

Integrated Care Updates

Request for Public Comments: Proposed Increase in Medicare Hospice Payment Rates Would Also Increase Medicaid Rates

The Centers for Medicare & Medicaid Services (CMS) on April 8 proposed a 2.3 percent increase for FY 2022 Medicare hospice services starting October 1, 2021 that would, if implemented, require modifications to Medicaid hospice payment rates and methodologies. State Medicaid payments for hospice care are required by federal law to be “in amounts no lower than the amounts, using the same methodology” as in Medicare (Section 1902(a)(13)(B) of the Social Security Act). If the increase is implemented as proposed, the minimum Medicaid hospice payments would increase by the same amount October 1, 2021. Once the proposed new rates are finalized later this year, CMS will provide states with information regarding the specific impacts on Medicaid hospice pay rates.

All of the provisions in this proposed hospice rate revision are summarized in a CMS fact sheet [Fiscal Year 2022 Hospice Payment Rate Update Proposed Rule CMS-1754-P | CMS](#). States may be interested in particular in the proposed changes to Medicare hospice quality and performance measurement and reporting, and in the CMS data on hospice utilization and spending patterns, which are detailed on pp. 19704-19017 of the [April 14, 2021 Federal Register](#). **Comments are due to CMS by June 7, 2021.**

Upcoming Deadline for Submission of State Medicaid Agency Contracts

Dual Eligible Special Needs Plans (D-SNPs) planning to operate in CY2022 must submit to the Centers for Medicare & Medicaid Services (CMS) signed contracts with state Medicaid agencies by July 5, 2021.

If states have questions about these contracts or would like assistance in with contract language, ICRC can help. Please contact us at ICRC@chcs.org.

ICRC's technical assistance tool [Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans](#) contains helpful examples of contract language that states can use in their D-SNP contracts.

COVID-19 and Dually Eligible Individuals

Dually eligible individuals have been disproportionately affected by the COVID-19 pandemic, and they often face significant barriers in accessing COVID-19 vaccinations. State Medicaid agencies and their contracted Medicaid managed care organizations (MCOs) are uniquely positioned to support equitable vaccination among dually eligible populations. States may already have access to data on vaccines administered (e.g., via a state vaccine registry); however, states may also use Medicare administrative data to identify dually eligible individuals with a COVID-19 vaccine billed to Medicare, although current data access varies by state.

The following CMS data files, which include COVID-19 vaccination data, may be helpful to states in supporting care coordination and health care operations for dually eligible individuals:

1. [Coordination of Benefits Agreement \(COBA\) Program](#) includes COVID-19 vaccination claims data, which will only appear in COBA feeds that include 100 percent Medicare paid claims. This also applies to Medicaid managed care organizations participating in the COBA Program.
 - Note: About half of states, and about 35 percent of Medicaid MCOs, exclude these 100 percent Medicare paid claims from their COBA feed. If you have questions about your COBA file, please contact the Benefits Coordination & Recovery Center's Electronic Data Interchange (EDI) Department at (646) 458-6740.
2. Medicare Parts A and B fee-for-service claims data shared via the [State Data Resource Center \(SDRC\)](#); for more detailed steps on using this data, please view the following announcement on the [SDRC website](#).
 - Note: Not all states receive these data files from CMS. For an update on what data your specific agency currently receives, to request new data, or any additional questions, please contact the SDRC at SDRC@Econometricalnc.com.

For more information on the dually eligible population, COVID-19 and health disparities, please see:

- [CDC's COVID-19 website on People with Disabilities](#)
- [CMS' Preliminary Medicare COVID-19 Data Snapshot](#)
- [CMS' People Dually Eligible for Medicare and Medicaid Factsheet](#)
- [MACPAC's June 2020 Report to Congress on Medicaid and CHIP](#)
- [CMS' Data Highlight on How Does Disability Affect Access to Health Care for Dual Eligible Beneficiaries?](#)

Upcoming CMS Webinars

CMS Medicare-Medicaid Coordination Office (MMCO) will host two webinars in May:

- **Diabetes Care Assessment, Planning, and Management during COVID-19.** This webinar, to be held on **May 5, 2021 from 12:00-1:30 pm ET**, will feature speakers with expertise in diabetes care management who have adjusted approaches to diabetes care assessment, planning, and management since the onset of the pandemic. Speakers will address the use of telehealth in providing both clinical management and self-management education and support. They will also share concrete strategies for connecting people with diabetes to resources, including secure housing, food, medications, and diabetes management supplies. Finally, a person with diabetes will share their first-hand experience in managing their diabetes during the pandemic. [Registration Information](#)
- **Supporting the Preventive Health Care Needs of Dually Eligible Women with Disability.** This webinar, to be held on **May 12, 2021 from 1:00-2:30 pm ET**, will explore the challenges and barriers that women with disability face in accessing screenings and health services and highlight promising practices providers and health plans can employ to achieve better integrated, person-centered care. The webinar will also address increased challenges to accessing preventive health care during the time of the COVID-19 public health emergency. [Registration Information](#)

April 2021 Enrollment in Medicare-Medicaid Plans

Between March and April 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 increased from 395,384 to 399,630 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, April 2020 to April 2021](#).

April 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 dually eligible. 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 March 2021. Between March and April 2021, the total number of Medicare beneficiaries enrolled in PACE increased from 49,664 to 49,826.

New Resources on the ICRC Website

- **Working with Medicare Webinar | Medicare 101 and 201:** This two-part webinar series provided an overview of Medicare benefits, how Medicare and Medicaid benefits overlap and interact for dually eligible individuals, and steps that states can take to improve care for vulnerable dually eligible populations. (ICRC/March 2021)
 - [An Introduction to Medicare Benefits and the Roles of Medicare and Medicaid in Serving Dually Eligible Individuals](#)
 - [Actions States Can Take to Improve Quality and Coordination of Care for Dually Eligible Individuals](#)
- [State Approaches to Developing and Operating Ombudsman Programs for Demonstrations under the Financial Alignment Initiative:](#) This technical assistance brief compares approaches that states took in structuring ombudsman programs and discusses the benefits and challenges of both models. (ICRC/March 2021)
- [Perspectives on Ombudsman Programs Serving Dually Eligible Individuals: Services Offered and Value Added:](#) This webinar examines 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. (ICRC/March 2021)
- [Dually Eligible Individuals: The Basics:](#) This fact sheet walks through basic information on dually eligible individuals. (ICRC/March 2021)
- [Glossary of Terms Related to Integrated Care for Dually Eligible Individuals:](#) This technical assistance tool highlights key terms related to dually eligible individuals and the Medicare and Medicaid integrated care programs that serve them. (ICRC/March 2021)

Key Upcoming Dates

- **June 7** – CY 2022 Deadline for Medicare Advantage and Part D plan bid and formulary submission
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- **July 5** – CY2022 SMAC submission deadline

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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