

Integrated Care Updates

CMS Updates Processes for D-SNPs Implementing CY 2021 Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements

On April 13, the Centers for Medicare & Medicaid Services (CMS) issued a [memo detailing important updates on CMS processes](#) for review and approval of state Medicaid agency contracts (SMACs) for contract year 2021. These updates acknowledge the unique circumstances resulting from Dual Eligible Special Needs Plans' (D-SNPs') and states' priority focus on the COVID-19 public health emergency.

D-SNPs and states will have more time to finalize contract language to comply with the requirements for D-SNP Medicare-Medicaid integration and unified appeals and grievance processes CMS codified in regulations that implemented new statutory provisions added by the Bipartisan Budget Act of 2018.

The **July 6, 2021 SMAC submission deadline for D-SNPs will not change**, but D-SNPs will have flexibility in terms of what they must submit on that date, as well as additional opportunities to correct contract deficiencies extending to **November 2, 2020**.

CMS welcomes the opportunity to review draft contract language on an informal basis prior to the July 6, 2020 SMAC submission deadline. D-SNPs and states are encouraged to carefully review the guidance (soon to be posted on CMS' [website](#)). Please contact Paul Precht (Paul.Precht@cms.hhs.gov) in CMS' Medicare-Medicaid Coordination Office with questions or to request review of draft contract language.

Comments Requested on Proposed Applicable Integrated Plan Coverage Decision Letter

On April 17, CMS announced an opportunity for D-SNPs and other stakeholders to comment on the [proposed Applicable Integrated Plan Coverage Decision Letter](#) (CMS Form Number CMS-10716). The letter will be used by Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) and Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs) with exclusively aligned enrollment – also known as "applicable integrated plans" – that will be implementing unified grievances and appeals processes for 2021.

The Applicable Integrated Plan Coverage Decision Letter will be issued as a result of an integrated organization determination under 42 CFR 422.631, when an applicable integrated plan reduces, stops, suspends, or denies, in whole or in part, a request for a service/item (including a Part B drug) or a request for payment of a service/item (including a Part B

State Count Down to 2021 – Implementing New D-SNP Integration Standards

By January 1, 2021, D-SNPs must meet new integration standards. Each month, ICRC will post tips for state Medicaid agencies to help them support the implementation of these requirements.

Need to understand whether your D-SNPs will qualify as Fully Integrated D-SNPs (FIDE SNPs) or Highly Integrated D-SNPs (HIDE SNPs)? See [this CMS guidance](#) issued in January 2020 to learn more about FIDE SNPs and HIDE SNPs and what requirements these specialized D-SNPs need to meet.

drug) the member has already received. These plans will issue the coverage decision letter starting in Contract Year 2021 in place of the Notice of Denial of Medical Coverage (or Payment) form (CMS-10003) as part of requirements to unify appeals and grievance processes.

The 30-day notice for the proposed letter was published in the [Federal Register \(pp. 21009-21010\)](#) on April 15, 2020. **Comments must be received by May 15, 2020.**

Updated Guidance for Medicare Advantage and Part D Plans Related to COVID-19

Last week, CMS released two memos (on [April 21](#) and [April 23](#)) for Medicare Advantage and Part D plans (including D-SNPs and Medicare-Medicaid Plans (MMPs)) describing guidance for plans related to the COVID-19 pandemic. This guidance contains several points of potential interest for states with integrated care initiatives:

- **Special Needs Plan (SNP) Model of Care Flexibility.** On page 4 of the [April 21 memo](#), CMS acknowledges that SNPs (including D-SNPs) may need to implement care management strategies that do not fully comply with their approved SNP Model of Care in order to provide care to members while preventing the spread of COVID-19. For example, plans may need to provide care that would normally require face-to-face contact through other means. CMS notes that it will consider the special circumstances of COVID-19 when conducting oversight activities related to the SNP Model of Care.
- **Encouragement of SNPs to Use Eligibility Deeming.** On page 5 of the [April 21 memo](#), CMS encourages SNPs to implement a policy of deemed continued eligibility for 6 months to facilitate continuity of care for individuals who would otherwise be disenrolled due to loss of SNP eligibility, such as failure to recertify for Medicaid. CMS also notes on page 4 of that memo that it will relax enforcement with SNPs that delay involuntary disenrollment of enrollees who lost SNP eligibility beyond 6 months during 2020.
- **Prescription Drug Benefit Flexibilities.** Also within the [April 21 memo](#), CMS requires all Medicare Advantage and Part D plans to allow dispensing of 90-day supplies of prescription drugs and to suspend all Part D quantity limits except those imposed through safety edits. CMS also encourages plans to relax prior authorization requirements for Part D drugs.
- **Expansion of Supplemental Benefits.** In the [April 23 memo](#), CMS states that it will adopt a temporary policy of relaxed enforcement related to the prohibition on mid-year benefit enhancements when such benefit enhancements are provided in connection to the COVID-19 outbreak. In particular, CMS notes that Medicare Advantage organizations may provide smartphones and/or tablets as a supplemental benefit for primarily health related purposes to aide in the use of telehealth or remote access technology services in response to the COVID-19 outbreak. If a plan chooses to provide smartphones or tablets as a COVID-19 related expanded benefit, the smartphones or tablets must only be used for primarily health related purposes, such as remote monitoring or to enable engagement with healthcare providers.

Need to Find Important COVID-19 Resources?

- [CMS COVID-19 emergency website](#) for clinical and technical guidance
- CMS [COVID-19 Partner Toolkit](#) for states, health plans, providers, and consumers
- [Centers for Disease Control and Prevention activities](#)
- [White House Task Force](#) activities

Stay up-to-date by signing up for CMS [e-alerts](#).

COVID-Related Resources for PACE Organizations

Programs of All-inclusive Care for the Elderly (PACE) organizations serve individuals age 55 and older who require a nursing facility level of care, the majority of whom are dually eligible. To help protect them from the spread of Coronavirus (COVID-19), CMS has issued guidance and information including:

- A March 17 memo with [Information for PACE Organizations Regarding Infection Control and Prevention of Coronavirus Disease 2019 \(COVID-19\)](#).
- A March 26 memo on the [Reprioritization of PACE, Medicare Parts C and D Program, and Risk Adjustment Data Validation \(RACV\) Audit Activities](#) in order to allow these organizations and CMS to focus on the health and safety threats currently faced due to the spread of COVID-19.
- An April 9 [Frequently Asked Questions from the PACE Community](#) on topics including: clinical concerns, staffing, eligibility, enrollment, and recertification, telehealth, quality and reporting, billing and payment, and CMS communications.

CY 2021 Medicare Advantage and Part D Rates and Payment Policies Announced

On April 6, CMS announced the [CY 2021 Capitation Rates and Part C and Part D Payment Policies for Medicare Advantage plans](#), including D-SNPs. This memo describes the annual capitation rate for each Medicare Advantage payment area for CY 2021 and the risk and other factors to be used in adjusting these rates.

Sign Up for Health Plan Management System Emails

To remain abreast of current guidance for Medicare Advantage and Part D plans, including PACE organizations, D-SNPs, and MMPs, states and other stakeholders may request to join the Health Plan Management System (HPMS) listserv CMS uses to send updated information and guidance to these plans. Examples of HPMS emails that may be of particular interest to states include guidance: regarding CMS integration requirements for D-SNPs and D-SNP contracting; plan data and reporting requirements; and guidance regarding plan responses to the COVID-19 public health emergency. To sign up, go to <https://hpms.cms.gov/> and select “subscribe to the listserv.”

April 2020 Enrollment in Medicare-Medicaid Plans

Between March and April 2020, total MMP enrollment in the nine states (CA, IL, MA, MI, NY, OH, RI, SC, and TX) currently implementing capitated model demonstrations under the Financial Alignment Initiative increased from 383,925 to 389,130 as shown in ICRC’s table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, April 2019 to April 2020](#).

April 2020 Enrollment in PACE Organizations

PACE organizations provide comprehensive medical and social services to frail, community-dwelling individuals age 55 and older, most of whom are Medicare-Medicaid enrollees. As shown in ICRC's table, [Program of All Inclusive Care for the Elderly \(PACE\) Total Enrollment by State and by Organization](#), PACE organizations were operating in 31 states in April 2020. Between March and April 2020, the total number of Medicare beneficiaries enrolled in PACE increased from 49,161 to 49,298.

New Resources on the ICRC Website

- [Coordination of Medicare and Medicaid Behavioral Health Benefits](#): This April 15, 2020 *Working with Medicare* webinar provides an overview of Medicare and Medicaid behavioral health benefits (including mental health and substance use disorder benefits) for dually eligible individuals and opportunities to improve coordination in integrated care programs. (ICRC/April 2020)
- [Dual Eligible Special Needs Plans \(D-SNPs\) Entries and Departures](#): This table lists new and departing D-SNPs by state in 2020. (ICRC/March 2020)
- [Key 2020 Medicare Dates Calendar](#): This calendar includes key Medicare dates to assist states and health plans in implementing integrated Medicare and Medicaid programs for dually eligible beneficiaries. (ICRC/March 2020)

Key Upcoming Dates

- **May-July** – CY 2021 model templates for Final Annual Notice of Change, Evidence of Coverage, Low Income Subsidy rider, Part D Explanation of Benefits, formularies, transition notice, provider directory, pharmacy directory, member identification card and other MMP-specific models released. Plans are able to begin uploading these documents for CMS review in July.
- **Early May** – Deadline for Medicare Advantage and Part D plans to notify CMS of intention to non-renew counties or reduce service areas at the contract level.
- **May 15** – Deadline for comments on the [proposed Applicable Integrated Plan Coverage Decision Letter](#).
- **Late May** – CY 2021 D-SNP module released for D-SNPs to upload required State Medicaid Agency Contracts (SMACs) and Contract Matrix.
- **June 1** – Deadline for all Medicare plans (MA and Part D) to submit CY 2021 bids; plans (including MMPs) deciding not to renew their contracts must notify CMS in writing.
- **June 1** – Organizations interested in offering a MA, Part D, or MMP product must submit a plan benefit package that accurately describes the coverage details and cost-sharing for all covered benefits.

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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