

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

December 27, 2024

## **Integrated Care Updates**

#### State Medicaid Agency Contract Application Posted for Public Comment

On Friday, November 22nd, CMS <u>posted in the Federal Register</u> for 60-day comment the SMAC application that will be available for use by MA organizations intending to offer D-SNPs beginning in CY2027. The 60-day comment period closes January 21, 2025.

MA organizations intending to offer D-SNPs use the SMAC application to submit SMACs to CMS for review on an annual basis. The updated SMAC application provides several technical updates to make the attestations and matrices more user-friendly. For instance, CMS updated the titles of both matrices to clarify whether the matrix is required for all D-SNPs or for those organizations seeking Fully Integrated D-SNP or Highly Integrated D-SNP status and AIP status. Additionally, the updated SMAC application includes new instructions for D-SNPs to upload Medicaid managed care contracts for the affiliated Medicaid managed care organizations where applicable to enable CMS to confirm compliance with the service area requirements described in 42 CFR 422.2. All of the updates are aimed at improving the D-SNP integration status determination process for MA organizations.

To submit comments electronically, click on "Submit a public comment" at the top of the Federal Register page for this information collection activity. The page also provides additional instructions to submit comments by mail.

### **CMS Seeks Input on the Use of Medicare Beneficiary Identifier Lookup Tools**

CMS is soliciting comments to inform future decision-making regarding how we can best protect Medicare Beneficiary Identifiers (MBIs) and Medicare beneficiaries. MBIs have been targeted by individuals seeking to commit Medicare fraud, including the use of MBI lookup tools to commit MBI theft. CMS is seeking input and information related to the following topic areas:

- Organizations that operate an externally-controlled MBI lookup tool
- Users of MBI lookup tools, both CMS-operated and externally-controlled
- Potential benefit or impact of prohibiting or restricting externally-controlled MBI lookup tools
- Safeguards or best practices from inside or outside healthcare that CMS should consider for preventing MBI theft and misuse.

Visit the MBI Lookup Tools RFI website for more information and the full list of questions. To provide comments, fill out and submit the <u>survey</u> by Monday, February 17.

## Select Resources from the Resources for Integrated Care Website Now Available on CMS Website

CMS has compiled a set of resources and tools from the <u>Resources for Integrated Care</u> website. The resources and actionable tools were created to support providers and payors in delivering integrated, coordinated care for individuals dually eligible for Medicare and Medicaid. These resources may be helpful to behavioral health providers, health plans, health systems, long-term service and support providers, State Medicaid agencies and others. The select resources can be found on a new <u>Resources for Integrated Care page</u> on the CMS website.

As of November 15, 2024, the <u>RIC@Lewin.com</u> and <u>ICCOP@Lewin.com</u> inboxes were decommissioned. Any inquiries regarding the Resources for Integrated Care website should now be directed to RIC@cms.hhs.gov.

# December 2024 Enrollment in Medicare-Medicaid Plans, Programs of All-Inclusive Care for the Elderly, and Applicable Integrated Plans

December data on enrollment in MMPs, Program of All-Inclusive Care for the Elderly (PACE) organizations, and AlPs are now available on the ICRC website at: <a href="Monthly Integrated Care Exclusively Aligned Enrollment Report: Dually Eligible Individuals Enrolled in MMPs, PACE, and AlPs">Monthly Integrated Care Exclusively Aligned Enrollment Report: Dually Eligible Individuals Enrolled in MMPs, PACE, and AlPs</a>. Table 1 in this document shows total monthly enrollment for all integrated care plans with exclusively aligned enrollment (MMPs, PACE, and AlPs). Between November and December 2024, total enrollment in integrated care plans with exclusively aligned enrollment held steady at about 1.3 million.

# **Key Upcoming Dates**

- January 1, 2025: Medicare Advantage (MA) and Part D plan contract year starts; enrollment effective date for plan
  enrollments processed during the Medicare Annual Enrollment Period (AEP) that took place between October 15
  and December 7 and 2024.
- January 1 March 31, 2025: Annual MA Open Enrollment Period, during which an individual who is already enrolled in an MA plan including Dual Eligible Special Needs Plans (D-SNPs) and Medicare-Medicaid Plans (MMPs) can switch to a different MA plan or disenroll from that MA plan to go to original, fee-for-service Medicare (with or without a Part D prescription drug plan).
- Early January 2025: Model of Care (MOC) renewal submission period begins for D-SNPs, Institutional Special Needs Plans (I-SNPs) and Chronic Condition Special Needs Plans (C-SNPs) with MOC approvals ending December 31, 2025.
- January 17, 2025: Final day for MA organizations to submit notices of intent to apply (NOIAs) to CMS for CY2026.
   (CMS requires NOIAs from all MA organizations wishing to operate a new product type or expand the service areas of an existing contract in 2026.)
- **February 12, 2025:** CY 2026 Initial and Service Area Expansion Applications due to CMS from organizations wishing to operate a new MA plan (including D-SNPs) in 2026 or to expand the service area of an existing MA plan (including D-SNPs) for 2026. MOC initial and renewal submissions are due for D-SNPs, I-SNPs, and C-SNPs with MOC approvals ending December 31, 2025.
- **February 21, 2025:** CMS notifies MA organizations with CY 2025 D-SNP look-alike plans of their need to comply with the federal regulations described at 42 CFR 422.514(d) and (e) and options for transitioning members to other plans.

#### 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 <a href="https://www.integratedcareresourcecenter.com">www.integratedcareresourcecenter.com</a>.

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