

Integrated Care Updates

New ICRC Resource | Preventing and Addressing Unnecessary Medicaid Eligibility Churn Among Dually Eligible Individuals: Opportunities for States

Many dually eligible individuals cycle in and out of Medicaid eligibility, often due to lack of response to state Medicaid renewal notices. This creates disruptions in their coverage and care, which can result in adverse health outcomes and increased costs for individuals and states.

On March 23, ICRC published a new technical assistance brief [Preventing and Addressing Unnecessary Medicaid Eligibility Churn Among Dually Eligible Individuals: Opportunities for States](#) that summarizes steps that states can take in partnership with Dual Eligible Special Needs Plans (D-SNPs) to: (1) prevent unnecessary Medicaid eligibility loss among dually eligible populations; and (2) mitigate the impact of temporary Medicaid eligibility losses among D-SNP enrollees when such losses occur.

Navigating Eligibility Determination and Redetermination in the Medicare Savings Programs

The Centers for Medicare & Medicaid Services (CMS) has a new visual [Navigating the Medicare Savings Program Eligibility Experience](#) showing the experiences of applicants, assisters, and eligibility workers navigating the Medicare Savings Programs (MSPs) eligibility determination and redetermination process.

The MSPs make health care more accessible and affordable by covering Medicare Part A and B premiums and cost sharing for individuals with low income. Over 10 million individuals are enrolled in an MSP.

CMS and states have been working to improve enrollment in the MSPs. As part of these efforts, in October of 2020, the CMS Office of Burden Reduction & Health Informatics (OBRHI) launched a stakeholder engagement effort focused on the human experience of navigating the eligibility determination and redetermination processes for the MSPs.

OBRHI engaged with 55 stakeholders across four states to understand experiences when applying for the MSPs. The illustration shows some of the practices associated with better experiences for applicants and beneficiaries, such as increasing awareness of the MSPs, improving eligibility worker training and access to resources, removing burdensome documentation requirements for MSPs, and streamlining renewal and appeals processes for MSPs. The perspectives of Medicare beneficiaries, caregivers, advocates, state eligibility workers, and state partners are all represented in the illustration.

Announcement of Calendar Year (CY) 2023 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies

On April 4, CMS published the [Calendar Year \(CY\) 2023 Medicare Advantage \(MA\) Capitation Rates and Part C and Part D Payment Policies](#). In an accompanying Fact Sheet ([2023 Medicare Advantage and Part D Rate Announcement | CMS](#)), CMS estimates that the expected average change in revenue in CY 2023 for all MA plans (including D-SNPs) will be an increase of 8.5 percent. The Rate Announcement also contains a discussion of a number of potential modifications to the Part C and D Star Ratings that are aimed at improving health equity and quality measurement. These potential changes are summarized briefly in the Fact Sheet and in more detail on pp. 78-109 of the Rate Announcement.

CMS Outlines Strategy to Advance Health Equity

On April 20, CMS outlined an action plan to support health equity across the Department of Health and Human Services (HHS). The plan includes the following action steps to better identify and respond to inequities to health outcomes:

- **Close gaps in health care access, quality, and outcomes** for underserved populations.
- **Promote culturally and linguistically appropriate services** to ensure understandable and respectful care and services that are responsive to preferred languages, health literacy, and other diverse communication needs.
- **Build on outreach efforts** to enroll eligible people across Medicare, Medicaid/CHIP and the Marketplace.
- **Expand and standardize the collection and use of data**, including on race, ethnicity, preferred language, sexual orientation, gender identity, disability, income, geography, and other factors across CMS programs.
- **Evaluate policies to determine how CMS can support safety net providers** caring for underserved communities, and ensure care is accessible to those who need it.
- **Ensure engagement with and accountability to the communities served by CMS** in policy development and the implementation of CMS programs.
- **Incorporate screening for and promote broader access to health-related social needs**, including greater adoption of related quality measures, coordination with community-based organizations, and collection of social needs data in standardized formats across CMS programs and activities.
- **Ensure CMS programs serve as a model and catalyst to advance health equity** through our nation's health care system, including with states, providers, plans, and other stakeholders.
- **Promote the highest quality outcomes and safest care for all people** through use of the framework under the CMS National Quality Strategy.

Each CMS Center and Office is charged with building health equity into its core work. The goal of the **Medicare-Medicaid Coordination Office** is to improve access to care and health outcomes for individuals dually eligible for Medicare and Medicaid.

For more information, please visit: www.cms.gov/sites/default/files/2022-04/Health%20Equity%20Pillar%20Fact%20Sheet_1.pdf

April 2022 Enrollment in Medicare-Medicaid Plans

Between March and April 2022, total Medicare-Medicaid Plan (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 increased

from 425,860 to 429,523 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, April 2021 to April 2022](#).

April 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 April 2022. Between March and April 2022, the total number of Medicare beneficiaries enrolled in PACE increased from 52,687 to 52,882.

New Resources on the ICRC Website

- [New and Departing Dual Eligible Special Needs Plans \(D-SNPs\) in Calendar Year 2022, by State](#) (April 2022) This document includes: 1) a table listing new and departing D-SNPs by state in 2022; a table listing the integration status changes in states with contracts with D-SNPs in CY2021-CY2022; a figure illustrating the number of new, departing, and continuing Medicare Advantage contracts with D-SNPs in CY2022; and a figure illustrating the states with new and departing contracts in CY2022.
- [Dually Eligible Individuals: The Basics](#) (April 2022) This fact sheet, which provides basic information on individuals who are dually eligible for Medicare and Medicaid, has been updated with recently published data.
- [Preventing and Addressing Unnecessary Medicaid Eligibility Churn Among Dually Eligible Individuals: Strategies for States](#) (March 2022) This brief summarizes steps that states can take in partnership with D-SNPs to: (1) prevent unnecessary Medicaid eligibility loss among dually eligible populations; and (2) mitigate the impact of temporary Medicaid eligibility losses among D-SNP enrollees when such losses occur.
- [Key 2022 Medicare Advantage Dates](#) (March 2022) This calendar of key Medicare Advantage (MA) dates was developed to assist states and health plans in the implementation of integrated care programs for people dually eligible for Medicare and Medicaid.

Key Upcoming Dates

- **May 2022** – Release of CY 2023 model templates for MA plan Annual Notice of Change (ANOC), Evidence of Coverage (EOC), Low Income Subsidy (LIS) rider, Part D Explanation of Benefits, formularies, transition notice, provider directory, pharmacy directory, and member identification cards. State-specific model documents for MMPs are released between May and July. Plans can begin uploading these documents into HPMS for CMS review in July.
 - **May 26** – CY 2023 D-SNP module released for D-SNPs to upload required State Medicaid Agency Contracts (SMACs) and Contract Matrices in HPMS. D-SNPs must upload CY2023 SMACs into HPMS by July 5.
 - **May-July 2022** – Release of final state-specific MMP CY 2023 models; ANOC/EOC (Member Handbook), Summary of Benefits, Formulary, Provider and Pharmacy Directory, Member ID card, and other MMP-specific models.
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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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