

Integrated Care Updates

MedPAC Publishes July 2023 Data Book on Medicare Spending

On July 26, the Medicare Payment Advisory Commission (MedPAC) released its [July 2023 Data Book on Health Care Spending and the Medicare Program](#), which provides data on Medicare spending, demographics of the Medicare population, beneficiaries' access to care, and Medicare program quality, among other information.

Section 4 (pages 31-38) covers dually eligible individuals and includes information on the percentage of Medicare spending for this population, demographic data, health status, and service use. Within this section, states may wish in particular to review:

- Chart 4-4: *Demographic differences between dual-eligible beneficiaries and non-dual-eligible beneficiaries, 2020*, which includes survey-based data on activities of daily living (ADL) limitations, living arrangements, and education level that are not available from other sources.

Section 9 (pages 119-132) covers Medicare Advantage (MA) and includes:

- Chart 9-5: *MA and cost plan enrollment by state and type of plan, 2023* which shows the percentage of MA-eligible beneficiaries in each state enrolled in different MA plan types (HMO, PPO, PFFS, and Cost).
- Chart 9-7: *Impact of coding intensity on risk scores was larger for enrollees eligible for partial or full Medicaid benefits, 2021*.
- Chart 9-8: *Average monthly rebate dollars, by plan type, 2018–2023*, which provides data on the recent growth in average monthly rebate dollars that plans can use to provide supplemental benefits.
- Chart 9-10: *Number of special needs plan enrollees, 2014–2023*.
- Chart 9-11: *Number of SNPs and SNP enrollment rose from 2022 to 2023*.
- Chart 9-12: *MA enrollment patterns, by age, dual-eligible status, and ESRD status, June 2022*.

CMS Issues FY2024 Hospice Payment Final Rule

On July 28, 2023 the Centers for Medicare & Medicaid Services (CMS) issued a [final rule \(CMS-1787-F\)](#) that updates Medicare hospice payments and the aggregate cap amount for Fiscal Year (FY) 2024 in accordance with existing statutory and regulatory requirements. This final rule updates the hospice wage index, payment rates, and cap amount for FY 2024 as required under section 1814(i) of the Social Security Act (the Act). The provisions in the final rule are summarized in a CMS fact sheet: [Hospice Payment Rule Fact Sheet](#).

Under the final rule, hospices will see a 3.1 percent increase for FY 2024 Medicare hospice services starting October 1, 2023, compared to the FY 2023 rates. Since Medicaid hospice payment rates are tied to the Medicare payment rates, this will require modifications to Medicaid hospice payment rates and methodologies. (State Medicaid payments for hospice care are required by federal law to be “in amounts no lower than the amounts, using the same methodology” as in Medicare (Section 1902(a)(13)(B) of the Social Security Act)). CMS annually provides an update to states with information regarding

the specific impacts on Medicaid hospice rates in a separate memo.

CMS Announces Proposed Rule to Improve Access to Behavioral Health in Medicare

On July 31, CMS issued two proposed rules that include changes to implement Sections 4121 and 4124 of The Consolidated Appropriations Act (CAA), 2023: the Calendar Year (CY) 2024 Medicare Physician Fee Schedule (PFS) Proposed Rule [[CMS 1784-P](#)] and the Calendar Year 2024 Hospital Outpatient Prospective Payment System (OPPS) and ASC Payment System Proposed Rule [[CMS 1786-P](#)]. These proposed rules include proposed policies that aim to promote health equity, expand access to behavioral health care, improve transparency in the health system, promoting safe, effective, and patient-centered care, and address medical product shortages. Proposed changes aimed at improving access to behavioral health services under Medicare would enable dually eligible individuals to obtain greater coverage of behavioral health care via their Medicare benefits.

- The **CY 2024 PFS proposed rule** would allow Marriage and Family Therapists and Mental Health Counselors to enroll as Medicare providers. Please see sections II.J and III.C of the [CY 2024 PFS proposed rule](#).
 - A summary of the CY 2024 PFS proposed rule can be found in this [CMS Fact Sheet](#).
- The **CY OPPS/ASC proposed rule** would (1) establish Medicare coverage for intensive outpatient programs services; and (2) change the level of supervision required for behavioral health services furnished “incident to” a physician or nurse practitioner’s services at a Rural Health Clinic or Federally Qualified Health Center to allow for general supervision instead of direct supervision to allow for greater access to counseling and cognitive behavioral therapy in rural and underserved areas. Please see section VIII.F of the [CY 2024 OPPS/ASC proposed rule](#).
 - A summary of the CY OPPS/ASC proposed rule can be found in this [CMS Fact Sheet](#).

More information related to these behavioral health provisions are summarized in this [CMS blog post](#).

Comments for each rule must be submitted to CMS by September 11, 2023.

CMS Releases Medicare Managed Care Manual Updates for Health Risk Assessment Requirements

On August 23, CMS released an updated version of [Chapter 16-B of the Medicare Managed Care Manual](#) containing a new section 90 detailing information for Special Needs Plans (SNPs) about the screening instruments they can use to meet requirements at 42 CFR 422.101(f)(1)(i) finalized in the [Contract Year 2023 Medicare Advantage and Part D Final Rule \(CMS-4192-F\)](#).

Beginning in contract year (CY) 2024, the Health Risk Assessments (HRAs) conducted by all Medicare Advantage SNPs must include at least one question from a list of screening instruments specified by CMS in each of three domains: 1) housing stability, 2) food security, and 3) access to transportation. The goal is to help better identify the risk factors that may inhibit enrollees from accessing care and achieving optimal health outcomes and independence and enable SNPs to take these risk factors into account in enrollee individualized care plans.

The new section 90 describes that SNPs can meet the requirement at 42 CFR 422.101(f)(1)(i) in one of two ways:

- 1) Use a state-required screening instrument that includes questions on the required domains.
- 2) Select questions on the required domains from validated, health information technology-encoded screening instruments. Section 90 provides the list of CMS-specified screening instruments available for SNPs to meet the requirement.

Please refer to [Chapter 16-B](#), incorporating the new section, for additional details.

D-SNPs can email MMCO at MMCO_DSNPOperations@cms.hhs.gov or their CMS Account Manager with any questions.

ICRC Webinar: State Strategies for Encouraging Enrollment in Integrated Care Programs

On August 24th, ICRC held a webinar on [State Strategies for Encouraging Enrollment in Integrated Care Programs](#). This webinar discusses strategies states can use to encourage enrollment in integrated care programs, including communicating the value of integrated care to dually eligible individuals through direct outreach and education, partnering with State Health Insurance Assistance Programs (SHIPs) and other trusted organizations to educate dually eligible individuals, and leveraging policy options to promote enrollment in integrated care programs. This webinar also describes additional factors that can affect integrated care program enrollment.

August 2023 Enrollment in Medicare-Medicaid Plans, PACE Organizations and Applicable Integrated Plans

ICRC has developed a new, consolidated format for sharing the MMP and PACE enrollment data tables that we typically release on a monthly basis, and we will be posting the tables in that new format on the ICRC website shortly. Once we have done that, we will issue an e-alert announcing that the August enrollment data has been posted.

New Resources on the ICRC Website

- [State Strategies for Encouraging Enrollment in Integrated Care Programs](#) (August 2023): This webinar discusses strategies states can use to encourage enrollment in integrated care programs, including communicating the value of integrated care to dually eligible individuals through direct outreach and education, partnering with SHIPs and other trusted organizations to educate dually eligible individuals, and leveraging policy options to promote enrollment in integrated care programs. This webinar also describes additional factors that can affect integrated care program enrollment.
 - [Glossary of Terms Related to Integrated Care for Dually Eligible Individuals](#) (updated July 2023): In this glossary, ICRC highlights key terms related to dually eligible individuals and the Medicare and Medicaid integrated care programs that serve them. This resource was updated in July 2023 to include updated definitions of Dual Eligible Special Needs Plans (D-SNPs), Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs), Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs), and Applicable Integrated Plans (AIPs).
 - [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.
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- [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.

Key Upcoming Dates

- **August-September 2023**- Plan preview periods of Part C & D Star Ratings in HPMS.
- **Mid-September 2023**- All CY2024 MA and PDP contracts fully executed by both parties (Part C/Part D Sponsor and CMS).
- **September 30, 2023**- Deadline for all MA, MA-PD, MMP, PDP, and cost-based plans (including those not offering Part D and those that do offer Part D) to send the standardized Annual Notice of Change (ANOC) and LIS rider to current enrollees.
- **October 1, 2023**- MA and PDP plan marketing begins for CY2024.
- **October 2, 2023**- Deadline by which enrollees of non-renewing PDPs, MA plans, MA-PD plans, MMPs, and cost-based plans must receive final, personalized beneficiary non-renewal notification letters.
- **October 2, 2023**- Plans submit transactions for approved crosswalk exceptions according to the End-of-Year Enrollment and Payment Systems Processing Information HPMS memo.
- **Early-Mid October, 2023**- Medicare Advantage and Part D plan Star Ratings released on Medicare.gov.
- **Mid-October, 2023**- CMS releases CY2025 Notice of Intent to Apply (NOIA) for new contracts or contract extensions.

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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