

Integrated Care Updates

New ICRC Working with Medicare Webinar: Coordination of Medicare and Medicaid Behavioral Health Benefits

On April 30, ICRC held a webinar on Working with Medicare: Coordination of Medicare and Medicaid Behavioral Health Benefits. This webinar provides an overview of Medicare and Medicaid behavioral health benefits (including mental health and substance use disorder benefits) for dually eligible individuals. It describes the recent expansion of Medicare coverage of behavioral health services and providers, as well as opportunities and strategies for states to improve coordination of behavioral health benefits in their Dual-Eligible Special Needs Plans (D-SNPs).

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

CMS Issues CY2025 Medicare Advantage and Part D Program Final Rule

On April 4, the Centers for Medicare & Medicaid Services (CMS) issued the Contract Year (CY) 2025 Medicare Advantage (MA) and Part D program [final rule](#) (CMS-4201-F3 and CMS-4205-F), along with a [fact sheet](#) summarizing key provisions of the rule. This rule implements (in some cases with modifications) several proposals from the Notice of Proposed Rulemaking (NPRM) that CMS issued in November 2023.

The final rule includes several provisions that may be of interest to state Medicaid agencies, including those related to Medicare special enrollment periods (SEPs) for dually eligible individuals and MA dual eligible special needs plans (D-SNPs). A summary of these provisions can be found in this [ICRC e-alert](#).

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

April 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 March and April 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 288,416 to 285,843, the total number of Medicare beneficiaries enrolled in PACE increased from 61,050 to 61,407, and the total AIP enrollment increased from 657,747 to 662,892 for states and 303,346 to 304,333 for Puerto Rico.

New Resources on the ICRC Website

-
- [Working with Medicare: Coordination of Medicare and Medicaid Behavioral Health Benefits](#) (April 2024): This webinar provides an overview of Medicare and Medicaid behavioral health benefits (including mental health and substance use disorder benefits) for dually eligible individuals.
 - [Tips for States on Working with Dual Eligible Special Needs Plans to Improve Coordination of Physical and Behavioral Health Services for Dually Eligible Individuals](#) (April 2024): This tip sheet details strategies states can use in their State Medicaid Agency Contracts (SMACs) with D-SNPs to promote integration and coordination of behavioral health benefits among enrolled dually eligible individuals.
 - [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

- **May 2024:** CMS releases CY2025 models for MA plan Annual Notice of Change (ANOC), Evidence of Coverage (EOC), LIS rider, Part D Explanation of Benefits, formularies, transition notice, provider directory, and pharmacy directory.
- **May 8, 2024:** MA organizations with D-SNP look-alike plans submit CY2024 transition plans to CMS.
- **May 24, 2024:** CMS issues preliminary approvals/rejections for D-SNP look-alike transitions.
- **May – July 2024:** CMS releases state-specific MMP and D-SNP models (where applicable), which may include: ANOC/EOC (Member Handbook), Summary of Benefits, Formulary, Provider and Pharmacy Directory, Member ID card, and other state-specific models.

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.

[Subscribe](#) for updates from the Integrated Care Resource Center.
Send queries to: ICRC@chcs.org

To unsubscribe, send an e-mail with "Unsubscribe ICRC" in the subject line to ICRC@chcs.org