

Integrated Care Updates

New ICRC Resource: Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans D-SNPs): Cost Sharing Protections for D-SNP Enrollees

In January 2024, ICRC released four [technical assistance tools](#) that provide sample State Medicaid Agency Contract (SMAC) language for: (1) elements that are required to be in all states' SMACs with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs), and (2) 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.

In March, ICRC added a [fifth tool](#) to this series. The new tool provides sample SMAC language for **the minimum required SMAC element described at 42 CFR 422.107(c)(4) – the cost-sharing protections covered under the D-SNP**. Within the tool, ICRC has shared SMAC language that states can use to convey these requirements, providing several different examples based on three key considerations:

- Whether the state **restricts D-SNP enrollment to only full-benefit dually eligible (FBDE) individuals or to FBDE individuals and Qualified Medicare Beneficiaries (QMBs)** or allows D-SNPs to enroll individuals with only Specified Low-Income Medicare Beneficiary (SLMB), Qualifying Individual (QI), and/or Qualified Disabled and Working Individual (QDWI) Medicare Savings Program benefits;
- Whether the state allows the populations eligible for D-SNP enrollment to be charged **nominal Medicaid copayments** for services covered under the Medicaid state plan; and
- Whether the state **covers all Medicare cost sharing for SLMB+ and Other FBDE individuals** as a state plan benefit.

For more details and sample contract language based on the three considerations above, see the [new technical assistance tool](#).

New ICRC Webinar: D-SNP-Only Contracts: Benefits and Key Steps for States

On March 19, ICRC held a webinar on [D-SNP-Only Contracts: Benefits and Key Steps for States](#). This webinar describes the opportunity for states to require D-SNPs that operate with exclusively aligned enrollment to establish contracts with the Centers for Medicare & Medicaid Services (CMS) that only include one or more D-SNPs within a state and integrate certain materials for enrollees.

The [webinar slides and recording](#) are available on the ICRC website.

MedPAC March 2024 Report to the Congress: Issues Related to Integrated Care for Dually Eligible Individuals

The Medicare Payment Advisory Commission (MedPAC) [March 2024 Report to Congress](#) on Medicare Payment Policy includes a chapter on payment to [Medicare Advantage \(MA\) D-SNPs](#) that may be of interest to states that contract with – or are considering contracting with – D-SNPs. The report also includes chapters on Medicare fee-for-service (FFS) payment policy for [skilled nursing facility](#), [home health](#), and [hospice services](#), all of which may be of interest to states seeking to better coordinate these Medicare benefits with overlapping Medicaid benefits for dually eligible individuals.

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

March data on enrollment in Medicare-Medicaid Plans (MMPs), Program of All-Inclusive Care for the Elderly (PACE) organizations, and Applicable integrated Plans (AIPs) is now available on the ICRC website at: [Monthly Integrated Care Exclusively Aligned Enrollment Report: Dually Eligible Individuals Enrolled in MMPs, PACE, and AIPs](#). Table 1 in this document show total monthly enrollment for all integrated care plans with exclusively aligned enrollment (MMPs, PACE, and AIPs).

Between February and March 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 292,208 to 288,416, the total number of Medicare beneficiaries enrolled in PACE increased from 60,846 to 61,050, and the total AIP enrollment increased from 653,014 to 657,747 for states and 302,031 to 303,346 for Puerto Rico.

New Resources on the ICRC Website

- [D-SNP-Only Contracts: Benefits and Key Steps for States](#) (March 2024): This webinar describes the opportunity for states to require D-SNPs that operate with exclusively aligned enrollment to establish contracts with CMS that only include one or more D-SNPs within a state and integrate certain materials for enrollees.
- [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.
- [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.
 - JUST ADDED: [Cost-Sharing Protections for D-SNP Enrollees](#) (March 2024): This tool provides sample language designed to help states comply with the minimum federal requirements for SMAC language regarding the cost sharing protections afforded to D-SNP enrollees. All the technical assistance tools in this series are available on the ICRC website. Use of sample language contained in this tool does not guarantee that CMS will approve a D-SNP's bid to operate in a particular state or geographic area.

Key Upcoming Dates

- **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.
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- **April 2024:** Release of guidance regarding CY2024 renewal options, including crosswalks.
 - **April 5, 2024:** CMS releases the Plan Creation Module, Plan Benefit Package (PBP) module, and Bid Pricing Tool software in the CMS Health Plan Management System (HPMS). Organizations interested in offering a MA, PDP, or MMP product in CY2024 must submit a PBP that accurately describes the coverage details and cost-sharing for all covered benefits by June 3, 2024.
 - **April 12, 2024:** CMS releases guidance for D-SNP look-alikes about CY2024 transitions and POVER (Plan Submitted Rollover) transactions.
 - **April 12, 2024:** CY2025 Value-Based Insurance Design (VBID) model applications due. (This is relevant for D-SNPs applying for the VBID model in order to offer \$0 prescription drug cost sharing.)
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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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