

## Integrated Care Updates

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### **New ICRC Resource: Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits**

Dual Eligible Special Needs Plans (D-SNPs) that operate with exclusively aligned enrollment and cover Medicaid benefits through the D-SNP or an affiliated Medicaid managed care plan – classified as applicable integrated plans (AIPs) – can provide their enrollees with a single set of fully integrated materials that describe both the Medicare and Medicaid benefits covered by the D-SNP (and its affiliated Medicaid plan, when applicable).

The Integrated Care Resource Center (ICRC) has developed a new tip sheet, [Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits](#), to help states work with their AIP D-SNPs to develop integrated materials. The tip sheet: (1) explains why states should work with AIP D-SNPs to integrate D-SNP materials; (2) describes the specific materials that can be integrated and the benefits of integrating them; (3) summarizes key steps in developing integrated D-SNP materials; and (4) highlights key considerations for states interested in requiring D-SNPs to use integrated materials.

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### **CMS Releases Guidance for Medicare Advantage Plans Regarding Reporting of Supplemental Benefit Utilization in Encounter Data Records**

On February 21, 2024, the Centers for Medicare & Medicaid Services (CMS) issued a [guidance memorandum](#) (memo) via the Health Plan Management System (HPMS) to Medicare Advantage (MA) Organizations, including Dual Eligible Special Needs Plans (D-SNPs), Cost Plans, PACE Organizations, and Financial Alignment Initiative Medicare-Medicaid Plans (MMPs) regarding the submission of supplemental benefit information in the encounter data records that these organizations submit to CMS. The guidance explains how plans should submit data regarding dental benefits, non-medical benefits, and benefits rendered by atypical providers, in particular, as plans highlighted these benefits as presenting particular challenges for data submission during previous technical assistance calls with CMS.

As MA organizations achieve compliance with this new guidance, states that require D-SNPs, MMPs, and PACE organizations to submit encounter data to the state may be better able to use this encounter data to understand supplemental benefits utilization among enrollees in D-SNPs, MMPs and PACE organizations.

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### **Updated ICRC Resource: Calendar of Key Medicare Advantage Dates for 2024**

ICRC recently updated the calendar of key Medicare Advantage (MA) dates that is [posted on the ICRC website](#) to reflect the new dates for calendar year 2024. ICRC gathers the information for this calendar from a larger calendar of Medicare Advantage and Part D prescription drug plan dates developed by CMS. The dates highlighted in the ICRC calendar are

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those that pertain most directly to states' development and implementation of integrated care programs for people who are dually eligible for Medicare and Medicaid.

The complete CMS list of MA and Part D Prescription Drug plan (PDP) dates (the source for the ICRC calendar above) is updated by a variety of CMS business units on an ongoing basis and is available at <https://hpms.cms.gov/app/ng/home/>. To view or download the full calendar, scroll to the bottom of the webpage and click "Download the Calendar."

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## New ICRC Resources: Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans

As states work to update their State Medicaid Agency Contracts (SMACs) for 2025 (which D-SNPs will submit to CMS for review in June of 2024), we wanted to remind state Medicaid agency staff about [four technical assistance tools](#) that ICRC published in January, which provide sample SMAC language for elements that are required to be in all states' SMACs, as well as optional SMAC elements that help states advance goals regarding care coordination, eligibility and enrollment, data reporting, marketing and enrollee communications, and other D-SNP activities.

As a reminder, states should lead the development of SMACs to ensure that contract requirements align with the states' goals for advancing integration for their dually eligible populations.

The four new ICRC tip sheets are available at the links below:

- [Sample SMAC Language – Required Elements for All D-SNPs](#)
- [Sample SMAC Language – Required Elements for Certain D-SNPs](#)
- [Sample SMAC Language – Optional Elements for All D-SNPs](#)
- [Sample SMAC Language – Optional Elements for Certain D-SNPs](#)

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## February 2024 Enrollment in Medicare-Medicaid Plans, PACE Organizations, and Applicable Integrated Plans

ICRC has developed a new, consolidated format for sharing enrollment in Medicare-Medicaid Plans (MMPs), Program of All-Inclusive Care for the Elderly (PACE) organizations, and AIPs. The February enrollment data in the new consolidated format is now available on the ICRC website at: [Monthly Integrated Care Exclusively Aligned Enrollment Report: Dually Eligible Individuals Enrolled in MMPs, PACE, and AIPs](#). The new format includes a table (Table 1) with total monthly enrollment for all integrated care plans with exclusively aligned enrollment (MMPs, PACE, and AIPs).

Between January and February 2024, total MMP enrollment in the eight states (IL, MA, MI, NY, OH, RI, SC, and TX) with capitated model demonstrations under the Financial Alignment Initiative decreased from 293,842 to 292,208, the total number of Medicare beneficiaries enrolled in PACE increased from 60,284 to 60,846, and the total AIP enrollment increased from 651,754 to 653,014 for states and 301,581 to 302,031 for Puerto Rico.

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## New Resources on the ICRC Website

- [Integrating Dual Eligible Special Needs Plan Materials to Promote Enrollee Understanding of and Access to Benefits](#) (February 2024): The tip sheet was created to help states work with their AIP D-SNPs to develop integrated materials for D-SNP enrollees.
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- [Sample Language for State Medicaid Agency Contracts \(SMACs\) with Dual Eligible Special Needs Plans](#) (January 2024): These ICRC tools provides sample contract language for both required and optional SMAC elements in D-SNP SMACs.
- [Improving Quality and Performance in D-SNPs: Monitoring and Oversight Tips for States](#) (November 2023): This webinar describes the Medicare resources available to states to monitor D-SNP performance and provides tips for states on incorporating D-SNPs into Medicaid quality improvement activities.

## Key Upcoming Dates

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- **January 1, 2024–March 31, 2024:** Annual Medicare Advantage (MA) Open Enrollment Period.
- **No later than April 1, 2024:** CMS releases Announcement of Contract Year (CY) 2025 MA Capitation Rates and Part C and Part D Payment Policies.
- **Early April 2024:** Deadline for MA organizations to submit full contract consolidation requests for CY2025.
- **April 2024:** Release of guidance regarding CY2024 renewal options, including crosswalks.

### 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](http://www.integratedcareresourcecenter.com).

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