

## Integrated Care Updates

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### ICRC Webinar Resources | Exclusively Aligned Enrollment 101: Considerations for States Interested in Leveraging D-SNPs to Integrate Medicare and Medicaid Benefits

On May 4, 2022, ICRC hosted a webinar on “**Exclusively Aligned Enrollment 101: Considerations for States Interested in Leveraging D-SNPs to Integrate Medicare and Medicaid Benefits**” that provided an overview of how exclusively aligned enrollment promotes integration of Medicare and Medicaid benefits within Dual Eligible Special Needs Plans (D-SNPs) and key considerations for states in designing and implementing exclusively aligned enrollment. The webinar also featured representatives from the Idaho Department of Health and Welfare who shared Idaho’s experience with exclusively aligned enrollment.

The webinar slides and recording have been posted to the ICRC website at the following link:

<https://www.integratedcareresourcecenter.com/webinar/exclusively-aligned-enrollment-101-considerations-states-interested-leveraging-d-snps>

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### REMINDER — Request for Public Comments: Proposed Updates to Reduce Barriers to Coverage, Simplify Medicare Enrollment, and Expand Access

On April 27, 2022, the Centers for Medicare & Medicaid Services (CMS) published a [proposed rule](#) updating regulations to simplify Medicare enrollment, extend Part B coverage of immunosuppressive drugs for individuals who lose Medicare coverage 36 months after receiving a kidney transplant, and improve state payment of Medicare premiums.

The proposed rule includes **several provisions and technical updates to help dually eligible beneficiaries**. While many of these proposed regulatory changes are consistent with current policy, CMS believes updating the regulations is an important step toward achieving greater clarity and accountability in administering the Medicare Savings Programs (MSPs). The proposed regulations would also create a new Medicare special enrollment period (SEP) for individuals losing Medicaid eligibility and who missed a Medicare enrollment period. This proposal would help promote continuity of coverage for individuals who lose Medicaid eligibility after normal operations resume following the end of the COVID-19 public health emergency and who did not enroll in Medicare on time.

The most salient content for policy related to dually eligible beneficiaries begins under the section headers “Ensuring Coverage under the Medicare Savings Programs” (87 FR 25106) and “Modernizing State Payment of Medicare Premiums,” (87 FR 25111) while the Medicare SEP for termination of Medicaid coverage is under the section header “SEP to Coordinate with Termination of Medicaid Coverage” (87 FR 25097) in the link above.

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For more information, see the fact sheet accompanying the proposed rule: <https://www.cms.gov/newsroom/press-releases/cms-proposes-updates-reduce-barriers-coverage-simplify-medicare-enrollment-and-expand-access>

**Public comments on the proposal will be accepted until June 27.**

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## Medicare-Medicaid Coordination Office (MMCO) FY 2021 Report to Congress

On May 19, CMS provided Congressional leaders with the [Medicare-Medicaid Coordination Office FY 2021 Report to Congress](#), as required by statute. This report provides an overview of CMS activities, accomplishments, and ongoing work to improve care for the more than 12 million individuals concurrently enrolled in both the Medicare and Medicaid programs. It also highlights the importance of health equity and reducing disparities for dually eligible individuals, especially given the disproportionate impact the COVID-19 pandemic has had on this population. The report includes the results of the annual integrated care census, finding more than 1.5 million dually eligible beneficiaries in integrated care in 2021.

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## Did You Know That You Can Request Real-Time Data to Support Your Dually Eligible Beneficiaries?

CMS makes real-time Medicare fee-for-service data available through the State Data Resource Center (SDRC), free of charge. States can choose to receive a secondary enhanced feed of Coordination of Benefits Agreement (COBA) claims or a monthly feed of non-final action Part A and B claims.

States can receive the enhanced **COBA data as often as daily or weekly**, with only a two-week maturity/processing lag time. States can use the enhanced COBA feed data to perform analyses on patient- or provider-levels in real time, and/or analyze aberrant utilization and/or billing patterns, to name a few examples.

States can also choose to receive a **monthly feed of non-final action Part A and B claims**, with only a three-month lag time from the month of service. States can use the non-final action Part A and B claims data to analyze, monitor, and provide feedback related to care coordination and/or program integrity; analyze patient- or provider-levels in real time on a monthly basis; and/or analyze aberrant utilization and/or billing patterns on a monthly basis.

In addition to the real-time data files, CMS makes an array of additional data files available through SDRC for states to request to support dually eligible beneficiaries. If your state is interested in requesting Medicare fee-for-service claims data to support your dually eligible beneficiaries, please contact SDRC ([sdrc@econometricainc.com](mailto:sdrc@econometricainc.com) or (877) 657-9889) or visit the [statedataresourcecenter.com](http://statedataresourcecenter.com) website for more information

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## Frequency of Buy-In and MMA File Exchange with CMS by State

On May 1, 2020, CMS issued the [Interoperability and Patient Access final rule](#) (CMS-9115-F), which is designed to improve patient access to their health information, improve interoperability and encourage innovation, while reducing burden on payers and providers. Provisions requiring states to exchange Medicare Modernization Act (MMA) and Buy-In files with CMS on a daily basis went into effect on April 1, 2022. Two provisions specifically affect dually eligible individuals (see Section VII, Improving the Medicare-Medicaid Dually Eligible Experience by Increasing the Frequency of Federal-State Data Exchanges, and final changes to regulatory text in Parts 406, 407, and 423).

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As of May 2022, **48 states submit the MMA file on a DAILY basis, and 46 states submit/receive the BUY-IN file on a DAILY basis.** Please contact the State Data Resource Center at [SDRC@Econometricalnc.com](mailto:SDRC@Econometricalnc.com) or (877) 657-9889 with any questions.

### Frequency of Buy-In and MMA File Exchange with CMS by State

| State                | State Submission of Buy-In Files to CMS |        |       | State Receipt of Buy-In Files from CMS |       | State-CMS MMA File Exchange |        |       |
|----------------------|---|--------|-------|--|-------|-----------------------------|--------|-------|
|                      | Monthly                                 | Weekly | Daily | Monthly                                | Daily | Monthly                     | Weekly | Daily |
| Alabama              |   |        | X     |  | X     |                             |        | X     |
| Alaska               |   |        | X     |  | X     |                             |        | X     |
| Arizona              | X                                       |        |       | X                                      |       |                             |        | X     |
| Arkansas             |   |        | X     |  | X     |                             |        | X     |
| California           |   |        | X     |  | X     |                             |        | X     |
| Colorado             |   |        | X     |  | X     |                             |        | X     |
| Connecticut          |   |        | X     |  | X     |                             |        | X     |
| Delaware             |   |        | X     |  | X     |                             |        | X     |
| District of Columbia |   |        | X     |  | X     |                             |        | X     |
| Florida              |   |        | X     |  | X     |                             |        | X     |
| Georgia              |   |        | X     |  | X     |                             |        | X     |
| Hawaii               |   |        | X     |  | X     |                             |        | X     |
| Idaho                |   |        | X     |  | X     |                             |        | X     |
| Illinois             |   |        | X     |  | X     |                             |        | X     |
| Indiana              |   |        | X     |  | X     |                             |        | X     |
| Iowa                 |   |        | X     |  | X     |                             |        | X     |
| Kansas               |   |        | X     |  | X     |                             |        | X     |
| Kentucky             |   |        | X     |  | X     |                             |        | X     |
| Louisiana            |   |        | X     |  | X     |                             |        | X     |
| Maine                |   |        | X     |  | X     |                             |        | X     |
| Maryland             |   |        | X     |  | X     |                             |        | X     |
| Massachusetts        |   |        | X     |  | X     |                             |        | X     |
| Michigan             |   |        | X     |  | X     |                             | X      |       |
| Minnesota            | X                                       |        |       | X                                      |       |                             |        | X     |
| Mississippi          | X                                       |        |       | X                                      |       |                             |        | X     |
| Missouri             |   |        | X     |  | X     |                             |        | X     |
| Montana              |   |        | X     |  | X     |                             |        | X     |
| Nebraska             |   |        | X     |  | X     |                             |        | X     |
| Nevada               |   |        | X     |  | X     |                             |        | X     |
| New Hampshire        |   |        | X     |  | X     |                             |        | X     |
| New Jersey           |   |        | X     |  | X     |                             |        | X     |
| New Mexico           |   |        | X     |  | X     |                             |        | X     |
| New York             |   |        | X     |  | X     |                             |        | X     |
| North Carolina       |   |        | X     |  | X     |                             |        | X     |
| North Dakota         |   |        | X     |  | X     |                             |        | X     |
| Ohio                 |   |        | X     |  | X     |                             |        | X     |
| Oklahoma             |   |        | X     |  | X     |                             |        | X     |
| Oregon               |   |        | X     |  | X     |                             |        | X     |
| Pennsylvania         |   |        | X     |  | X     |                             |        | X     |
| Rhode Island         |   |        | X     |  | X     |                             |        | X     |
| South Carolina       |   |        | X     |  | X     |                             |        | X     |
| South Dakota         | X                                       |        | X     | X                                      |       |                             | X      |       |

|               |   |  |   |   |   |  |   |   |
|---------------|---|--|---|---|---|--|---|---|
| Tennessee     |   |  | X |   | X |  |   | X |
| Texas         |   |  | X |   | X |  |   | X |
| Utah          |   |  | X |   | X |  |   | X |
| Vermont       |   |  | X |   | X |  |   | X |
| Virginia      |   |  | X |   | X |  |   | X |
| Washington    |   |  | X |   | X |  |   | X |
| West Virginia |   |  | X |   | X |  |   | X |
| Wisconsin     | X |  |   | X |   |  | X |   |
| Wyoming       |   |  | X |   | X |  |   | X |

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## May 2022 Enrollment in Medicare-Medicaid Plans

Between April and May 2022, total Medicare-Medicaid Plan (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 429,523 to 424,318 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, May 2021 to May 2022](#).

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## May 2022 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 30 states in May 2022. Between April and May 2022, the total number of Medicare beneficiaries enrolled in PACE increased from 52,882 to 53,075.

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## New Resources on the ICRC Website

- [Exclusively Aligned Enrollment 101: Considerations for States Interested in Leveraging D-SNPs to Integrate Medicare and Medicaid Benefits](#) (May 2022) This webinar provides an overview of how exclusively aligned enrollment promotes integration of Medicare and Medicaid benefits within Dual Eligible Special Needs Plans (D-SNPs) and key considerations for states in designing and implementing exclusively aligned enrollment.
  - [New and Departing Dual Eligible Special Needs Plans \(D-SNPs\) in Calendar Year 2022, by State](#) (April 2022) This document includes: 1) a table listing new and departing D-SNPs by state in 2022; a table listing the integration status changes in states with contracts with D-SNPs in CY2021-CY2022; a figure illustrating the number of new, departing, and continuing Medicare Advantage (MA) contracts with D-SNPs in CY2022; and a figure illustrating the states with new and departing contracts in CY2022.
  - [Dually Eligible Individuals: The Basics](#) (April 2022) This fact sheet, which provides basic information on individuals who are dually eligible for Medicare and Medicaid, has been updated with recently published data.
  - [Preventing and Addressing Unnecessary Medicaid Eligibility Churn Among Dually Eligible Individuals: Strategies for States](#) (March 2022) This brief summarizes steps that states can take in partnership with D-SNPs to: (1) prevent unnecessary Medicaid eligibility loss among dually eligible populations; and (2) mitigate the impact of temporary Medicaid eligibility losses among D-SNP enrollees when such losses occur.
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- [Key 2022 Medicare Advantage Dates](#) (March 2022) This calendar of key MA dates was developed to assist states and health plans in the implementation of integrated care programs for people dually eligible for Medicare and Medicaid.

## Key Upcoming Dates

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- **May-July 2022** – Release of final state-specific MMP CY 2023 models; Annual Notice of Change and Evidence of Coverage (ANOC/EOC) (Member Handbook), Summary of Benefits, Formulary, Provider and Pharmacy Directory, Member ID card, and other MMP-specific models.
- **Early June – Late August 2022** – Completion of CMS’s CY 2023 bid review and approval, to include pricing, Plan Benefit Packages (PBPs), and formularies. Deadline for Medicare Advantage Organizations (MAOs)/Part D sponsors to submit attestations, contracts, initial actuarial certifications, and final actuarial certifications.
- **June 1, 2022** – Submission period begins for plans to submit CY 2023 marketing materials to CMS for review via the Health Plan Management System (HPMS) Marketing Module.
- **June 6, 2022** – Deadline for all Medicare plans (MA and Part D) to submit CY 2023 bids and formulary files; plans (including MMPs) deciding not to renew their contracts must notify CMS in writing.
- **June 7-8, 2022** – Initial submission period begins for MA organizations to request crosswalk exceptions for CY 2023.
- **June 10, 2022** – Deadline for all Medicare plans (MA and Part D) to submit CY 2022 supplemental formulary files (including submission of MMP Additional Demonstration Drug (ADD) files).
- **June 2022** – MA organizations with D-SNP look-alike plans notify CMS of their transitions via HPMS.
- **June 2022** – CMS conducts provider network adequacy reviews for MA plans, including D-SNPs.
- **Late June** – Preliminary approval/rejection for D-SNP look alike transitions.

### 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](http://www.integratedcareresourcecenter.com).

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