ICRC | Integrated Care Resource Center

Monthly Newsletter

Helping states develop integrated programs for individuals who are dually eligible for Medicare and Medicaid

November 27, 2019

Integrated Care Updates

CMS Issues Informational Bulletin on New Medicare-Medicaid Integration and Unified Appeals and Grievance Requirements

On November 14, the Centers for Medicare & Medicaid Services (CMS) released an Informational Bulletin summarizing requirements for Medicare-Medicaid integration and unified appeals and grievance processes that must be included in State Medicaid Agency Contracts with Dual Eligible Special Needs Plans (D-SNPs) for Contract Year 2021. The Informational Bulletin highlights important information that states need to ensure that D-SNPs in their market meet the new requirements.

See also the related ICRC technical assistance tool: Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans

CMS Webinar on Innovations in Home- and Community-Based Services (HCBS)

On **Tuesday, December 17, 2019 from 3:00-4:30pm EST**, CMS will host a webinar on "Innovative Services in Home and Community-Based Services" that will highlight recently approved services that promise HCBS innovation, including services related to technology, supporting families/caregivers, services to ensure successful community transitions, and others. Mary Sowers, consultant to New Editions Consulting – the training lead for the HCBS Technical Assistance Contract overseen by the Division of Long Term Services & Supports (DLTSS) – will present the training with support from Ralph Lollar, DLTSS Division Director, and the DLTSS Team. Register.

New Medicaid Innovation Accelerator Program Technical Assistance Opportunities

The Medicaid Innovation Accelerator Program (IAP) announced the following upcoming technical assistance (TA) opportunities for Medicaid agencies:

- **Value-Based Payment and Financial Simulations:** On **Thursday, December 12, 2019 from 3:00-4:00 pm EST**, IAP's VBP and Financial Simulation functional area will hold a webinar on its new six-month TA opportunity for Medicaid agencies seeking to design, develop, and implement VBP approaches (i.e., payment models that range from rewarding for performance in fee-for-service to capitation, including alternative payment models and comprehensive population-based payments). Participating states will have the opportunity to work with VBP and financial simulation experts through individualized TA and state-to-state learning activities. Register

- **Reducing Substance Use Disorders:** On **Tuesday, December 17, 2019 from 2:00-3:00 pm EST**, IAP's Reducing Substance Use Disorders (SUD) program area is holding a webinar to launch two new TA opportunities for Medicaid agencies:

- Medication-Assisted Treatment (MAT): Will focus on methods to improve and expand MAT delivery services.
- SUD Data Dashboards: Will design and/or update SUD data dashboards for internal and/or external audiences.

During the information session, states will learn about the two TA opportunities and the state selection process and will have an opportunity to ask questions. Register

IAP also recently held webinars to announce two other new TA opportunities on **Data Analytics to Better Understand Medicaid Populations with SMI** and **Value-Based Payment for Fee-for-Service Home and Community-Based Services**.

CMS Releases 2020 Medicare Parts A & B Premiums and Cost-Sharing Amounts

On November 8, 2019, CMS released the 2020 premiums, deductibles, and coinsurance amounts for the Medicare Part A and Part B programs. State Medicaid programs cover Medicare premiums and/or cost-sharing for the majority of dually eligible beneficiaries. While some states use a "lessor of" payment method for this coverage, other states that use full-payment or other payment methodologies should note that Medicare Part A deductible and co-insurance amounts as well as Part B premiums and deductibles will all increase for 2020. (See the *Federal Register* notices regarding premiums and cost-sharing for Part A and Part B as well as the CMS fact sheet for more details.)

Through the Qualified Medicare Beneficiary (QMB) and Qualified Disabled Working Individual (QDWI) programs, states also provide coverage of Medicare Part A premiums for beneficiaries who do not qualify for premium-free Part A. In 2020, the Part A premium for individuals who do not qualify for premium-free Part A will also increase. More information can be found in the *Federal Register* notice.

Medicaid and CHIP Scorecard

In November, CMS also released its latest Medicaid and CHIP Scorecard that includes measures voluntarily reported by states, as well as federally reported measures in three areas: (1) state health system performance; (2) state administrative accountability; and (3) federal administrative accountability. The goal of the Scorecard is to increase public transparency about the programs' administration and outcomes. States and CMS can use the Scorecard to drive improvements in areas such as state and federal alignment, beneficiary health outcomes, and program administration. The Scorecard also includes National Context data that explain how Medicaid and CHIP programs can vary across states. A summary of the Scorecard can be found in the Scorecard Fact Sheet.

Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files Released

CMS has released the T-MSIS Analytic Files that contain data on Medicaid and CHIP enrollment, demographics, service utilization, and payments. The T-MSIS Analytic Files were designed to meet the broad research needs of the Medicaid and CHIP data user community. In addition to these data files, CMS created several resources to support researchers, including technical guidance, data quality briefs, and snapshots to assist users and potential users in assessing the accuracy, reliability and usability of the data files.

To obtain access to the T-MSIS Analytic Files, see the Research Data Assistance Center (ResDAC) website for information on completing a data use agreement and requesting data.

Feedback Requested on Person-Centered Planning Draft Report

At the request of the Department of Health and Human Services' Administration for Community Living and CMS, the National Quality Forum convened a committee of experts with lived and professional experience in long-term services and supports (LTSS), and with the acute/primary/chronic care systems to provide a consensus-based, multi-stakeholder view of person-centered planning. The committee drafted an interim report summarizing its efforts to develop the following:

- A functional, person-first definition of person-centered planning;
- A core set of competencies for persons facilitating the planning process, including details of foundational skills, relational and communication skills, philosophy, resource knowledge, and the policy and regulatory context of person-centered planning; and
- Systems characteristics that support person-centered planning such as system-level processes, infrastructure, data, and resources, along with guidance on how to maintain system-level person-centeredness.

Feedback is needed on the interim report by 6:00 pm ET on December 2. Registration is required for submitting comments. A future final report will address the history of person-centered planning, a framework for quality measurement within person-centered planning, and a research agenda to advance and promote person centered planning in LTSS, which includes HCBS and institutional settings, and the interface with the acute/primary/chronic care systems.

CMS Announces Application Period for Direct Contracting Model

On November 25, CMS released more information and a Request for Applications for the new Direct Contracting model, which will allow a variety of organizations to participate in value-based care arrangements under Medicare fee-for-service (FFS). CMS will begin testing two Direct Contracting options: (1) Professional, a lower-risk option; and (2) Global, a full-risk option. The goals of Direct Contracting are to transform risk-sharing arrangements in Medicare FFS, broaden participation in CMS Innovation Center models, empower beneficiaries, and reduce health care clinician burden.

Entities may apply to start in the Implementation Period (2020) or the first Performance Year (2021). **The application for participation in the Implementation Period opened Monday, November 25, 2019 and will close Monday, February 24, 2020.** The application tool will become available in December 2019 at https://app1.innovation.cms.gov/dcrfa/dcrfaLogin. The application for organizations interested in starting in the first Performance Year will open in Spring 2020.

A **Letter of Intent (LOI) is required to apply for Direct Contracting**. CMS is reopening the LOI link for two weeks for interested organizations that did not previously submit an LOI. Please check CMS' website for timeline updates: https://innovation.cms.gov/initiatives/direct-contracting-model-options/

November 2019 Enrollment in Medicare-Medicaid Plans

Between October and November 2019, total Medicare-Medicaid Plan 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 decreased from 387,463 to 384,207, as shown in ICRC's table Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, November 2018 to November 2019.

November 2019 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, 131 PACE organizations were operating in 31 states in November 2019. Between October and November 2019, the total number of Medicare beneficiaries enrolled in PACE increased from 47,588 to 48,037.

New Resources on the ICRC Website

- Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans. This technical assistance tool provides sample contract language that states can use in their D-SNP contract to comply with these requirements. Use of this language in the contract does not guarantee that CMS will approve the D-SNP to operate. (ICRC/November 2019)
- Information Sharing to Improve Care Coordination for High-Risk Dual Eligible Special Needs Plan Enrollees: Key Questions for State Implementation. This technical assistance tool offers key questions and considerations that states can review as they begin working with D-SNPs and other parties to design and implement information-sharing requirements. (ICRC/September 2019)

Key Upcoming Dates

- **December 2 –** Feedback due on person-centered planning interim report.
- **December 7 –** Last day of the annual Medicare election period for enrollees.
- **December 17 –** Comments due on Proposed Applicable Integrated Plan Coverage Decision Letter to be used in 2021 in a limited number of states that limit D-SNP enrollment to enrollees in Medicaid managed care plans offered by the same organization.

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.