

Integrated Care Updates

New ICRC Resources: Exclusively Aligned Enrollment

The Integrated Care Resource Center (ICRC) recently created several new resources on exclusively aligned enrollment (EAE), a situation that occurs when a state limits Dual Eligible Special Needs Plan (D-SNP) enrollment to individuals who: 1) are eligible for full Medicaid benefits; and 2) receive their Medicaid benefits from the D-SNP or from an affiliated Medicaid managed care plan offered by the same parent company as the D-SNP. These resources can be found on a new [exclusively aligned enrollment](#) page on the ICRC website and include:

Upcoming Deadline for D-SNPs to Submit State Medicaid Agency Contracts

D-SNPs must submit their fully executed State Medicaid Agency Contracts (SMACs) to CMS by Monday, July 3, 2023.

- [Tools for States on Exclusively Aligned Enrollment in Dual Eligible Special Needs Plans: Introduction to Exclusively Aligned Enrollment](#): This tip sheet provides an overview of EAE as well as a summary of the benefits of EAE for D-SNP enrollees, providers, and states.
- [Tools for States on Exclusively Aligned Enrollment in Dual Eligible Special Needs Plans: Key Policy Decisions and Considerations for States Preparing for Exclusively Aligned Enrollment](#): This tip sheet summarizes four key policy decisions for states preparing to implement EAE as well as four factors that states may wish to consider when making those policy decisions.
- [Using Exclusively Aligned Enrollment to Integrate Medicare and Medicaid Benefits for Dually Eligible Individuals](#): In this webinar, ICRC team members explain how EAE promotes integration of Medicare and Medicaid benefits for dually eligible individuals enrolled in D-SNPs, describe three models that states can use to achieve exclusively aligned enrollment in D-SNPs, and outline key considerations and steps for states in designing and implementing exclusively aligned enrollment.

MACPAC June 2023 Report to Congress

On June 15, the Medicaid and CHIP Payment and Access Commission (MACPAC), which advises Congress on Medicaid and related issues, issued its [June 2023 Report to Congress](#), which includes two chapters of interest to states advancing Medicare-Medicaid integration:

- **Chapter 2: Integrating Care for Dually Eligible Beneficiaries: Different Delivery Mechanisms Provide Varying Levels of Integration.** This chapter reviews MACPAC's June 2022 recommendations to Congress, explores the different delivery mechanisms that states use to provide Medicaid coverage to dually eligible individuals, and provides an update on transitions of demonstrations under the Financial Alignment Initiative to integrated D-SNP programs.

- **Chapter 4: Access to Home- and Community-Based Services (HCBS).** This chapter provides an overview of Medicaid coverage of HCBS, including eligibility, benefits, and spending, as well as the range of federal HCBS authorities used to provide Medicaid HCBS. It also examines the barriers for beneficiaries in accessing HCBS and state challenges in administering HCBS programs.

MedPAC June 2023 Report to the Congress

The Medicare Payment Advisory Commission (MedPAC), which advises Congress on Medicare issues, includes in its June [Report to the Congress](#) several chapters that may be of interest to states seeking to advance integrated care for their dually eligible populations:

- **Chapter 3: Standardized Benefits in Medicare Advantage Plans.** Focuses primarily on standardizing Medicare Advantage (MA) beneficiary cost sharing, which is paid by state Medicaid programs for dually eligible individuals, and supplemental benefits, which can overlap with Medicaid benefits for dually eligible individuals. The chapter provides detailed comparisons of cost sharing and supplemental benefits in conventional MA plans and D-SNPs on pp. 127-138.
- **Chapter 4: Favorable Selection and Future Directions for Medicare Advantage Payment Policy.** Estimates that MA plans overall enroll individuals with less costly health care needs than those enrolled in fee-for-service (FFS) Medicare (“favorable selection”) resulting in spending by MA enrollees in 2019 that was 11 percent lower than the spending of FFS beneficiaries.
- **Chapter 6: Behavioral Health Services in the Medicare Program.** Presents estimates of the cost and utilization of Medicare behavioral health services, which overlap to some extent with the Medicaid behavioral health services used by dually eligible individuals. (A text box on p. 235 summarizes the behavioral health services that are uniquely covered by Medicaid.) The chapter focuses on Medicare inpatient psychiatric facility (IPF) services, a service that is generally not covered by Medicaid because of the institutions for mental diseases (IMD) exclusion. (See this December 2019 MACPAC report for more on the IMD exclusion: [Report to Congress on Oversight of Institutions for Mental Diseases December 2019 \(macpac.gov\).](#))

CMS Releases Resources Addressing the Needs of Adults with Intellectual & Developmental Disabilities and Their Caregivers

On June 2, the Centers for Medicare & Medicaid Services (CMS) released a [set of resources](#) addressing the needs of adults with intellectual and developmental disabilities (I/DD) and their caregivers as part of its commitment to advancing health equity and access to care. The release includes resources for state Medicaid and partner agencies to provide new or additional support to adults living with I/DD and their caregivers as they age and experience life transitions.

- [State Spotlights: Supporting Adults with I/DD and Their Aging Caregivers](#) is intended to support state Medicaid and partner agencies in their efforts to develop, implement, and expand innovative strategies for supporting adults with I/DD living with and cared for by aging caregivers. The resource focuses on interagency partnerships and relationships, engagement and navigation supports, person- and family-centered systems of support, and planning for the future.
 - [How State Agencies Can Anticipate and Meet the Needs of Adults with I/DD and Their Aging Caregivers](#) describes state policies and practices for understanding current and future service system needs for serving adults with I/DD and aging caregivers.
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- [State Policies and Practices to Support Person-Centered Planning Across the Lifespan for Individuals with I/DD and Their Aging Caregivers](#) describes policies and practices for states to implement person-centered planning processes consistent with CMS requirements that support individuals with I/DD and their families to plan across their lifespans.
- [State Policies and Practices to Support Aging Caregivers of Adults with I/DD](#) provides strategies for states to consider for assessing and addressing the needs of caregivers of adults with I/DD.

June 2023 Enrollment in Medicare-Medicaid Plans

Between May and June 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 312,242 to 310,121 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, June 2022 to June 2023](#).

June 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 June 2023. Between May and June 2023, the total number of Medicare beneficiaries enrolled in PACE increased from 57,025 to 57,600.

New Resources on the ICRC Website

- [Using Exclusively Aligned Enrollment to Integrate Medicare and Medicaid Benefits for Dually Eligible Individuals](#) (June 2023): In this webinar, ICRC team members explain how exclusively aligned enrollment promotes integration of Medicare and Medicaid benefits for dually eligible individuals enrolled in Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs), describe three models that states can use to achieve exclusively aligned enrollment in D-SNPs, and outline key considerations and steps for states in designing and implementing exclusively aligned enrollment.
 - [Tools for States on Exclusively Aligned Enrollment in Dual Eligible Special Needs Plans: Introduction to Exclusively Aligned Enrollment](#) (June 2023): This tip sheet provides a brief overview of exclusively aligned enrollment as well as a summary of the benefits of EAE for D-SNP enrollees, providers, and states.
 - [Tools for States on Exclusively Aligned Enrollment in Dual Eligible Special Needs Plans: Key Policy Decisions and Considerations for States Preparing for Exclusively Aligned Enrollment](#) (June 2023): This tip sheet summarizes four key policy decisions for states preparing to implement EAE as well as four factors that states may wish to consider when making those policy decisions.
 - [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
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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.

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.
- **July 3, 2023-** D-SNP applicants must submit State Medicaid Agency Contracts (SMACs) and contract matrices to CMS in HPMS.
- **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.
- **August-September 2023-** Plan preview periods of Part C & D Star Ratings in HPMS.
- **August 25, 2023-** CMS notifies all D-SNPs of final determinations of integration status and sanctions based on CY2024 SMACs.
- **August 31, 2023-** CY2024 contract execution 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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