ICRC | Integrated Care Resource Center

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

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Integrated Care Updates

COVID-19 Homebound Vaccination Strategies for Dually Eligible Individuals

Resources for Integrated Care recently released a new brief on COVID-19 Homebound Vaccination Strategies For Dually Eligible Individuals. This brief describes four strategies that Medicare-Medicaid Plans (MMPs) used to increase vaccinations for dually eligible individuals who are homebound, including member identification, targeted outreach, strategic partnerships, and data sharing.

The strategies in this brief can be used by a wide range of stakeholders, including health plan administrators, clinical leadership, care coordinators, and case managers in MMPs, Dual Eligible Special Needs Plans (D-SNPs), and Medicaid managed long-term services and supports (MLTSS) plans, as well as providers and other health care and community-based organizations that play a role in the communication and delivery of COVID-19 vaccinations during the public health emergency.

Mandated MedPAC Report: Comparing Performance of D-SNP's and Other Related Plans

On March 15, the Medicare Payment Advisory Commission (MedPAC) released its March 2022 Report to the Congress: Medicare Payment Policy. This report includes on pp. 447-454 a Congressionally mandated report comparing the performance of D-SNPs and other plans that serve dually eligible individuals. The Bipartisan Budget Act (BBA) of 2018 mandated that the Commission periodically compare the performance of different types of D–SNPs and other plans that serve dually eligible individuals. This analysis, MedPAC's first report under the mandate, found that the Healthcare Effectiveness Data and Information Set (HEDIS) measures used to evaluate health plans provide limited insight on D-SNP performance relative to other plans. Table 12-11 on pp. 452-453 shows 2020 HEDIS scores for coordination-only D-SNPs, unaligned and aligned HIDE SNPs and FIDE SNPs, MMPs, and other Medicare Advantage plans.

New Evaluation Reports for Financial Alignment Initiative Demonstrations

On March 8, 2022, the Centers for Medicare & Medicaid Services (CMS) released additional evaluation reports for three demonstrations under the Medicare-Medicaid Financial Alignment Initiative (FAI).

These reports highlight ongoing demonstrations, including the second evaluation reports for Michigan and Ohio, and the first brief evaluation report for the New York Appeals and Grievances demonstration. Key takeaways include:

- The **Michigan evaluation report** found that beneficiaries reported high levels of satisfaction with their MI Health Link plans and care coordination, and the demonstration led to an increase in the number of physician evaluation

and monitoring visits through 2018. However, the evaluation also found an increased probability of having any long-stay nursing facility use, and an unfavorable effect on Medicare costs over this time.

- The **Ohio evaluation report** showed that the demonstration led to several positive results from 2014-2018, including fewer hospitalizations and nursing facility admissions, and greater access to physician visits and follow-up visits after a mental health discharge. However, the evaluation also found increased emergency department visits and admissions for ambulatory care sensitive conditions, and an unfavorable effect on Medicare costs.
- The **New York Integrated Appeals and Grievances demonstration evaluation report** found that the demonstration, which unifies a previously bifurcated process for Medicare and Medicaid appeals, has been viewed favorably by beneficiary advocates, participating plans and the state, and did not appear to increase or decrease the Medicare costs of adjudicating appeals in 2020. However, staffing shortages led to communication issues, and delays in the scheduling and conduct of second level appeals.

All FAI demonstration evaluation reports are available on CMS' website.

March 2022 Enrollment in Medicare-Medicaid Plans

Between February and March 2022, total 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 426,322 to 425,714 as shown in ICRC's table Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, March 2021 to March 2022.

March 2022 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 dually eligible. 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 30 states in March 2022. Between February 2022 and March 2022, the total number of Medicare beneficiaries enrolled in PACE decreased from 52,735 to 52,687.

Key Upcoming Dates

- **April 4 –** Final Announcement of MA Capitation Rates and MA/Part D Payment Policies released.
- **April 8 –** Plan Creation Module, Plan Benefit Package (PBP) module, and Bid Pricing Tool software released in the Health Plan Management System (HPMS); organizations interested in offering a MA, PDP, or MMP product in CY 2023 must submit a PBP that accurately describes the coverage details and cost-sharing for all covered benefits by June 6.

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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