

On March 1, the Centers for Medicare & Medicaid Services (CMS) announced an opportunity for dual eligible special needs plans (D-SNPs), that are applicable integrated plans (AIPs) (as defined at 42 CFR 422.561), and other partners to comment on the updated Applicable Integrated Plan Coverage Decision Letter. The Coverage Decision Letter is issued by AIPs as a result of an integrated organization determination under 42 CFR 422.631, when the plan reduces, stops, suspends, or denies, in whole or in part, a request for a service/item or payment (including a Part B drug).

The 60-day notice for the proposed Applicable Integrated Plan Coverage Decision Letter (CMS-10716; OMB control number: 0938-1386) is published at: <https://www.govinfo.gov/content/pkg/FR-2023-02-28/pdf/2023-04068.pdf>

Please review the draft Coverage Decision Letter and PRA related forms available at: <https://www.cms.gov/regulations-and-guidance/legislation/paperworkreductionactof1995/pralisting-items/cms-10716>

CMS will accept comments in any format submitted electronically or by mail per the instructions in the notice by

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The Integrated Care Resource Center (ICRC) is an initiative of CMS' Medicare-Medicaid Coordination Office that supports state Medicaid agencies in improving care for individuals dually eligible for Medicare and Medicaid.

The [ICRC website](#) is a major component of our technical assistance activities. We would like your feedback on our website and how we can improve it to better meet your needs or the needs of the state Medicaid agency(ies) in the state(s) where you work. We thank you in advance for your participation and greatly value your feedback.

<https://forms.office.com/r/Jrp6KKjFWa>

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On February 2, the Medicare Payment Advisory Commission (MedPAC) and the Medicaid and CHIP Payment and Access Commission (MACPAC) jointly released an updated data book entitled [Beneficiaries Dually Eligible for Medicare and Medicaid](#). This data book uses calendar year (CY) 2020 claims and beneficiary survey data to provide details about the national dually eligible population's composition, service use, and spending. It compares characteristics, eligibility and enrollment pathways, spending and service utilization across subgroups of dually eligible individuals and also offers comparisons between dually eligible and non-dually eligible Medicare and Medicaid beneficiary populations. Spending and

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service use data for specific services are based on enrollees in fee-for-service Medicare and Medicaid, while exhibits showing aggregate spending include those in managed care.

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The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE), in partnership with Mathematica and experts with lived experience, [developed a set of tools](#) on practices to advance equity and support of underserved communities in Health and Human Services Programs. While this content was initially created to inform federal staff at HHS, to increase collaboration and share promising practices, ASPE has made these tools available for both public and private partners. Potential audiences that may be interested in these materials include, but are not limited to, state and local governments, tribal governments, and other private or non-profit organizations focused on programs and policies relating to health and human services.

- [Equity Assessment Tip Sheet](#)
- [In-Depth Equity Assessment Guide](#)
- [Guide on Advancing Equity through Quantitative Analysis](#)
- [Guide on Advancing Equity by Incorporating Intersectionality in Research and Analysis](#)
- [Tips on Equitable Communication](#)
- [Tips on Engaging Diverse Groups of External Partners](#)
- [Practices for Meaningfully Engaging People with Lived Experience](#)

that some of the above tip sheets may provide helpful guidance for health plans that are in the process of establishing enrollee advisory committees (EACs).

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Between January and February 2023, total Medicare-Medicaid Plan (MMP) enrollment in the nine states (IL, MA, MI, NY, OH, RI, SC, and TX) with current capitated model demonstrations under the Financial Alignment Initiative increased from 307,748 to 308,881 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, February 2022 to February 2023](#). The decrease in MMP enrollment since late 2022 is largely due to the transition of enrollees from Medicare-Medicaid plans in California's Cal MediConnect Financial Alignment Initiative demonstration to new "Medicare Medi-Cal Plans," which are D-SNPs that have exclusively aligned enrollment with affiliated Medicaid plans.

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Program of All Inclusive Care for the Elderly (PACE) organizations provide comprehensive medical and social services to frail, community-dwelling individuals age 55 and older, most of whom are dually eligible. As shown in ICRC's table, [PACE Total Enrollment by State and by Organization](#), PACE organizations were operating in 31 states in February 2023. Between January and February 2023, the total number of Medicare beneficiaries enrolled in PACE increased from 55,765 to 56,042.

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- [ICRC Website Survey](#): Please complete this survey to share your feedback on the ICRC website and how we can improve it to better meet your needs or the needs of the state Medicaid agency(ies) in the state(s) where you work. We thank you in advance for your participation and greatly value your feedback.
- [Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan \(D-SNP\) Types in 2023 and 2025](#) (December 2022): This tip sheet summarizes the updated definitions of FIDE SNPs, HIDE SNPs, Coordination Only (CO) D-SNPs, and applicable integrated plans (AIPs) for 2023 and compares the requirements for each D-SNP type. This information can be helpful to states as they develop and implement programs that advance Medicare-Medicaid integration for their dually eligible populations.
- [Working with Medicare Webinar on State Contracting with Dual Eligible Special Needs Plans \(D-SNPs\)](#) (December 13 & 15, 2022): These webinars provide an overview of state strategies for contracting with D-SNPs to improve care coordination and Medicare-Medicaid alignment for dually eligible individuals. The webinars are especially helpful to state staff who are new to or seek a refresher on D-SNP contracting and working with Medicare plans.
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- CMS. Parent Organization designation updates from MA Organizations (MAOs) and sponsors due to
  - Deadline for MA organizations to submit full contract consolidation requests for CY 2024.
  - CMS releases the CY2024 Notice of Medicare Advantage Capitation Rates and Part C and D Payment Policies.

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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