

Integrated Care Updates

#FightFlu Campaign: Outreach Resources Available in Multiple Languages and Upcoming Promising Practices Webinar

The Centers for Medicare & Medicaid Services (CMS) has posted resources to help health plans, providers, and community organizations promote flu vaccination. Flu vaccinations are particularly important for dually eligible individuals who are at greater risk of infection from COVID-19 or flu. CMS has released postcards in [18 different languages](#), including large font English, Spanish and braille to promote the importance of an annual flu vaccine. CMS has also developed a #FightFlu partner resource guide. For more information about the CMS flu campaign, please visit: <https://www.cms.gov/flu>.

In addition, Resources for Integrated Care is hosting a webinar on October 13, 2020 at 3:00 pm ET on “Promising Practices for Promoting Flu Vaccinations for Dually Eligible Beneficiaries during COVID-19. In this panel discussion, health plans will share promising practices for promoting flu vaccinations and how they are adapting these strategies during COVID-19. Register at: https://www.resourcesforintegratedcare.com/2020_Webinar/Promoting_Flu_Vaccinations_During_COVID-19.

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.

Release of State Payment of Medicare Premiums Manual

On September 8, CMS released the updated [Manual for State Payment of Medicare Premiums](#) (formerly called “State Buy-in Manual”). The manual updates information and instructions to states on federal policy, operations, and systems concerning the payment of Medicare Parts A and B premiums (or buy-in) for individuals dually eligible for Medicare and Medicaid.

States pay Medicare Part B premiums each month for over 10 million individuals and Part A premiums for over 700,000 individuals. This process promotes access to Medicare coverage for low-income older adults and people with disabilities, and it helps states ensure that Medicare is the first and primary payer for Medicare covered services for dually eligible beneficiaries.

The prior version of this manual had not been fully updated since the 1990s. The new manual released clarifies various provisions of statute, regulation, and operations that have evolved over time. CMS has also redesigned the manual content to make it: (1) easier for states to discern federal requirements and find information; (2) compliant with federal accessibility standards; and (3) available online for the first time. The new manual also addresses multiple comments from states and other partners on the draft released in December 2019.

CMS is also creating a series of additional technical assistance documents to assist states in using the new manual. The first tip sheet, [State Buy-in File: Troubleshooting Code 21XX Series Accretion Rejections](#), includes guidance and resources to help avoid and troubleshoot these codes that can delay beneficiary coverage and access to care and create administrative burden for state and federal agencies. The technical assistance document series and manual are available on the [State Payment of Medicare Premiums page of CMS.gov](#).

Part I of 2022 Advance Notice for Medicare Advantage Released

On September 14, CMS released [Part I of the 2022 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part C and Part D Payment Policies \(Advance Notice\)](#) and an accompanying [fact sheet](#). The release of Part I of the 2022 Advance Notice is earlier than in past years.

In Part I of the Rate Notice, CMS proposes to fully transition to the 2020 CMS-Hierarchical Conditions Category (HCC) Risk Adjustment model that is used to risk-adjust payments to Medicare Advantage plans. CMS will no longer use the 2017 CMS-HCC model that used the Risk Adjustment Processing System (RAPS) to calculate risk scores. Starting in 2022, risk scores will be calculated based only on encounter data submissions from the plans.

Comments are due on Part I of the Advance Notice on November 13 at 6:00 p.m. EST. To submit comments or questions electronically, go to www.regulations.gov, enter the docket number “CMS-2020-0093” in the “search” field, and follow the instructions for “submitting a comment.”

CMS Announces New Federal Funding for Operating Money Follows the Person Demonstrations

On September 23, CMS announced the availability of up to \$165 million in supplemental funding to states currently operating Money Follows the Person (MFP) demonstration programs. This funding is intended to help state Medicaid programs jump-start efforts to transition individuals with disabilities and older adults from institutions and nursing facilities to home- and community-based settings of their choosing.

Each state is eligible to receive up to \$5 million in supplemental funding for planning and capacity building activities to accelerate long-term care system transformation design and implementation, and to expand HCBS capacity. In addition, states could use this funding opportunity to support HCBS planning and capacity building activities in direct response to the COVID-19 public health emergency, such as to plan and implement the use of telehealth for nursing facility transition activities that would normally be conducted in-person or to redesign service delivery models to reduce the risk of COVID-19 infection among MFP participants.

Supplemental budget requests under this funding opportunity will be accepted on a rolling basis through June 30, 2021. More information is available on the [Medicaid.gov website](#).

CMS and ACL Publish Joint Discharge Planning Tool

CMS and the Administration for Community Living have published the [Discharge Planning a Care Coordination during the COVID-19 Pandemic](#) tool. This tool is designed for nurses, social workers, case managers, and others conducting discharge planning for adults with disabilities. It explains the Olmstead decision, lays out potential pathways for adults with disabilities diagnosed with COVID, explains the CMIST (i.e., Communication, Maintaining Health, Independence, Support, Transportation) framework and person-centered planning, provides considerations for three potential discharge scenarios to facilitate person-centered discharge planning and care coordination to the most integrated setting, and provides state and federal resources to assist the care coordinators and discharge planners.

New COVID-Related Resource for PACE Organizations

Programs of All-inclusive Care for the Elderly (PACE) organizations serve individuals age 55 and older who require a nursing facility level of care, the majority of whom are dually eligible. On September 15, CMS released [Programs of All-Inclusive Care for the Elderly \(PACE\) COVID-19 Frequently Asked Questions](#), an updated resource to help protect PACE enrollees from the spread of COVID-19. Other related resources include:

- An April 9 [Frequently Asked Questions from the PACE Community](#) on topics including: clinical concerns, staffing, eligibility, enrollment, and recertification, telehealth, quality and reporting, billing and payment, and CMS communications.
- A March 26 memo on the [Reprioritization of PACE, Medicare Parts C and D Program, and Risk Adjustment Data Validation \(RACV\) Audit Activities](#) in order to allow these organizations and CMS to focus on the health and safety threats currently faced due to the spread of COVID-19.
- A March 17 memo with [Information for PACE Organizations Regarding Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\)](#).

September 2020 Enrollment in Medicare-Medicaid Plans

Between August and September 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 395,711 to 398,746 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, September 2019 to September 2020](#).

September 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 September 2020. Between August and September 2020, the total number of Medicare beneficiaries enrolled in PACE increased from 49,357 to 49,566.

New Resources on the ICRC Website

- [Medicare-Medicaid Plan \(MMP\) Enrollment Restrictions Resulting from the Comprehensive Addiction and Recovery Act of 2016 \(CARA\): This technical assistance](#) tool describes the regulation that allows Medicare plans that provide prescription drug coverage (including MMPs) to use drug management programs to limit access to certain controlled substances determined to be “frequently abused drugs” for patients who are determined to be at-risk for prescription drug abuse due to the Comprehensive Addiction and Recovery Act of 2016 (CARA). ([ICRC/ August 2020](#))
 - [Medicare Enrollment Periods and Special Election Periods for Dually Eligible Individuals: Reference Tables](#): This technical assistance tool provides tables describing both general and special election periods relevant to the enrollment of dually eligible individuals in drug management programs into Medicare Advantage plans, including Medicare--Medicaid Plans operating in demonstrations under the Financial Alignment Initiative. ([ICRC/ August 2020](#))
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- [Scripts for MMP Enrollment Brokers Assisting Individuals with CARA Lock-In Indicators: This technical assistance tool provides three example scripts for MMP enrollment brokers to follow while assisting individuals with CARA lock-in indicators looking to disenroll, enroll, or change their plan. \(ICRC/ August 2020\)](#)
- [MMP Enrollment Processing Updates Resulting from the Comprehensive Addiction and Recovery Act of 2016: This Study Hall Call](#) provided an overview of CARA rules related to MMP enrollment and their impact on MMP enrollment processing for dually eligible individuals. The call also described Medicare Enrollment Periods and Special Election Periods (SEPs) and introduced ICRC resources for demonstration states and enrollment brokers. [\(ICRC/ August 2020\)](#)

Key Upcoming Dates

- **Early-Mid October** – CY 2021 Medicare Part C and D Star Ratings released on or around October 8, 2020
- **Mid-October** – CMS releases CY 2022 Notice of Intent to Apply (NOIA) for new contracts or contract extensions
- **October 15** – 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 following documents (or notification, if permitted) to current enrollees: Evidence of Coverage (EOC); abridged or comprehensive formularies; and provider/pharmacy directories
- **October 15- December 7** – Annual Coordinated Election Period, Medicare-only beneficiaries can enroll in MA or Part D plans for 2021
- **November 2** – Deadline for D-SNPs to correct contract deficiencies and resubmit revised SMACs
- **November 11** – 2022 NOIAs due for new MA or PDP contracts or extensions
- **November 13** – Comments due on Part I of the Advance Notice

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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