

Integrated Care Updates

CMS Releases CY2025 Medicare Advantage and Part D Proposed Rule

On November 6, 2023, the Centers for Medicare & Medicaid Services (CMS) issued a [Notice of Proposed Rulemaking](#) (NPRM) on the Medicare Advantage (MA) program, Medicare Prescription Drug Benefit Program (Part D), Medicare Cost Plan Program, Programs of All-Inclusive Care for the Elderly (PACE), and Health Information Technology Standards and Implementation Specifications. CMS also issued a [fact sheet](#) summarizing the major provisions of the NPRM. On November 15, CMS issued the official, published version of that NPRM in the Federal Register.

The proposed rule includes several provisions that may be of interest to state Medicaid agencies, including proposals related to MA dual eligible special needs plans (D-SNPs) that can be found in this [ICRC e-alert](#).

CMS will accept comments on the proposed rule received by 5 p.m. on January 5, 2024. To submit comments electronically, go to <http://www.regulations.gov> and follow the "Submit a comment" instructions referencing file code CMS-4205-P.

CMS Announces 2024 Medicare Parts A & B Premiums and Deductibles

On October 12, 2023, CMS released the 2024 premiums, deductibles, and coinsurance amounts for the Medicare Part A and Part B programs, and the 2024 Medicare Part D income-related monthly adjustment amounts.

For 2024, premiums, deductibles, and co-insurance amounts will increase in both Medicare Parts A and B. For example:

Type of Premium, Deductible, or Co-Insurance Amount	2023	2024
Standard Monthly Medicare Part B Premium	\$164.90 monthly	\$174.70 monthly
Medicare Part B Deductible	\$226 per year	\$240 per year
Medicare Part A Deductible: Hospital Inpatient Stay	\$1,600 per stay (up to 60 days)	\$1,632 per stay (up to 60 days)
Medicare Part A Hospital Stay Co-Insurance	\$400 per day (days 61-90)	\$408 per day (days 61-90)

The Medicare Savings Programs (MSPs) help more than 10 million people with coverage of Medicare premiums and, in many cases, other cost sharing, as well. In their continued efforts to improve access to health care and lower costs for millions of Americans, the Department of Health and Human Services (HHS), through CMS, recently [finalized a rule to streamline enrollment in MSPs](#), making coverage more affordable for an estimated 860,000 people. In addition, the Part D

low-income subsidy (LIS) helps pay for the Part D premium and lowers the cost of prescription drugs. The Inflation Reduction Act recently expanded the number of people eligible for full LIS. Additional information can be found in this [CMS fact sheet](#).

New ICRC Resource: Improving Quality and Performance in Dual Eligible Special Need Plans (D-SNPs): Monitoring and Oversight Tips for States

On November 9, ICRC held a webinar on [Improving Quality and Performance in Dual Eligible Special Need Plans \(D-SNPs\): Monitoring and Oversight Tips for States](#). This webinar describes several Medicare resources that states can leverage to monitor D-SNP performance and provide tips for states on incorporating D-SNPs into Medicaid quality improvement activities.

Related Resources

ICRC has published the following related resource on state oversight and monitoring of D-SNPs:

- [Tips for States on Incorporating D-SNPs into Medicaid Quality Improvement Activities](#)

CMS Finalizes Physician Payment Rule that Advances Health Equity

On November 2, 2023 CMS released the calendar year [\(CY\) 2024 Medicare Physician Fee Schedule \(PFS\) final rule](#) that finalizes coding and payment rates for a variety of services and providers that are new to Medicare. For example, the following items will now be covered by Medicare: certain caregiver training services, community health integration services, some principal illness navigation services for people with behavioral health conditions, and social determinants of health risk assessments.

The rule also allows marriage and family therapists and mental health counselors, including eligible addiction, alcohol, or drug counselors to enroll as Medicare providers and bill Medicare for their services.

In addition, the rule increases payments for crisis care, substance use disorder treatment, and psychotherapy and increases payment for psychotherapy performed in conjunction with an office visit and for Health Behavior Assessment and Intervention services.

States advancing Medicare-Medicaid integration for their dually eligible populations may want to review the rule's provisions to determine how these new services and providers may overlap or complement Medicaid-covered services and provider types. Additional information on the final rule can be found in the [CMS fact sheet](#).

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

ICRC has developed a new, consolidated format for sharing enrollment in Medicare-Medicaid Plans (MMPs), Program of All-Inclusive Care for the Elderly (PACE) organizations, and Applicable Integrated Plans (AIPs). The November enrollment data in the new consolidated format is now available on the ICRC website at: [Monthly Integrated Care Exclusively Aligned Enrollment Report: Dually Eligible Individuals Enrolled in MMPs, PACE, and AIPs](#). Between October and November 2023, total 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 313,739 to 306,127, the total number of Medicare beneficiaries enrolled in PACE increased from 59,751 to 60,203, and the total AIP enrollment increased from 609,706 to 611,912.

New Resources on the ICRC Website

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- [Improving Quality and Performance in Dual Eligible Special Need Plans \(D-SNPs\): Monitoring and Oversight Tips for States](#) (November 2023): This webinar describes the Medicare resources available to states to monitor D-SNP performance and provides tips for states on incorporating D-SNPs into Medicaid quality improvement activities.
 - [Tips for States on Incorporating D-SNPs into Medicaid Quality Improvement Activities](#) (October 2023): This tip sheet describes the Medicare resources available to states to monitor D-SNP performance, explains how states can leverage those resources for Medicaid managed care quality oversight and improvement, and provides tips for states on incorporating D-SNPs into Medicaid quality improvement activities.
 - [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 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.

Key Upcoming Dates

- **December 7, 2023** - End of the MA and Prescription Drug Plan Annual Election Period.

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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