

Integrated Care Updates

FAQ on Coordinating Medicaid Benefits with Medicare Advantage Supplemental Benefits

The Centers for Medicare & Medicaid Services (CMS) has developed a list of [Frequently Asked Questions on Coordinating Medicaid Benefits and Dual Eligible Special Needs Plans Supplemental Benefits](#) to help states and Medicare Advantage organizations better coordinate Medicaid benefits and Medicare supplemental benefits, especially those offered through Dual Eligible Special Needs Plans (D-SNPs).

State and Health Plan Resources to Promote COVID-19 Vaccination Access

Dually eligible individuals have been disproportionately impacted by COVID-19 and likely face barriers to accessing vaccination. Health plans and PACE programs are uniquely positioned to ensure equitable access and uptake of the COVID-19 vaccine among dually eligible individuals. Resources for Integrated Care has posted several resources that may be of interest to states and health plans.

The health plan-focused [COVID-19 Vaccination Blog](#) series highlights promising practices to connect hard-to-reach individuals with COVID-19 vaccination by addressing barriers such as healthcare issues, chronic conditions, and unmet social risk factors. Other resources include:

- [Promoting Disability-Competent Care during COVID-19](#) webinar recording and transcript;
- [Diabetes Care Assessment, Planning, and Management during COVID-19](#) webinar recording and transcript;
- [Strategies for Health Plans to Support Access to COVID-19 Vaccines for Vulnerable Populations](#) webinar recording and transcript; and
- [COVID-19 Vaccination Promotion Checklist for Health Plans](#).

Upcoming Deadline for Submission of State Medicaid Agency Contracts

Dual Eligible Special Needs Plans (D-SNPs) planning to operate in CY2022 must submit to the Centers for Medicare & Medicaid Services (CMS) signed contracts with state Medicaid agencies by **July 5, 2021**.

If states have questions about these contracts or would like assistance with contract language, ICRC can help. Please contact us at ICRC@chcs.org.

ICRC's technical assistance tool [Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans](#) contains helpful examples of contract language that states can use in their D-SNP contracts.

American Rescue Plan Act Will Provide Additional Support for Medicaid Home- and Community-Based Services

On May 13, 2021, the Centers for Medicare & Medicaid Services (CMS) released [State Medicaid Director letter #21-003](#), “Implementation of American Rescue Plan Act of 2021 Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency.”

Section 9817 of the American Rescue Plan Act of 2021 (ARP) (Pub. L. 117-2) provides qualifying states with a temporary 10 percentage point increase to the federal medical assistance percentage (FMAP) for certain Medicaid expenditures for home- and community-based services (HCBS). States must use these additional federal funds to supplement, not supplant, state funding for Medicaid HCBS in effect as of April 1, 2021. The additional funds can be used to implement or supplement the implementation of activities to enhance, expand, or strengthen Medicaid HCBS systems and programs.

The letter provides guidance to states on the implementation of section 9817 of the ARP and describe opportunities for states to strengthen the HCBS system in response to the COVID-19 Public Health Emergency.

Programmatic and financial questions and state HCBS spending plans and narratives for section 9817 of the ARP can be submitted to HCBSincreasedFMAP@cms.hhs.gov.

Opportunities to Support Enrollment in the Medicare Savings Programs and Extra Help

The [Medicare Savings Programs](#) and [Extra Help](#) are important programs designed to help low-income Americans afford Medicare coverage. Many people who are eligible for these programs are not yet enrolled. Each May, the Social Security Administration (SSA) sends letters to 2 million low-income Medicare beneficiaries, informing them about the Medicare Savings Programs and how they can help with Medicare costs. These include the Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB), and Qualifying Individual (QI) programs. The letters provide information on what Medicare Savings Programs cover, a brief description of the income and asset criteria, and how to apply. SSA also sends a data file to each state – sent this year on **May 7, 2021** – identifying the Medicare beneficiaries to whom the outreach letters are being mailed. States can use these data files to conduct targeted outreach to individuals who may qualify and support customer service representatives at Medicaid hotlines who may receive calls. More information on this outreach effort and the model letters (see specifically SSA-L447 and SSA-L448) are on the [SSA website](#); the data file name is OLBG.BTI.S**.MEDOUT1.Ryymmdd. See also the [data file specifications](#).

May 2021 Enrollment in Medicare-Medicaid Plans

Between April and May 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 increased from 399,630 to 401,123 as shown in ICRC’s table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, May 2020 to May 2021](#).

May 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 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 31 states in April 2021. Between April and May 2021, the total number of Medicare beneficiaries enrolled in PACE increased from 49,826 to 50,235.

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)
 - [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](#)
- [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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