

## Integrated Care Updates

### Working with Medicare Webinar | State Contracting with D-SNPs

ICRC recently hosted a two-part *Working with Medicare* webinar on state contracting with Dual Eligible Special Needs Plans (D-SNPs). These webinars provided an overview of state strategies for contracting with D-SNPs to improve care coordination and Medicare-Medicaid alignment for dually eligible individuals. The webinars should be especially helpful to state staff who are new to or seek a refresher on D-SNP contracting. The recordings and slide decks for both webinars can be found on the ICRC website:

- [Introduction to D-SNPs and D-SNP Contracting Basics](#)
- [Using D-SNPs to Integrate Care for Dually Eligible Individuals](#)

### CMS Releases New Direct Contracting Opportunity for Medicaid MCOs to Better Serve Dually Eligible Individuals

The Center for Medicare and Medicaid Innovation (Innovation Center) has announced a new opportunity under the Direct Contracting Model for Medicaid managed care organizations (MCOs) to better serve dually eligible individuals. Under this new opportunity, the Direct Contracting Model will test whether holding MCOs accountable for Medicare fee-for-service costs for their full-benefit dually eligible Medicaid MCO enrollees, in addition to the responsibility the MCOs currently have under Medicaid, will lead to innovative strategies for improving care for this high-risk population.

CMS designed this new Direct Contracting opportunity to complement – not interfere with – other ongoing state strategies for serving dually eligible individuals. Applicant MCOs will need a letter of support from states in order to participate. CMS continues to fully support Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs), Medicare-Medicaid Plans (MMPs), and the Program of All-Inclusive Care for the Elderly (PACE). This Direct Contracting approach was designed to fill a gap by better serving the population of dually eligible individuals enrolled in Medicaid managed care who choose to remain in Medicare fee-for-service. These individuals will retain access to the full set of Medicare fee-for-service benefits, and possibly an expanded set, and they will also continue to have free choice of Medicare fee-for-service providers.

In early 2021, the Innovation Center plans to release a Request for Applications (RFA) for all Professional and Global Direct Contracting Entity (DCE) types, including MCO-based DCEs. This will be the first RFA under Direct Contracting to solicit MCO-based DCEs. For more information on MCO eligibility and other details on this new opportunity, please see the CMS Fact Sheet: <https://www.cms.gov/newsroom/fact-sheets/direct-contracting-model-professional-and-global-options-medicare-managed-care-organization-mco>

### New MMCO Info on FIDE, HIDE, and AIP Status for 2021

CMS has released state- and plan-level information on HIDE SNP, FIDE SNP, and applicable integrated plan (AIP) status for the upcoming contract year starting January 1, 2021. This information and resources on the integrated grievance and appeal processes that must be used by AIPs in 2021 can be found on the Medicare-Medicaid Coordination Office's website: [D-SNPs: Integration & Unified Appeals & Grievance Requirements | CMS](#)

For more information on the Direct Contracting Model, please see the [Direct Contracting webpage](#) or the [CMS Factsheet on Direct Contracting](#).

---

## Proposed Rule Clarifies Disclosure of Protected Health Information to Facilitate Care Coordination and Care Management

The Department of Health and Human Services (DHHS) Office of Civil Rights (OCR) is [proposing a new rule](#) that would expressly permit covered entities such as health plans to disclose protected health information (PHI) without an individual's specific authorization to social services agencies, community-based organizations, providers of home- and community-based services, and other similar third parties that provide health-related services to specific individuals for individual-level care coordination and case management, either as a treatment activity of a covered health care provider or as a health care operations activity of a covered health care provider or health plan. (The proposal is part of a broader set of proposed modifications to the HIPAA Privacy Rule to support and remove barriers to coordinated care and individual engagement.)

The Department proposes to modify 45 CFR 164.506(c) to add a new subsection 164.506(c)(6) to achieve this clarification. The Department's discussion of this proposed clarification notes on pp. 121-126 that existing OCR sub-regulatory guidance already permits this use of PHI, but that some uncertainty exists among health plans and others about this use, so explicit clarification in a formal rule is warranted.

The Department seeks comment on several issues related to this proposed clarification (listed on pp. 130-132), including whether the proposal poses any particular risks for individuals related to permitting disclosures without their specific authorization for individual-level care coordination and case management activities that are conducted by health plans rather than by individual health care providers.

The full text of the proposed rule can be found in the [Federal Register](#), and comments are due on January 4, 2021.

---

## December 2020 Enrollment in Medicare-Medicaid Plans

Between November and December 2020, 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 increased from 402,813 to 403,571 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, December 2019 to December 2020](#).

---

## December 2020 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 November 2020. Between November and December 2020, the total number of Medicare beneficiaries enrolled in PACE increased from 50,070 to 50,319.

## New Resources on the ICRC Website

---

- **Working with Medicare Webinar | State Contracting with D-SNPs:** This two part webinar series provided an overview of state strategies for contracting with D-SNPs to improve care coordination and Medicare-Medicaid alignment for dually eligible individuals. The recording and slide deck used for part one, **Introduction to D-SNPs**
-

and D-SNP Contracting Basics, can be found [here](#), and part two, Using D-SNPs to Integrate Care for Dually Eligible Individuals, can be found [here](#). (ICRC/ December 2020)

- [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

---

- **December 31, 2020** – CMS posts CY 2022 Medicare Advantage (MA), Part D, and MMP applications.
- **January 13, 2021** – CY 2022 MA, Part D, and MMP applications are available in the CMS Health Plan Management System
- **February 17** – MA, Part D, and MMP applications due for CY 2022.

---

### 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).

[Subscribe](#) for updates from the Integrated Care Resource Center.  
Send queries to: [ICRC@chcs.org](mailto:ICRC@chcs.org)

To unsubscribe, send an e-mail with "Unsubscribe ICRC" in the subject line to [ICRC@chcs.org](mailto:ICRC@chcs.org)