

## Integrated Care Updates

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### Request for Public Comments: CMS CY 2024 Medicare Advantage and Part D Proposed Rule (CMS-4201-P)

On December 14, 2022, the Centers for Medicare & Medicaid Services (CMS) issued a [proposed rule](#) that would make updates to the Medicare Advantage (MA) and Medicare Part D programs, Medicare cost plans, and Programs of All-Inclusive Care for the Elderly (PACE). The rule includes proposals to strengthen beneficiary protections, improve access to behavioral health care, and promote equity for millions of Americans with Medicare Advantage and Medicare Part D. CMS received almost 4,000 comments from a July 2022 Request for Information on Medicare Advantage, which informed the policies in this proposed rule.

This proposed rule does not directly create new obligations or opportunities for states. However, states seeking to better integrate and coordinate care for their dually eligible populations may want to review and comment on the sections listed below (page numbers correspond to those published in the [Federal Register](#)). CMS welcomes state comments on any aspect of the proposed rule.

- **Language access (pages 79453-79459).** CMS proposes to require that Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs), Highly Integrated Special Needs Plans (HIDE SNPs), and all Applicable Integrated Plans (AIPs) translate required materials into any languages required by the Medicare translation standard *plus* any additional languages required by their state's Medicaid translation standard. While CMS does not believe that this proposal will require any new state actions, it welcomes comments and questions.
- **Codification of Special Needs Plan Model of Care (MOC) Scoring and Approval Policy (pages 79571-79576).** The proposed rule would codify sub-regulatory guidance from the Medicare Managed Care Manual and other sources about current SNP MOC scoring protocols; annual Chronic Condition SNP MOC submissions as required by the Balanced Budget Act of 2018; and processes for amending SNP MOCs after National Committee for Quality Assurance (NCQA) approval.
- **Dual Eligible Special Needs Plan (D-SNP) Look-alikes (pages 79465-79675).** The [June 2020 final rule on Medicare Advantage and Medicare Part D](#) took steps to limit so called "D-SNP look-alikes," defined as plans in which dually eligible individuals make up 80 percent or more of total enrollees. In the proposed rule, CMS seeks amendments to close unforeseen loopholes in the regulation adopted to prohibit D-SNP look-alikes. The amendments include:
  - **Applying Contracting Limitations for D-SNP Look-Alikes to Medicare Advantage Plan Segments.** As written at § 422.514(d) and (e), the contracting limitations for D-SNP look-alikes are based on analysis of enrollment at the Medicare Advantage plan level. However, existing CMS regulations allow plans under some circumstances to be divided into segments that have different benefit designs, cost sharing, and premiums. CMS proposes to apply the existing restrictions on D-SNP look-alikes to individual segments of the MA plan in the same way that those provisions apply to MA plans. As a result, CMS would not contract

with or renew a contract with a plan segment where the segment is not a D-SNP and the enrollment thresholds in paragraph (d)(1) or (d)(2) are met.

- **Applying Contracting Limitations for D-SNP Look-Alikes to Existing MA Plans.** The existing prohibition on look-alike plans does not apply to existing plans that did not exceed 80 percent of dually eligible enrollees in the most recent year, even if they project that they will exceed the 80 percent threshold in the upcoming year. To prohibit this from happening in the future, CMS proposes to amend § 422.514(d)(1) to apply it, as of the 2024 plan year, to both new and existing (that is, renewing) MA plans that are not D-SNPs and submit bids with projected enrollment of 80 percent or more enrollees of the plan's total enrollment that are dually eligible for Medicare and Medicaid.
- **Contract Limitations for D-SNP Look-Alikes as a Basis for MA Contract Termination.** CMS also proposes an amendment to eliminate potential ambiguity regarding the bases on which it could terminate an MA contract by adding clarifying language to § 422.510(a)(4)(xvi) and § 422.514(d)(1) or (d)(2).

**Comments on the Proposed Rule.** The proposed rule was published on December 27, 2022 in the [Federal Register](#), and CMS will accept comments on the proposed rule received by February 13, 2023. To submit comments electronically, go to <http://www.regulations.gov> and follow the "Submit a comment" instructions referencing "CMS-4201-P."

For a fact sheet detailing the proposed rule, please visit: <https://www.cms.gov/newsroom/fact-sheets/contract-year-2024-policy-and-technical-changes-medicare-advantage-and-medicare-prescription-drug>

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## MACPAC Releases 2022 MACStats: Medicaid and CHIP Data

In December 2022, the Medicaid and CHIP Payment and Access Commission (MACPAC) released the 2022 edition of the [MACStats: Medicaid and CHIP Data Book](#) that contains 2020 data on national and state Medicaid and State Children's Health Insurance Program (CHIP) enrollment, spending, benefits, and beneficiaries' health, service use, and access to care.

Several of the data book's exhibits may be of interest to states that are working to better integrate and coordinate care for their dually eligible populations. For example:

- [Exhibit 14. Medicaid Enrollment by State, Eligibility Group, and Dually Eligible Status](#) provides the number of full-benefit and partial-benefit dually eligible individuals, as well as the total number of dually eligible individuals per state in 2020.
- [Exhibit 21. Medicaid Spending by State, Eligibility Group, and Dually Eligible Status](#) provides information about Medicaid spending by dual eligible status.
- [Exhibit 29. Percentage of Medicaid Enrollees in Managed Care by State](#) provides state-level information on the number of people enrolled in various Medicaid managed care programs, including Medicaid managed long-term services and supports (MLTSS) programs.
- [Exhibit 30. Percentage of Medicaid Enrollees in Managed Care by State and Eligibility Group](#) includes state-level information on the number of people enrolled in various Medicaid managed care programs by eligibility group (for example, "aged" and "disabled" Medicaid populations).

These data allow a state to compare itself to others and may help inform planning and decision making about integrated care policy and program development. The [2020 Medicaid Managed Care Enrollment Report](#), published by CMS provides additional detail on states' Medicaid managed care programs.

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## December 2022 Enrollment in Medicare-Medicaid Plans

Between November and December 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 decreased from 430,740 to 429,073 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, December 2021 to December 2022](#).

## December 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 31 states in December 2022. Between November and December 2022, the total number of Medicare beneficiaries enrolled in PACE increased from 55,733 to 56,167.

## New Resources on the ICRC Website

- [Definitions of Different Medicare Advantage Dual Eligible Special Needs Plan \(D-SNP\) Types in 2023 and 2025](#) (December 2022): This tip sheet summarizes the updated definitions of FIDE SNPs, HIDE SNPs, CO D-SNPs, and AIPs for 2023 and compares the requirements for each D-SNP type. This information can be helpful to states as they develop and implement programs that advance Medicare-Medicaid integration for their dually eligible populations.
- [Working with Medicare Webinar on State Contracting with Dual Eligible Special Needs Plans \(D-SNPs\)](#) (December 13 & 15, 2022): These webinars provide an overview of state strategies for contracting with D-SNPs to improve care coordination and Medicare-Medicaid alignment for dually eligible individuals. The webinars are especially helpful to state staff who are new to or seek a refresher on D-SNP contracting and working with Medicare plans.
  - **Webinar 1:** [Introduction to D-SNPs and D-SNP Contracting Basics](#)
  - **Webinar 2:** [Using D-SNPs to Integrate Care for Dually Eligible Individuals](#)

## Key Upcoming Dates

- **January 1, 2023- March 31, 2023-** Annual MA Open Enrollment Period
- **January 21, 2023-** Final day to submit NOIA for CY 2024

### 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](http://www.integratedcareresourcecenter.com).

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