

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

February 4, 2021

Integrated Care Updates

Contract Year 2022 Medicare Advantage and Part D Final Rule

On January 19, 2021, the Centers for Medicare & Medicaid Services (CMS) issued the <u>Contract Year (CY) 2022 Medicare Advantage and</u> <u>Part D Final Rule (CMS-4190-F2)</u> that finalizes a subset of the proposals from the June 2, 2020 proposed rule (85 FR 9002). A <u>first final rule</u>, issued on May 22, 2020, implemented certain changes before the CY 2021 Medicare Advantage and Part D plan bid deadline (due by statute on the first Monday in June) stemming from the Bipartisan Budget Act of 2018 (BBA of 2018) and the 21st Century Cures Act. This second final rule addresses the remaining proposals from the February 2020 proposed rule. The accompanying <u>fact sheet</u> details the changes made in the final rule.

State Medicaid officials with questions related to CMS policies impacting D-SNPs can contact the CMS Medicare-Medicaid Coordination Office at <u>MMCO_DSNPOperations@cms.hhs.gov</u> or request technical assistance from the Integrated Care Resource Center at <u>ICRC@chcs.org</u>.

2022 Medicare Advantage and Part D Rate Announcement

On January 15, 2021, CMS published the <u>Calendar Year (CY) 2022</u> <u>Medicare Advantage and Part D Rate Announcement</u>. This finalizes Medicare Advantage (MA) and Part D payment methodologies for CY 2022, and addresses comments received on Parts I and II of the CY 2022 Advanced Notice. The notice has been released three months earlier than usual to allow more time for MA organizations and Part D sponsors to prepare their bids for 2022. An accompanying <u>fact</u> <u>sheet</u> summarizes the information presented in the Rate Announcement.

Deadline for submission of D-SNP MOCs to NCQA

All Medicare Advantage Special Needs Plans (SNPs), including Dual Eligible Special Needs Plans (D-SNPs) must develop a Model of Care (MOC) that describes how the D-SNP will manage care for the specific dually eligible populations that it serves. These MOCs must be scored and approved by the National Committee for Quality Assurance (NCQA). Based on the score received, a D-SNP MOC may be approved for a period of one, two, or three years. For D-SNPs needing to renew their MOC approval in CY2022, the deadline for submission of MOCs to NCQA for review is February 17. Additional background information on the SNP MOC submissions can be found here.

States that want to work with D-SNPs to incorporate Medicaid-related provisions in these MOCs can ask their D-SNPs to submit their draft MOCs to the state at the same time so states and D-SNPs can start working together. For more information, ICRC has a tip sheet on integrating Medicaid LTSS issues into D-SNP MOCs that can be found here.

Omnibus Appropriations Package Includes Changes for Medicare and Medicaid Beneficiaries

On December 21, 2020, Congress passed the <u>Consolidated Appropriations Act of 2021</u>, which contains several provisions impacting Medicare and Medicaid beneficiaries, including:

- Division CC, Section 118, Transitional Coverage and Retroactive Medicare Part D Coverage for Certain Low-Income Beneficiaries: This section permanently authorizes the Limited Income Newly Eligible Transition (LINET) demonstration, which provides temporary Part D coverage for certain individuals with low-income subsidies during eligibility determinations.
- Division CC, Section 204, Extension of Money Follows the Person Rebalancing Demonstration: The
 extension for this program now continues through fiscal year 2023, and the institutional residency period for
 participation is changed from 90 days to 60 days.
- Division CC, Section 205, Extension of Spousal Impoverishment Protections: The protections against spousal impoverishment for spouses of Medicaid beneficiaries who receive home and community-based services are extended through fiscal year 2023.

January 2021 Enrollment in Medicare-Medicaid Plans

Between December 2020 and January 2021, total Medicare-Medicaid Plans (MMP) 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 decreased from 403,571 to 401,513 as shown in ICRC's table <u>Monthly Enrollment in Medicare-Medicaid Plans by</u> Plan and by State, January 2020 to January 2021.

January 2021 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, <u>Program of All Inclusive Care for the Elderly (PACE) Total Enrollment by State and by Organization</u>, PACE organizations were operating in 31 states in January 2021. Between December 2020 and January 2021, the total number of Medicare beneficiaries enrolled in PACE decreased from 50,319 to 49,845.

New Resources on the ICRC Website

- ICRC's Resources from 2020: This document lists all of the resources developed by ICRC in 2020, including webinars, briefs, technical assistance tools, and more. (ICRC/January 2021)
- Working with Medicare Webinar | State Contracting with D-SNPs: This two part webinar series provided an
 overview of state strategies for contracting with D-SNPs to improve care coordination and Medicare-Medicaid
 alignment for dually eligible individuals. The recording and slide deck used for part one, Introduction to D-SNPs
 and D-SNP Contracting Basics, can be found here, and part two, Using D-SNPs to Integrate Care for Dually
 Eligible Individuals, can be found here. (ICRC/ December 2020)

Key Upcoming Dates

- February 17 MA, Part D, and MMP applications due for CY 2022.
- June 7 CY 2022 Deadline for bid and formulary submission.

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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