

Integrated Care Updates

CMS Releases Updated Addendum to the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for Applicable Integrated Plans

In August 2022, the Centers for Medicare & Medicaid Services (CMS) released the final addendum to the Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance for Applicable Integrated Plans (AIPs). AIPs, defined at **42 CFR 422.561**, are Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) that cover at least certain Medicaid benefits and operate with exclusively aligned enrollment. This Addendum provides sub-regulatory guidance on the rules for AIP's integrated organization determination, reconsideration, grievance and appeal processes set forth at **42 CFR §§ 422.629-634**.

Important notes about the addendum:

- All guidance in the Part C & D Guidance applies to AIPs.
- The addendum does not apply to or address Medicare Part D procedures and AIPs must follow all Part D requirements in **42 CFR Part 423**.
- The addendum contains an additional section not included in the Part C & D Guidance, Section 50.13, which provides guidance to AIPs on continuing benefits while an integrated appeal is pending in accordance with **42 CFR § 422.632**.

More information about this final addendum can be found at:

<https://www.cms.gov/files/document/dsnpartscdgrivancesdeterminationsappealsguidanceaddendum.pdf>

CMS Requests Public Comment to Promote Efficiency, Reduce Burden, and Advance Equity

On September 6, CMS released a Request for Information (RFI) seeking public comment on [Make Your Voice Heard: Promoting Efficiency and Equity Within CMS Programs](#). This RFI aims to gather feedback and perspectives related to opportunities for the agency to embed health equity into CMS efforts encouraging innovation, reducing burden, and creating efficiencies across the healthcare system. Public comments will be used to identify opportunities for improvement and potential challenges and to increase efficiencies across CMS programs.

CMS encourages comments from all interested stakeholders, including but not limited to – health care consumers and their families, providers, clinicians, consumer advocates, healthcare professional associations, and individuals serving underserved communities. To ensure consideration, **public comments must be received by November 4, 2022**.

For more information on the *Make Your Voice Heard: Promoting Efficiency and Equity Within CMS Programs RFI* and to access the web-based public comment form, please visit: <https://www.cms.gov/request-information-make-your-voice-heard>.

September 2022 Enrollment in Medicare-Medicaid Plans

Between August and September 2022, total Medicare-Medicaid Plan (MMP) enrollment in the nine states (CA, IL, MA, MI, NY, OH, RI, SC, and TX) with current capitated model demonstrations under the Financial Alignment Initiative increased from 428,703 to 428,060 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, September 2021 to September 2022](#).

September 2022 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 30 states in September 2022. Between August and September 2022, the total number of Medicare beneficiaries enrolled in PACE increased from 54,338 to 54,626.

New Resources on the ICRC Website

- [Alignment of Medicare Savings Program \(MSP\) Eligibility with the Medicare Part D Low Income Subsidy Program](#) (Updated September 2022) This tip sheet details one way a state can improve the MSP eligibility determination process by aligning its MSP eligibility criteria with those used for the Medicare Part D Low-Income Subsidy (LIS) program to facilitate the use of LIS eligibility data in determining eligibility for MSPs. Aligning MSP eligibility limits allows states to more easily use the Social Security Administration's LIS "leads" data to automate and/or streamline enrollment into MSP benefits.

Key Upcoming Dates

- **October 2022-** Medicare Advantage (MA) organizations operating Dual Eligible Special Needs Plan (D-SNP) "look-alike" plans submit Plan Submitted Rollover (POVER) transactions to move enrollees to other plans as needed/appropriate.
 - **October 1, 2022-** MA and Medicare Part D plan marketing begins for CY 2023.
 - **October 2, 2022-** Deadline by which enrollees of non-renewing Prescription Drug Plans (PDPs), MA plans, MA-PD plans, MMPs, and cost-based plans must receive final personalized beneficiary non-renewal notification letters.
 - **October 3, 2022-** MA organizations submit transactions for approved crosswalk exceptions according to the End-of-Year Enrollment and Payment Systems Processing Information HPMS memo.
 - **Early-Mid October 2022-** MA and Part D plan Star Ratings released on Medicare.gov.
 - **Mid October 2022-** CMS releases CY 2024 Notice of Intent to Apply (NOIA) for new MA contracts or contract extensions.
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- **October 15, 2022**- 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 following documents (or notification, if permitted) to current enrollees: Evidence of Coverage (EOC); abridged or comprehensive formularies; and provider/pharmacy directories.
- **October 15, 2022**- Annual Election Period begins. Medicare beneficiaries can enroll in MA or Part D plans for CY 2023.
- **October 28, 2022**- Plan-submitted rollover transactions must be complete (if required) according to the End-of-Year Enrollment and Payment Systems Processing Information Memo.

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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