

Integrated Care Updates

New ICRC Resource: Tips to Help States Select Medicaid Managed Care Authorities as They Design Integrated Care Initiatives for Dually Eligible Individuals

For states seeking to design an integrated Medicare-Medicaid program for dually eligible individuals, selecting the appropriate federal Medicaid managed care operating authority (or examining existing authorities) is a key step.

On May 19, the Integrated Care Resource Center (ICRC) published a tip sheet that describes two pathways states can use to offer integrated Medicare and Medicaid benefits through dual eligible special needs plans (D-SNPs):

- Pathway 1: Aligning D-SNPs with affiliated Medicaid managed care plans owned by the same parent company as the D-SNP
- Pathway 2: Contracting directly with D-SNPs and paying them a per member per month rate to cover Medicaid benefits for D-SNP enrollees

This tip sheet summarizes key considerations for states trying to decide which pathway to use to advance Medicare-Medicaid integration, and which Medicaid managed care authority(ies) might best support that pathway.

View the tip sheet: <https://www.integratedcareresourcecenter.com/index.php/resource/tips-help-states-select-medicare-managed-care-authorities-they-design-integrated-care>

CMS Notice of Proposed Rulemaking Ensuring Access to Medicaid Services

On May 3, the Centers for Medicare & Medicaid Services (CMS) published a proposed rule on ensuring access to Medicaid services. The proposed rule includes requirements that would advance CMS's efforts to improve access to care, quality, and health outcomes, and better promote health equity for Medicaid beneficiaries across fee-for-service (FFS) and managed care delivery systems, including for home and community-based services (HCBS) provided through those delivery systems. The changes in this proposed rule are intended to strengthen necessary safeguards to ensure health and welfare, promote health equity for people receiving Medicaid-covered HCBS, and achieve a more consistent and coordinated approach to the administration of policies and procedures across Medicaid HCBS programs.

There will be a 60-day comment period for the notice of proposed rulemaking, and comments must be submitted to the Federal Register no later than July 3, 2023. For more information on how to submit comments or to review the entire rule, visit the [Federal Register](#).

Medicare Plan Finder Enhancements for Contract Year 2024

In a May 18 Health Plan Management System (HPMS) [memo](#), CMS described enhancements coming to [Medicare Plan Finder](#) for Contract Year 2024.

In addition, CMS has added a [new page on Medicare.gov](#) to provide dually eligible individuals information on different Special Needs Plan types, eligibility, integrated care, and answers to frequently asked questions.

CMS Report on Disparities in Health Care

On May 23, CMS' Office of Minority Health (OMH) released a report, [Disparities in Health Care Associated with Dual Eligibility or Eligibility for a Low-Income Subsidy and Disability](#), that examines differences in quality of care among different groups of Medicare Advantage (MA) enrollees using data from the Healthcare Effectiveness Data and Information Set (HEDIS). The analysis focuses on four groups of MA enrollees that are defined based on the combination of two characteristics: (1) dual eligibility or eligibility for a Part D Low-Income Subsidy (LIS) and (2) disability. Overall, the report concluded that dually eligible individuals or those with LIS eligibility received lower quality care than individuals who were not dually eligible or eligible for the LIS. The report also shows more pronounced disparities in clinical care for dually eligible/LIS eligible individuals in urban areas as compared to rural areas.

This report can be used to help raise awareness of health disparities, develop health care interventions for dually eligible individuals, those with LIS eligibility, and individuals with disabilities, and implement quality improvement efforts that improve health equity.

Upcoming SDRC Webinar: The SDRC Data Request Process

The State Data Resource Center (SDRC) welcomes you to a webinar to learn about the data request process [in collaboration with Indiana Family and Social Services Administration and Minnesota Department of Human Services](#). In this presentation, the SDRC will provide answers to recent data request questions, provide the steps necessary to complete a new or additional data request as well as update existing data requests. Two panel discussions and Q&A periods will occur with agencies to discuss their experiences with data requests. A list of helpful resources will be provided, and a brief Q & A session will follow the presentation. This webinar is intended for state Medicaid personnel interested in requesting Medicare data for dually eligible beneficiaries for the first time, as well as for those interested in expanding their existing data requests.

Please contact the SDRC at sdrc@acumenllc.com for more information.

May 2023 Enrollment in Medicare-Medicaid Plans

Between April and May 2023, total Medicare-Medicaid Plan (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 315,733 to 312,242 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, May 2022 to May 2023](#).

May 2023 Enrollment in PACE Organizations

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 May 2023. Between April and May 2023, the total number of Medicare beneficiaries enrolled in PACE increased from 56,548 to 57,025.

New Resources on the ICRC Website

- [New and Departing Medicare Advantage \(MA\) Contracts with Dual Eligible Special Needs Plans \(D-SNPs\) in Calendar Year 2023, by State](#) (updated May 2023): This resource reflects the new and departing D-SNPs for 2023, by state. The analysis includes: 1) a table listing new and departing D-SNPs by state in 2023; 2) a table listing the integration status changes in states with contracts with D-SNPs in CY2022-CY2023; 3) a figure illustrating the number of new, departing, and continuing MA contracts with D-SNPs in CY2023; 4) and a figure illustrating the states with new and departing contracts in CY2023.
- [Tips to Help States Select Medicaid Managed Care Authorities as They Design Integrated Care Initiatives for Dually Eligible Individuals](#) (May 2023): This tip sheet summarizes key considerations for states trying to decide which pathway to use to advance Medicare-Medicaid integration, and which Medicaid managed care authority(ies) might best support that pathway. Although the tip sheet presents two pathways for states to consider, ultimately, a state may develop an integrated care model that falls somewhere in between these options.
- [Leveraging Dual Eligible Special Needs Plan \(D-SNP\) Models of Care to Enhance Enrollee Care Coordination](#) (April 2023): This webinar provides an overview of federal D-SNP care coordination and Model of Care (MOC) requirements, describes state options for incorporating care coordination requirements into state Medicaid agency contracts (SMACs) with D-SNPs and/or requiring D-SNPs to incorporate state-specific information into MOCs, and discusses key considerations for states when implementing state-specific care coordination requirements.
- [Selectively Contracting with Medicare Advantage Dual-Eligible Special Needs Plans \(D-SNPs\) to Promote Alignment with Medicaid Managed Care Plans](#) (February 2023): This webinar explains the potential benefits for states of selectively contracting with D-SNPs, key building blocks for selective contracting, considerations for states when deciding to selectively contract with D-SNPs, and steps that states can take when implementing selective contracting.

Key Upcoming Dates

- **May-July 2023-** Release of final state-specific MMP and D-SNP CY2024 models in selected states, which may include: Annual Notice of Change/Evidence of Coverage (ANOC/EOC) (Member Handbook), Summary of Benefits, Formulary, Provider and Pharmacy Directory, Member ID card, and other integrated member material models.
 - **June 1, 2023-** Submission period begins for plans to submit CY2024 marketing materials to CMS for review via the HPMS Marketing Module.
 - **June 5, 2023-** Deadline for all Medicare plans (MA and Part D) to submit CY2024 bids and formulary files; plans (including MMPs) deciding not to renew their contracts must notify CMS in writing.
 - **June 7, 2023-** CMS releases CY2024 D-SNP module for D-SNPs to upload required State Medicaid Agency Contracts (SMACs) and Contract Matrices in HPMS. D-SNPs must upload CY2024 SMACs into HPMS by July 3.
 - **July 3, 2023-** D-SNP applicants must submit SMACs and contract matrices to CMS in HPMS.
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- **No Later than July 29, 2023-** MA organizations that receive, on or before this date, a termination notice from CMS with an effective date of December 31, 2023, must issue notices to their Medicare enrollees at least 90 days prior to the effective date of the termination.

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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