

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

June 2, 2020

Integrated Care Updates

Contract Year 2021 Models for Applicable Integrated Plans: 'Letter about Your Right to Make a Fast Complaint' and 'Appeal Decision Letter'

The Centers for Medicare & Medicaid Services (CMS) released the final contract year (CY) 2021 model notices for applicable integrated plans: "Letter about Your Right to Make a Fast Complaint" and "Appeal Decision Letter."

Applicable integrated plans are Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) or Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) with exclusively aligned enrollment. Beginning in CY 2021, these D-SNPs will be required to implement integrated appeal and grievance procedures under regulations at 42 CFR 422.629 – 422.634. These models provide language for the notices required at 42 CFR 422.631 and 422.633.

The final versions of the model notices incorporate changes based on recommendations CMS received from commenters who responded to its February 28, 2020 request for comment on the draft models. See CMS' May 11, 2020 memorandum for a description of the changes.

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.

D-SNP must submit their State Medicaid Agency Contracts (SMACs) to CMS by July 6, 2021. However, D-SNPs will have flexibility in terms of what they must submit on that date, as well as additional opportunities to correct contract deficiencies extending to November 2, 2020. For more information, see the CMS memo from April 13, 2020.

Contract Year 2021 Medicare Advantage and Part D First Final Rule

On May 22, 2020, CMS issued the Contract Year (CY) 2021 Medicare Advantage and Part D Final Rule (CMS-4190-F1) that finalizes a subset of the proposals from the February 18, 2020 proposed rule (85 FR 9002). This first final rule implements certain changes before the CY 2021 bid deadline (due by statute on the first Monday in June) stemming from the Bipartisan Budget Act of 2018 (BBA of 2018) and the 21st Century Cures Act. CMS plans to finalize the remaining proposals in a subsequent second final rule.

State Medicaid officials with questions related to CMS policies impacting D-SNPs can contact the CMS Medicare-Medicaid Coordination Office at MMCO_DSNPOperations@cms.hhs.gov or request technical assistance from the Integrated Care Resource Center at ICRC@chcs.org.

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 8 – 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) is found on the SSA website; the data file name is OLBG.BTI.S**.MEDOUT1.Ryymmdd. See also the data file specifications.

May 2020 Enrollment in Medicare-Medicaid Plans

Between April and May 2020, 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 decreased from 389,130 to 388,710 as shown in ICRC's table Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, May 2019 to May 2020.

May 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, <u>Program of All Inclusive Care for the Elderly (PACE) Total Enrollment by State and by Organization</u>, PACE organizations were operating in 31 states in May 2020. Between April and May 2020, the total number of Medicare beneficiaries enrolled in PACE increased from 49,298 to 49.421.

New Resources on the ICRC Website

- Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans: This updated
 technical assistance tool provides sample contract language that states can use in their D-SNP contract to comply
 with CMS integration requirements. (ICRC/May 2020)
- <u>Updated Guidance for Medicare Advantage Organizations</u>: This memo provides answers to questions related to two CMS memos released on April 21 and April 23 for Medicare Advantage and Part D plans describing guidance for plans related to the COVID-19 pandemic.(CMS May 2020)
- Contract Year 2021 Models for Applicable Integrated Plans: 'Letter about Your Right to Make a Fast Complaint' and 'Appeal Decision Letter': This CMS memorandum describes the final Contract Year 2021 model notices for Dual Eligible Special Needs Plans that are applicable integrated plans. (CMS/May 2020)

Key Upcoming Dates

- **June 1 –** Deadline for all Medicare plans (Medicare Advantage (MA) and Part D) to submit CY 2021 bids; plans (including MMPs) deciding not to renew their contracts must notify CMS in writing.
- **June 1 –** Organizations interested in offering a MA, Part D, or MMP product must submit a plan benefit package that accurately describes the coverage details and cost-sharing for all covered benefits.
- **June 17 –** Deadline for eligible beneficiaries to file a request for Medicare Part A and Part B enrollment under equitable relief for the COVID-19 pandemic.
- July 6 Deadline for D-SNPs to submit their State Medicaid Agency Contracts to CMS.

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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