

Integrated Care Updates

New ICRC Resources on Comprehensive Addiction and Recovery Act of 2016 (CARA) Related Restrictions on Medicare-Medicaid Plan (MMP) Enrollment

In August, ICRC released a suite of materials to help states operating capitated model demonstrations under the Financial Alignment Initiative and their enrollment brokers navigate CARA-related enrollment restrictions when processing Medicare-Medicaid Plan (MMP) enrollment and disenrollment requests. Currently, Medicare Part D and Medicare Advantage plans (including MMPs) are allowed to implement optional drug management programs, which can result in enrollment restrictions for dually eligible individuals determined to be “at risk” for opioid misuse. In 2022, all Medicare Part D and Medicare Advantage plans (including MMPs) will be required to implement such programs. When individuals are identified as “at risk” through one of these programs, they may not use the Special Enrollment Period for dually eligible individuals to make an MMP enrollment election, so states/enrollment brokers will need to determine whether the individual qualifies for another Medicare enrollment or special enrollment period.

The materials include a [fact sheet](#), [three sample scripts for different enrollment scenarios](#), and [set of reference tables](#) describing Medicare general and special election periods. ICRC also held a Study Hall Call on August 26 to present this information to demonstration states and their enrollment brokers.

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

By January 1, 2021, Dual Eligible Special Needs Plans (D-SNPs) must meet new integration standards. If your state has questions about next steps in implementing the information sharing requirements that it incorporated into its 2021 D-SNP contracts, please contact ICRC for technical assistance ICRC@chcs.org.

MACPAC Releases Updated Inventory of Integrated Care Models

In 2019, the Medicaid and CHIP Payment and Access Commission released an inventory of peer-reviewed evaluations and gray literature related to integrated care models for dually eligible individuals that was compiled by the State Health Access Data Assistance Center (SHADAC) at the University of Minnesota. The integrated care models included demonstrations under the Financial Alignment Initiative, Programs of All Inclusive Care for the Elderly, and Dual Eligible Special Needs Plans (D-SNPs) aligned with Medicaid managed long-term services and supports plans. In August of 2020, MACPAC released an [updated inventory](#) (as well as a companion [issue brief](#) that highlights key findings and identifies ongoing knowledge gaps in the research conducted thus far) to include the results of [evaluations](#) of demonstrations under the Financial Alignment Initiative that were conducted in 2019. The evaluations reviewed generally found a decrease in hospitalizations and readmissions among individuals enrolled in integrated care models, in comparison to individuals not enrolled in such models, but MACPAC also found that few studies have been conducted on each type of integrated care model, and that it was difficult to generalize from evaluations of specific models about the effects of integrated care more broadly.

Want to Know More about the Dually Eligible Individuals in Your State? Request a State Data Profile

ICRC has developed an [online form](#) for state agencies to request a customized data profile on their dually eligible populations. These profiles can include data on demographics, enrollment and coverage, service utilization, chronic conditions, and other information at the state (and sometimes county) level. These profiles can help state decision makers to better understand their dually eligible populations and improve the programs that serve them. ICRC staff will work closely with state staff to identify which variables and data would be of greatest use and create a profile that highlights key findings in easy-to-interpret graphs and charts.

August 2020 Enrollment in Medicare-Medicaid Plans

Between July and August 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 390,986 to 395,711 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, August 2019 to August 2020](#).

August 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 August 2020. Between July and August 2020, the total number of Medicare beneficiaries enrolled in PACE increased from 49,333 to 49,357.

New Resources on the ICRC Website

- [Integrated Appeal and Grievance Processes for Integrated D-SNPs with Exclusively Aligned Enrollment](#): This fact sheet is intended to help states with applicable integrated plans understand the new integrated appeal and grievance processes, the types of Dual Eligible Special Needs Plans (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. (ICRC/ July 2020)
- [Using Medicare Modernization Act \(MMA\) Files to Identify Dually Eligible Individuals](#): This technical assistance tool explains how states can identify Medicaid enrollees who are currently dually eligible, as well as Medicaid enrollees who will become dually eligible in the next three months through the MMA file exchange process that states are required to complete with CMS on at least a monthly basis. (ICRC/ July 2020)
- [State Guide to Identifying Aligned Enrollees: How to Find Medicare Plan Enrollment for Dually Eligible Individuals in Medicaid Managed Care Plans](#): This technical assistance tool explains how states can identify aligned and unaligned enrollees within their dually eligible populations through two methods: (1) accessing CMS data on Medicare plan enrollment and matching it with Medicaid plan enrollment data; or (2) collecting aligned enrollment data directly from D-SNPs. (ICRC/ July 2020)

Key Upcoming Dates

- **Mid-September** – CMS fully executes Medicare Advantage (MA) and Prescription Drug Plan (PDP) contracts
- **September 30** – Deadline for all MA, MA-PD, MMP, PDP, and cost-based plans (including those not offering Part D and those that do offer Part D) to send the standardized Annual Notice of Change (ANOC) and LIS (Low Income Subsidy) rider to current enrollees
- **November 2** – Deadline for D-SNPs to correct contract deficiencies and resubmit revised SMACs

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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