

Integrated Care Updates

New ICRC Resources on Ombudsman Programs

The Integrated Care Resource Center (ICRC) recently released a brief, [State Approaches to Developing and Operating Ombudsman Programs for Demonstrations under the Financial Alignment Initiative](#), comparing the approaches that states have taken in structuring ombudsman programs for the demonstrations under the Financial Alignment Initiative. It also examines the services offered by ombudsman programs and the value these programs have brought to the demonstrations. This brief could help state Medicaid agencies that are developing beneficiary support systems or implementing new integrated care programs to better understand the full range of beneficiary needs within their dually eligible populations and how ombudsman programs or similar support systems could bring value to their efforts.

Additionally, on March 9, 2021, ICRC hosted a webinar [Perspectives on Ombudsman Programs Serving Dually Eligible Individuals: Services Offered and Value Added](#) that highlighted findings from the brief and featured speakers from the demonstration ombudsman programs in California and Ohio and state Medicaid agency staff from Massachusetts and South Carolina.

D-SNP Information-Sharing Approaches that Enable Coordinated Care

Has your state experienced hurdles obtaining useable information on Dual Eligible Special Needs Plans (D-SNPs enrollees' hospital or skilled nursing facility admissions)?

Have you found ways to overcome those obstacles?

Let us hear from you at (ICRC@chcs.org) to discuss your experience or to connect with other states to learn about their information-sharing approaches.

For more information on how states are implementing information-sharing requirements, see: [Information Sharing to Improve Care Coordination for High-Risk Dual Eligible Special Needs Plan Enrollees: Key Questions for State Implementation](#)

Glossary of Terms Related to Integrated Care for Dually Eligible Individuals

ICRC uses a variety of terms related to integrated care for dually eligible individuals in our written products and webinars. For example, we use the term “integrated care” to describe systems in which Medicare and Medicaid program administrative requirements, financing, benefits, and/or care delivery are aligned. In integrated care systems, Medicare and Medicaid services are coordinated and may be covered through a single entity or coordinating entities, such as through health plans, medical systems, and/or providers. A new ICRC resource, [Glossary of Terms Related to Integrated Care for Dually Eligible Individuals](#), defines key terms related to dually eligible individuals and the Medicare and Medicaid integrated care programs that serve them.

Working with Medicare: Medicare 101 and 201 Webinars

On March 22 and 25, ICRC hosted a two-part Working with Medicare webinar series covering “Medicare 101 and 201” topics for state Medicaid agency staff working to better integrate Medicare and Medicaid for dually eligible individuals. These webinars provided an overview of Medicare benefits, how Medicare and Medicaid benefits interact for dually eligible individuals, and steps that states can take to improve care for vulnerable dually eligible populations.

- **Medicare 101: An Introduction to Medicare Benefits and the Roles of Medicare and Medicaid in Serving Dually Eligible Individuals**
 - [View Recording and Slides](#)
- **Medicare 201: Actions States Can Take to Improve Quality and Coordination of Care for Dually Eligible Individuals**
 - [View Recording and Slides](#)

ICRC also has published a [fact sheet](#) with basic information on individuals who are dually eligible for Medicare and Medicaid.

MACPAC and MedPAC March Reports to Congress: Issues Related to Integrated Care

The **Medicaid and CHIP Payment and Access Commission** (MACPAC) in Chapter 4 of its March 2021 [Report to Congress](#) examines two proposals for a uniform Medicare and Medicaid program for dually eligible individuals, with a focus on the design considerations that would be entailed in such a change. The Commission notes that establishing such a program would require substantial statutory and regulatory changes at the federal and state level, affecting policies including benefits, eligibility, and administration. The proposals envision wide availability of managed care options, something that is not yet a reality and may take substantial time to achieve. For the shorter term, the Commission is continuing its work on more immediate ways to improve integrated care for dually eligible individuals and will provide additional insights in its June 2021 report to Congress.

The **Medicare Payment Advisory Commission** (MedPAC) March 2021 [Report to the Congress](#) includes several chapters that may be of interest to states operating or considering programs to improve coordination of Medicare and Medicaid services for dually eligible individuals. The report focuses primarily on Medicare payment for specific Medicare fee-for-service benefits as well as for the Medicare Advantage (MA) managed care program. The report includes several chapters that cover Medicare services that overlap with Medicaid services for dually eligible individuals, and the MA program includes Dual Eligible Special Needs Plans (D-SNPs) that contract with states for coordination or integration of Medicaid services. States may want to look in particular at the chapters covering the Medicare Advantage program (Chapter 12), skilled nursing facility services (Chapter 7), home health care services (Chapter 8), and hospice services (Chapter 11).

HPMS Memo on State Pharmaceutical Assistance Programs and AIDS Drug Assistance Programs

In Spring 2021, the Centers for Medicare & Medicaid Services (CMS) will display the State Pharmaceutical Assistance Program (SPAP) and AIDS Drug Assistance Program (ADAP) data in the Health Plan Management System (HPMS) and on www.medicare.gov. This approach is meant to ensure that: 1) there is a consistent presentation of SPAP/ADAP programs across states; and 2) the website is using the latest and most accurate data as supplied by the states directly in HPMS.

SPAPs and ADAPs are programs that states can create and run to help reduce Medicare Part D costs for people who are low-income.

CMS strongly encourages states to review all of their SPAP/ADAP data in HPMS to ensure accuracy. Users may update their data using the following navigation path in HPMS: Contract Management > SPAP/ADAP Attestation. Medicare.gov will retrieve the current SPAP/ADAP data from HPMS on a daily basis.

For questions on SPAPs and ADAPs, please contact SPAP@cms.hhs.gov, and for questions on the SPAP/ADAP display on Medicare.gov, please contact MPF@cms.hhs.gov.

Upcoming Webinar: Strategies for Health Plans to Support Access to COVID-19 Vaccines for Vulnerable Populations

On Thursday, April 1, 2021, Resources for Integrated Care will host a webinar, **Strategies for Health Plans to Support Access to COVID-19 Vaccines for Vulnerable Populations**. This webinar will share strategies for how health plans can leverage benefits (e.g., transportation services), care coordination resources, and community-based partnerships to support members' access to vaccinations; use data to identify and target outreach to the most vulnerable members; and use effective and culturally competent communication and outreach strategies to address vaccine hesitancy. [Visit the Resources for Integrated Care](#) website to learn more and register for this event.

March 2021 Enrollment in Medicare-Medicaid Plans

Between February and March 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 399,613 to 395,384 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, March 2020 to March 2021](#).

March 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, [Program of All Inclusive Care for the Elderly \(PACE\) Total Enrollment by State and by Organization](#), PACE organizations were operating in 31 states in March 2021. Between February and March 2021, the total number of Medicare beneficiaries enrolled in PACE decreased from 49,740 to 49,664.

New Resources on the ICRC Website

- **Working with Medicare Webinar | Medicare 101 and 201:** This two-part webinar series provided an overview of Medicare benefits, how Medicare and Medicaid benefits overlap and interact for dually eligible individuals, and steps that states can take to improve care for vulnerable dually eligible populations. (ICRC/ March 2021)
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- [An Introduction to Medicare Benefits and the Roles of Medicare and Medicaid in Serving Dually Eligible Individuals](#)
- [Actions States Can Take to Improve Quality and Coordination of Care for Dually Eligible Individuals](#)
- [State Approaches to Developing and Operating Ombudsman Programs for Demonstrations under the Financial Alignment Initiative](#): This technical assistance brief compares approaches that states took in structuring ombudsman programs and discusses the benefits and challenges of both models. (ICRC/March 2021)
- [Perspectives on Ombudsman Programs Serving Dually Eligible Individuals: Services Offered and Value Added](#): This webinar examines ways that states have structured these programs, the types of supports that they can offer, and the value they provide to both consumers and state Medicaid agencies. (ICRC/March 2021)
- [Dually Eligible Individuals: The Basics](#): This fact sheet walks through basic information on dually eligible individuals. (ICRC/March 2021)
- [Glossary of Terms Related to Integrated Care for Dually Eligible Individuals](#): This technical assistance tool highlights key terms related to dually eligible individuals and the Medicare and Medicaid integrated care programs that serve them. (ICRC/March 2021)

Key Upcoming Dates

- **June 7** – CY 2022 Deadline for Medicare Advantage and Part D plan bid and formulary submission
- **July 5** – CY2022 SMAC submission deadline

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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