

## Integrated Care Updates

### Recorded Webinar on Key Topics from the Manual for State Payment of Medicare Premiums

On November 24, the Centers for Medicare & Medicaid Services (CMS) released a webinar for state policy staff that introduces five key policy topics addressed in the updated [Manual for State Payment of Medicare Premiums](#) released on September 8, 2020. Topics include:

- Options for which Medicaid eligibility categories states can enroll in buy-in (state buy-in coverage groups)
- Buy-in requirements for states
- Federal financing for Medicare premiums paid on behalf of dually eligible individuals
- Streamlined Medicare enrollment under buy-in
- Options for beneficiary relief when buy-in coverage ends

The webinar can be viewed on YouTube at <https://youtu.be/tNTBO3I0LFw>, and a link to the webinar is also posted on the [Manual webpage](#).

### CMS Announces Results from State Medicaid Agency Contract Reviews

On November 24, CMS released results from its review of CY2021 State Medicaid Agency Contracts (SMACs) with Dual Eligible Special Needs Plans (D-SNPs). The results, which are posted on the Medicare-Medicaid Coordination Office's [D-SNP webpage](#), show that in 2021, there will be 602 D-SNPs offered across 43 states, the District of Columbia, and Puerto Rico. Of the 602 plans:

- 190 will be Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) operating in 15 states – AZ, FL, HI, KS, KY, MN, NE, NM, NY, OR, PA, TX, VA, WA, and WI – and Puerto Rico; and
- 69 will be Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) operating in 12 states – AZ, CA, FL, ID, MA, MN, NJ, NY, PA, TN, VA, and WI.

In addition, 56 HIDE SNPs and FIDE SNPs will be applicable integrated plans with exclusively aligned enrollment and use [new integrated appeals and grievances processes](#).

### Upcoming Working with Medicare Webinar: State Contracting with Dual Eligible Special Needs Plans (D-SNPs)

Join ICRC for a two-part Working with Medicare webinar on State Contracting with Dual Eligible Special Needs Plans (D-SNPs). These webinars will provide an overview of state strategies for contracting with D-SNPs to improve care coordination and Medicare-Medicaid alignment for dually eligible individuals. The webinars will be especially helpful to state staff who are new to or seek a refresher on D-SNP contracting and working with Medicare plans.

Webinar 1: Introduction to D-SNPs and D-SNP Contracting Basics  
December 14<sup>th</sup> 1:30-2:30 pm ET  
Register [here](#).

Webinar 2: Using D-SNPs to Integrate Care for Dually Eligible Individuals  
December 17<sup>th</sup> 1:30-2:30 pm ET  
Register [here](#).

## 2020 Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule Released

The [2020 Medicaid and Children's Health Insurance Program \(CHIP\) Managed Care final rule](#) is now available. CMS published this rule, finalizing policies from the Notice of Proposed Rule Making issued in November 2018, to reduce administrative burden on state Medicaid and CHIP agencies as they develop and implement managed care programs. The new rule includes updates regarding setting actuarially sound capitation rates, pass-through payments to providers, and state-directed payments, among others.

Of particular interest to states serving dually eligible individuals through Medicaid managed care programs, the rule includes a provision that allows additional flexibility in 42 CFR 438.3(t) related to crossover claim routing when states delegate coverage of Medicare cost-sharing to managed care organizations (MCOs). In a 2016 regulation, CMS required all such MCOs to enter into a Coordination of Benefits Agreement (COBA) to receive crossover claims directly from Medicare. The updated provision allows states to determine the most appropriate method for handling crossover claims in their program(s). States will still be able to require their MCOs to enter into a COBA and participate in the automated claims crossover process directly with Medicare or, if more appropriate for their program, states can now use an alternative method by which the state first receives crossover claims from Medicare before forwarding the claims to the appropriate MCO.

For more information, visit: <https://www.federalregister.gov/public-inspection/2020-24758/medicaid-program-medicare-and-childrens-health-insurance-program-managed-care>

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## Contract Year (CY) 2021 Notices for Applicable Integrated Plans

Beginning in 2021, Fully Integrated or Highly Integrated Dual Eligible Special Needs Plans with exclusively aligned enrollment ("applicable integrated plans") must begin using integrated appeals and grievance processes. CMS recently announced the release of the Coverage Decision Letter and form instructions for applicable integrated plans to use starting on January 1, 2021. It also released [updated versions](#) of the Letter about Your Right to Make a Fast Complaint and the Appeal Decision Letter.

To help states, health plans, and other stakeholders understand the differences between existing Medicare and Medicaid appeal and grievance processes and the new integrated appeal and grievance processes for fully and highly integrated D-SNPs with exclusively aligned enrollment, ICRC created a series of [flowcharts](#). ICRC also developed a [fact sheet](#) to help states with applicable integrated plans understand the new integrated appeal and grievance processes, the types of D-SNPs that are required to use them, and steps that states can take to help ensure effective implementation of the new processes in 2021.

For more information, visit: <https://www.integratedcareresourcecenter.com/resource/contract-year-cy-2021-notices-applicable-integrated-plans>

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## November 2020 Enrollment in Medicare-Medicaid Plans

Between October and November 2020, 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 402,546 to 402,813 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, November 2019 to November 2020](#).

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## November 2020 Enrollment in PACE Organizations

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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 November 2020. Between October and November 2020, the total number of Medicare beneficiaries enrolled in PACE increased from 49,748 to 50,070.

## New Resources on the ICRC Website

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- [How States Can Use Medicare Advantage Star Ratings to Assess D-SNP Quality and Performance](#): This technical assistance tool walks through the how the Medicare Advantage Star Ratings system works, as well as how states can best use the system for D-SNP oversight. (ICRC/ October 2020)

## Key Upcoming Dates

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- **October 15- December 7** – Annual Coordinated Election Period, Medicare beneficiaries can enroll in MA or Part D plans for 2021
- **December 7** – End of the Annual Election Period

### 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](http://www.integratedcareresourcecenter.com).

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