

Integrated Care Updates

New ICRC Flow Charts Compare Existing and New Unified Appeals and Grievance Processes for Individuals Enrolled in Applicable Integrated D-SNPs

This month ICRC published [Appeals and Grievances: Comparisons of Existing and New Integrated Processes for Individuals Enrolled in Applicable Integrated Plans](#). These flowcharts are designed 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 that fully and highly integrated Dual Eligible Special Needs Plans (D-SNPs) with exclusively aligned enrollment must begin using in 2021.

CMS Releases Additional Guidance on D-SNP Integration Requirements

On January 17, 2020, the Centers for Medicare & Medicaid Services (CMS) issued [additional guidance and clarification](#) on four topics related to CY2021 requirements for D-SNPs:

- 1) Distinctions between fully integrated D-SNPs (FIDE SNPs) and highly integrated D-SNPs (HIDE SNPs);
- 2) Potentially permissible carve-outs (coverage exclusions) of behavioral health services and long-term services and supports (LTSS) for FIDE SNPs and HIDE SNPs;
- 3) Alignment of D-SNP and companion Medicaid plan service areas; and
- 4) Compliance with integration requirements for D-SNPs that only enroll partial-benefit dually eligible individuals.

The guidance follows on an October 2019 [HPMS memo](#) summarizing the new D-SNP requirements and providing guidance on contract and operational changes needed for CY2021.

States and their D-SNPs should begin working on any needed changes in D-SNP State Medicaid Agency Contracts (and state Medicaid MCO contracts, if applicable), and on any changes in policies and procedures needed to respond to the new integration requirements well in advance of the July 6, 2020 deadline submission of CY 2021 State Medicaid Agency Contracts to CMS.

State Count Down to 2021 – Implementing New D-SNP Integration Standards

By January 1, 2021, D-SNPs must meet new integration standards. Each month ICRC will post tips for state Medicaid agencies to help them support the implementation of these requirements.

Not Sure What to Include in Your State Medicaid Agency Contract with D-SNPs?

See [ICRC's TA tool with sample language](#). CMS' Medicare-Medicaid Coordination Office is also available to review states' draft contract language related to the new information-sharing requirements that many D-SNPs will need to implement. Contact Paul Precht at Paul.Precht@cms.hhs.gov.

Have you had a conversation with MMCO/ICRC about options, potential approaches, and timelines for your state? To schedule a call, email us at ICRC@chcs.org.

States may send questions or technical assistance requests on the new standards to ICRC@chcs.org.

CMS Releases the 2021 Medicare Advantage Advance Notice

On January 6, CMS released the [2021 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part D Payment Policies](#) (the Advance Notice), which contains key information about proposed updates to the Part C Risk Adjustment Model and the use of encounter data.

The Advance Notice includes information on the continued phase-in of changes to the Part C CMS-Hierarchical Condition Categories (HCC) risk adjustment model and the use of encounter data to calculate risk scores for payment to Medicare Advantage organizations.

CMS welcomes comments on the Advance Notice. In order to receive consideration prior to the April 6, 2020 release of the final CY 2021 Rate Announcement, **comments must be received by 6:00 PM Eastern Standard Time on Friday, March 6, 2020**. Comments may be submitted electronically at www.regulations.gov. Enter the docket number "CMS-2020-0003" in the "search" field, and follow the instructions for "submitting a comment."

MACPAC Considers Policy Options to Better Integrate Care for Dually Eligible Individuals

At its January 23-24, 2020 meeting, the Medicaid and CHIP Payment and Access Commission (MACPAC) heard several staff presentations related to integrating care for dually eligible individuals that were aimed at helping the Commission determine recommendations to include in its June 2020 Report to Congress:

- [Analysis of Geographic Availability Policy Options for Integrating Care for Dually Eligible Beneficiaries](#) included a briefing on the availability, at the county-level, of integrated care options, including demonstrations under the Financial Alignment Initiative, managed long-term services and supports programs, and D-SNPs. The analysis shows that even in states that have implemented integrated care initiatives, those programs may not be available statewide.
- [Integrated Care for Dually Eligible Beneficiaries: Policy Options](#) contained a list of policy options for the Commission's consideration, compiled by MACPAC staff, that would: (1) encourage greater enrollment in integrated models; (2) make integrated care offerings available to more beneficiaries; (3) promote greater integration among existing offerings; and (4) create a new program for dually eligible beneficiaries.
- [Improving Participation in the Medicare Savings Programs](#) provided information on individuals who are eligible for, but not enrolled in the Medicare Savings Programs (MSPs) that assist with payment of Medicare premiums and cost sharing, including information about potential barriers to enrollment, and policy options for increasing MSP enrollment.

January 2020 Enrollment in Medicare-Medicaid Plans

Between December 2019 and January 2020, total Medicare-Medicaid Plan 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 383,836 to 385,959 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, January 2019 to January 2020](#).

January 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 January 2020. Between December 2019 and January 2020, the total number of Medicare beneficiaries enrolled in PACE increased from 48,504 to 48,581.

New Resources on the ICRC Website

- [Appeals and Grievances: Comparisons of Existing and New Integrated Processes for Individuals Enrolled in Applicable Integrated Plans](#) These flowcharts compare the current Medicare and Medicaid appeal and grievance processes with the new integrated appeal and grievance processes to be used by fully and highly integrated D-SNPs with exclusively aligned enrollment. (ICRC/January 2020)
- [State Options and Considerations for Sharing Medicaid Enrollment and Service Use Information with D-SNPs](#) This technical assistance brief discusses issues and options for states to support D-SNPs in meeting new requirements for the coordination of Medicare and Medicaid benefits. (ICRC/December 2019)
- [Key Questions and Considerations for States Implementing New D-SNP Information-Sharing Requirements](#) This webinar provides an update on new information-sharing requirements for D-SNPs for 2021 and a review of key questions and considerations for states in working with D-SNPs to modify state contracts and develop a state-specific information-sharing approach. (ICRC/December 2019)

Key Upcoming Dates

- **February 12** – MA, Part D, and MMP applications due for CY 2021.
- **February 13** – State Data Resource Center webinar “Medicare Modernization Act File 201” [Register](#).
- **February 29** – Comments due on the draft [Manual for State Payment of Medicare Premiums \(formerly called the “State Buy-in Manual”\)](#).
- **March 6** – Comments due on the [2021 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part D Payment Policies](#).

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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