

Helping states develop integrated programs for individuals who are dually eligible for Medicare and Medicaid

June 29, 2021

### **Integrated Care Updates**

### Medicare-Medicaid Coordination Office (MMCO) FY 2020 Report to Congress

On June 10, the Centers for Medicare & Medicaid Services (CMS) provided Congressional leaders with the <u>Medicare-Medicaid</u> <u>Coordination Office FY 2020 Report to Congress</u>, 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 disproportionate impact the COVID-19 pandemic has had on dually eligible individuals and efforts CMS is making to mitigate that impact in partnership with states, providers, advocates, beneficiaries and their caregivers, and other stakeholders.

# 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 6, 2021**.

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

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

#### **MACPAC June Report to Congress**

The Medicaid and CHIP Payment and Access Commission's (MACPAC) June 2021 <u>Report to Congress</u> includes a chapter of interest to states seeking to promote better integration of Medicare and Medicaid for their dually eligible populations:

Chapter 6. Improving Integration for Dually Eligible Beneficiaries provides strategies on how states can use their contracts with Dual Eligible Special Needs Plans (D-SNPs) to promote integration of care for dually eligible individuals. The chapter provides background on the D-SNP model and the potential for Medicare-Medicaid integration through State Medicaid Agency Contracts (SMACs), and identifies criteria for specific levels of D-SNP and Medicaid integration. Based on qualitative research from a contractor, MACPAC highlights six state contracting strategies that all states can use, and seven strategies that states with Medicaid managed care for dually eligible individuals can use to improve integration. MACPAC addresses state barriers to integration and the variability of states' ability to implement specific strategies such as their Medicaid managed care landscape and state capacity.

#### MedPAC June 2021 Report to the Congress

In its <u>June 2021 Report to the Congress</u>, the Medicare Payment Advisory Commission (MedPAC) discusses changes to the Medicare Advantage benchmark policy, alternative payment models, evaluations of skilled nursing facility value-based purchasing programs, and Medicare vaccine coverage. The report also discusses ways to improve Medicare's policies for separately payable drugs in the hospital outpatient prospective payment system.

#### June 2021 Enrollment in Medicare-Medicaid Plans

Between May and June 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 401,123 to 403,263 as shown in ICRC's table <u>Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State,</u> June 2020 to June 2021.

#### June 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, <u>Program of All Inclusive Care for the Elderly (PACE)</u> <u>Total Enrollment by State and by Organization</u>, PACE organizations were operating in 31 states in June 2021. Between May and June 2021, the total number of Medicare beneficiaries enrolled in PACE increased from 50,235 to 50,649.

### 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
  - o Actions States Can Take to Improve Quality and Coordination of Care for Dually Eligible Individuals
- <u>Dually Eligible Individuals: The Basics:</u> This fact sheet walks through basic information on dually eligible individuals. (ICRC/March 2021)
- <u>Glossary of Terms Related to Integrated Care for Dually Eligible Individuals</u>: 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**

• July 6 – 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 <a href="http://www.integratedcareresourcecenter.com">www.integratedcareresourcecenter.com</a>.

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