

Integrated Care Updates

Opportunities to Maximize COVID-19 Vaccinations among Dually Eligible Individuals

On February 18, the Centers for Medicare & Medicaid Services (CMS) released a memo, [Opportunities to Maximize COVID-19 Vaccinations among Dually Eligible Individuals](#), targeted to Dual Eligible Special Needs Plans (D-SNPs), PACE organizations, and Medicare-Medicaid Plans (MMPs). Organizations that integrate Medicare and Medicaid benefits have the broadest benefit packages, strongest contractual requirements to coordinate care for enrollees, and greatest potential for developing robust approaches to COVID-19 vaccination.

CMS encourages health plans and PACE organizations to use available data to maximize this potential and inform action by:

- Collecting and using data on COVID-19 testing, hospitalizations, and outcomes stratified by gender, race, ethnicity, preferred language, disability status and other demographics.
- Using COVID-19 vaccine claims data made available by CMS in January to monitor which of their enrollees have received a vaccination, analyze disparities, and refine outreach efforts. (See the [HPMS memo of January 7, 2021](#) for information on how plans can access and download this data on a weekly basis.)
- [For MMPs] Reviewing the feedback reports provided to MMPs that analyze COVID-19 encounters among MMP enrollees by race, ethnicity, and sex and using that data in conjunction with internal plan data and other state/local data sources to identify and address any potential disparities in COVID-19 incidence and outcomes among enrollees. CMS will update this data quarterly.

D-SNP Decisions on Medicare Supplemental Benefits for CY 2022 Due to CMS by June 7

D-SNPs must include details on any supplemental benefit they propose to offer in CY2022 in the bids that they submit to CMS by June 7, 2021.

Medicare Advantage supplemental benefit flexibilities have the potential to extend and expand Medicaid coverage for dually eligible individuals.

In advance of the June 7 bid deadline, states may wish to engage with contracted D-SNPs to determine opportunities for D-SNPs to complement Medicaid benefit offerings for members.

Questions to explore with D-SNPs include:

- What is the plan's timeline for developing its proposed benefit package for CY2022? For CY2023??
- Do gaps exist in Medicaid benefits that D-SNP supplemental benefits could help fill?
- How can D-SNP benefits that overlap Medicaid benefits (e.g. transportation, dental) be better coordinated?

CMS Toolkit Supports COVID-19 Vaccination in Vulnerable Populations

CMS' Office of Minority Health recently released a [toolkit of COVID-19 vaccination resources](#) designed to support health care professionals, community-based organization, and other partners and providers who work with those most vulnerable to COVID-19, such as older adults, those with underlying medical conditions, members of racial and ethnic minorities, people residing in rural communities, and people with disabilities. CMS encourages partners and organizations to download and share [From Coverage to Care \(C2C\) COVID-19 resources](#) to help everyone remain healthy during this public health emergency.

Additional Omnibus Appropriations Package Provisions Relevant to Dually Eligible Populations

As reported in [last month's ICRC newsletter](#), the [Consolidated Appropriations Act of 2021](#), passed by Congress in December, contained several provisions impacting Medicare and Medicaid beneficiaries. In addition to the permanent authorization of the Limited Income Newly Eligible Transition (LINET) program, the extension of the Money Follows the Person rebalancing demonstration, and the extension of spousal impoverishment protections, other items of note include:

- **Division CC, Section 120, Beneficiary Enrollment Simplification:** This provision streamlines enrollment periods and reduces premium penalties for individuals who must affirmatively enroll in Medicare and are not included in a state buy-in agreement by:
 - Reducing the wait time before the start of coverage for individuals in a group payer state who enroll in conditional Part A in January. Part A and QMB coverage will begin on February 1 or later as opposed to July 1 or later under current law.
 - Providing new authority for CMS to grant Special Enrollment Periods (SEPs) for Parts A and B based on exceptional circumstances, which could allow QMB-eligible individuals in group payer states to enroll in conditional Part A outside of the Initial Enrollment Period (IEP) and General Enrollment Period (GEP).
 - Changing the formula for calculating Premium Part A and B late enrollment penalties to eliminate certain months now counted under current law, potentially reducing or eliminating late enrollment penalties that group payer states must pay for QMBs.

These changes improve the QMB enrollment process for individuals who qualify for Premium-Part A in group payer states; however, structural barriers still make the process more difficult in group payer states than in Part A buy-in states. CMS has been encouraging states to [establish Part A buy-in agreements](#) that eliminate these barriers in the QMB enrollment process. For more information about Part A and B buy-in policies and processes, see the recently revised CMS [Manual for State Payment of Medicare Premiums](#). For a list of states with Part A buy-in agreements, see Appendix 1.D in Chapter 1 of the manual.

- **Division CC, Section 123, Expanding Access to Mental Health Services Furnished Through Telehealth.** Eligible Medicare beneficiaries (including dually eligible individuals) will be able to have telehealth visits from their homes for the diagnosis, treatment, or evaluation of mental health disorders (in addition to substance use disorder treatment, which was previously allowed). However, eligible patients must have an existing in-person relationship with a provider, as defined by one in-person visit with the provider within a six-month period prior to the telehealth encounter.
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Upcoming ICRC Webinar “Perspectives on Ombudsman Programs Serving Dually Eligible Individuals: Services Offered and Value Added”

On March 9, 2021 from 12:30-1:45 pm ET, ICRC will host a webinar “Perspectives on Ombudsman Programs Serving Dually Eligible Individuals: Services Offered and Value Added.”

This webinar will provide an overview of the role of ombudsman programs in integrated care programs serving dually eligible individuals. Using the ombudsman programs developed for the demonstrations under the Financial Alignment Initiative as an example, the webinar will examine ways that states have structured these programs, the types of supports that they can offer, and the value they provide to both consumers and state Medicaid agencies.

To register, go to: https://chcs.zoom.us/webinar/register/WN_4EYbIZA2SVKKcKPC00Y98Q.

The full agenda will be shared prior to the webinar. Please contact Danielle Perra at dperra@chcs.org with questions.

February 2021 Enrollment in Medicare-Medicaid Plans

Between January and February 2021, 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 401,513 to 399,613 as shown in ICRC’s table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, February 2020 to February 2021](#).

February 2021 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 February 2021. Between January and February 2021, the total number of Medicare beneficiaries enrolled in PACE decreased from 49,845 to 49,740.

New Resources on the ICRC Website

- [ICRC’s Resources from 2020](#): This document lists all the resources developed by ICRC in 2020, including webinars, briefs, technical assistance tools, and more. (ICRC/January 2021)
- **Working with Medicare Webinar | State Contracting with D-SNPs**: This two-part webinar series provided an overview of state strategies for contracting with D-SNPs to improve care coordination and Medicare-Medicaid alignment for dually eligible individuals. The recording and slide deck used for part one, **Introduction to D-SNPs and D-SNP Contracting Basics**, can be found [here](#), and part two, **Using D-SNPs to Integrate Care for Dually Eligible Individuals**, can be found [here](#). (ICRC/ December 2020)

Key Upcoming Dates

- **June 7** – CY 2022 Deadline for bid and formulary submission.

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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