

INCORPORATING A HOME-DELIVERED MEALS BENEFIT INTO YOUR MA PLAN

Number of MA plans offering SSBCI⁹



468%

INCREASE from 2020 to 2022 in number of plans offering a SSBCI meals benefit⁹

90%

Customer survey data from Mom's Meals[®] shows over 90% of MA plan members would be willing to recommend their health plan because it offered a meal program.

MA plans have several paths to providing a home-delivered meals program:

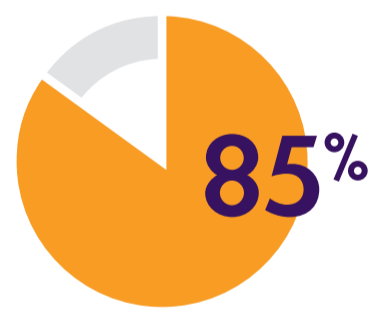
- **Supplemental (Primarily Health-Related) Benefit**
- **Special Supplemental Benefits for the Chronically Ill (SSBCI)** Under SSBCI, MA plans can offer meal benefits to chronically ill enrollees if they have a "reasonable expectation of improving or maintaining the health or the overall function of an individual."
- **Value-Based Insurance Design (VBID)**
- **Quality Improvement Program (QIP)**

All MA plans are required to have a QIP.

QIP Primary Goal = To effect sustained improvement in patient health outcomes.

The QIP must include a:

1. **Chronic care improvement program (CCIP)**
Includes the promotion of effective chronic disease management and the improvement of care and health outcomes for enrollees with chronic conditions.
2. **Health information system** to collect, analyze and report Medicare Parts C & D quality performance data, including HEDIS, HOS and CAHPS data.



Older adults have at least one chronic condition



Older adults have two or more chronic conditions

Source: Centers for Disease Control & Prevention

Research shows people with a chronic condition who receive home-delivered meals have:

35% lower average monthly health care costs

50% fewer hospital admissions

37% shorter length of stay when admitted¹⁰

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Ready to boost your star rating with a home-delivered meals benefit? Let's talk.



Sources:

¹ <https://www.federalregister.gov/documents/2021/01/19/2021-00538/medicare-and-medicare-programs-contract-year-2022-policy-and-technical-changes-to-the-medicare>

² <https://www.kff.org/medicare/issue-brief/a-dozen-facts-about-medicare-advantage-in-2020/>

³ <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2022-enrollment-update-and-key-trends/>

⁴ <https://www.healthmine.com/resources/2022-medicare-advantage-star-ratings>

⁵ <https://www.medicare.gov/Pubs/pdf/11219-understanding-medicare-part-c-d.pdf>

⁶ Journal of Primary Care and Community Health 4(4) 311-317; "Examining Health Care Costs Among MANNA Clients and a Comparison Group; J Gurvey, et al.; 9/9/13. MANNA 65 clients at acute nutritional risk and battling life-threatening illness, receiving 21 meals per week vs control.

⁷ Martin SL, Connelly N, Parsons C, Blackstone K. Simply Delivered Meals: A Tale of Collaboration AMJC. 2018; 24. <http://www.ajmc.com/journals/issue/2018/2018-vol24-n6/simply-delivered-meals-a-tale-of-collaboration>

⁸ <https://www.kff.org/medicare/issue-brief/extra-benefits-offered-by-medicare-advantage-firms-varies/>

⁹ <https://atiadvisory.com/wp-content/uploads/2022/04/Data-Insight-Growth-in-New-Non-Medical-Benefits-Since-Implementation-of-the-CHRONIC-Care-Act.pdf>

¹⁰ Gurvey et al., 2013. Examining Health Care Costs Among MANNA Clients and a Comparison Group. Journal of Primary Care & Community Health. 4. 10.1177/2150131913490737.