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Working with Medicare

Medicare 201: Actions States Can Take to Improve Quality and Coordination of Care for Dually Eligible Individuals

March 25, 2021

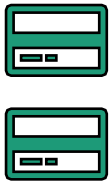
12:30-1:30 pm Eastern Time

The Integrated Care Resource Center, an initiative of the Centers for Medicare & Medicaid Services' Medicare-Medicaid Coordination Office, provides technical assistance for states coordinated by Mathematica and the Center for Health Care Strategies.

The "Working with Medicare" Webinar Series

- Designed for all states interested in improving coordination of Medicare and Medicaid benefits for dually eligible individuals
- Webinars are repeated annually:
  - Medicare 101 and 201
  - Coordination of Medicare and Medicaid Behavioral Health Benefits
  - Medicare and Medicaid Nursing Facility Benefits
  - State Contracting with D-SNPs
- Supplemented by:
  - ICRC updates/e-alerts on important new Medicare information
  - ICRC technical assistance briefs and other written tools on Medicare issues of importance to states
- Sign up and view past e-alerts: https://www.integratedcareresourcecenter.com/about-us/e-alerts

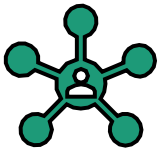
101 Webinar Recap: Dually Eligible Individuals



- Dually eligible individuals have both Medicare and Medicaid

- Dually eligible individuals often have both complex care needs and a high cost of care

- Dually eligible individuals have been disproportionately affected by COVID-19



- States can use integrated care programs to coordinate Medicare and Medicaid benefits, improve care, and streamline materials and processes for dually eligible individuals

101 Webinar Recap: Medicare Basics

- Medicare is a federal health insurance program

- Each part of Medicare offers different coverage

- Medicare beneficiaries (including dually eligible individuals) can choose to receive Medicare benefits through Medicare Advantage managed care plans (MA plans) and enrollment in these plans has steadily increased over time

- MA plans can provide a variety of supplemental benefits in addition to Part A, B and D benefits

101 Webinar Recap: Roles of Medicare and Medicaid Serving Dually Eligible Individuals

- Medicare is the primary payer for most primary and acute care services a dually eligible individual may need

- Medicaid is the primary payer for most long-term supports and services and NEMT benefits

- Medicare or Medicaid may be the primary payer for several service types (behavioral health, home health, and durable medical equipment), depending on the specific services rendered, the circumstances involved, and the state's Medicaid state plan

- Medicaid covers Medicare Part A and/or B premiums (and in many cases, cost sharing) for which the individual would otherwise be responsible

Agenda

- Developing and implementing integrated models
- Working with D-SNPs around supplemental benefits
- Actions states can take to improve quality and coordination for dually eligible individuals
- Question & Answer

Presenters

- Caitlin Murray
  - Mathematica
- Giselle Torralba
  - Center for Health Care Strategies

Overview of Integrated Care Pathways for States Serving Dually Eligible Individuals

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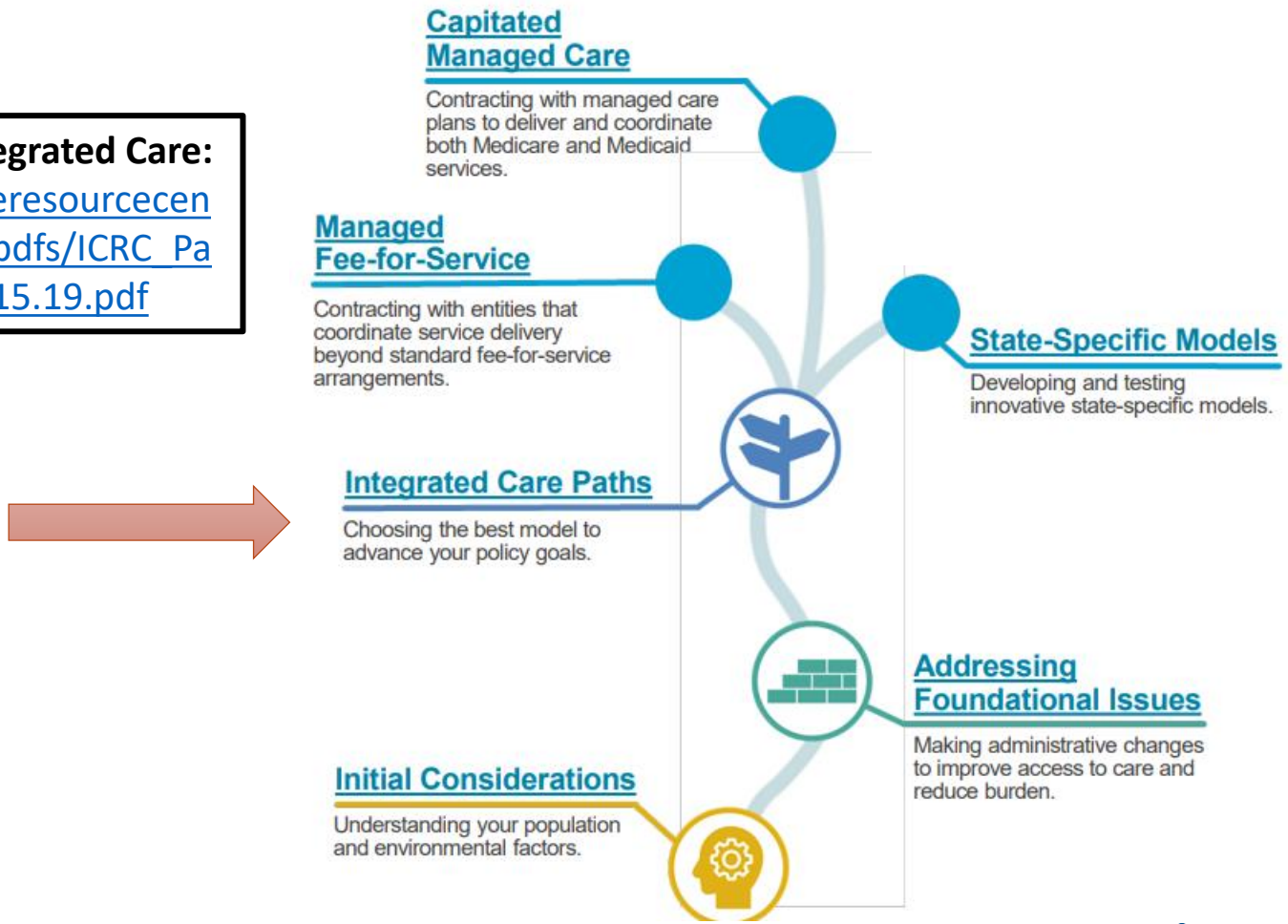
State Pathways to Integrated Care

ICRC State Pathways to Integrated Care: https://www.integratedcareresourcecenter.com/sites/default/files/pdfs/ICRC_Pathways_to_Integration_04.15.19.pdf



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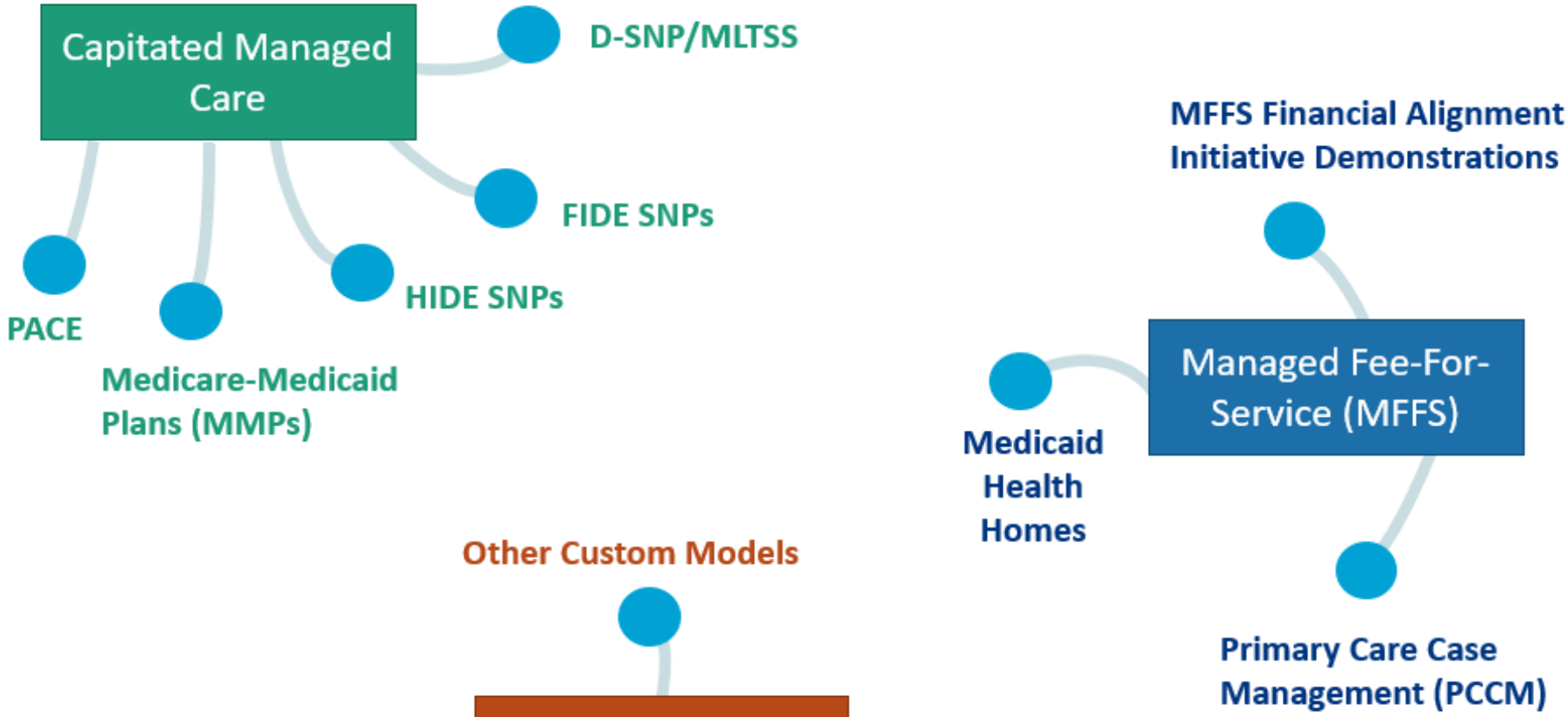
Integrated Care Paths



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Capitated Managed Care: Program Overviews

- **Program of All-Inclusive Care for the Elderly (PACE)**
  - Organizations that provide **integrated Medicare- and Medicaid-covered services**, including primary, acute, specialty, and long-term services and supports for those **55 and older who are nursing-home eligible**. PACE organizations receive capitated rates to provide comprehensive and coordinated Medicare and Medicaid benefits.
- **Capitated Model Demonstrations under the Financial Alignment Initiative (Medicare-Medicaid Plans)**
  - **Three-way contracts** between the state, CMS, and health plans enable delivery of integrated primary, acute, behavioral health and long-term services and supports for dually eligible enrollees. Plans receive **capitated blend payments** to provide comprehensive, coordinated care.

Capitated Managed Care: Program Overviews, Continued

- **Dual Eligible Special Needs Plans (D-SNPs)**
  - Medicare Advantage plans for dually eligible beneficiaries that must at least coordinate Medicare and Medicaid benefits. **D-SNPs must hold a contract** (called a State Medicaid Agency Contract or "SMAC") with the **state Medicaid agency, with at least certain minimum required elements**, which determine the level of administrative, clinical, and financial integration that may be achieved.
  - D-SNPs may be paired with affiliated Medicaid managed care or **Managed Long-Term Services and Supports (MLTSS)** plans.
  - Types of D-SNPs include:
    - Coordination-Only Dual Eligible Special Needs Plans
    - Highly Integrated Dual Eligible Special Needs Plans (HIDE SNPs)
    - Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs)

Capitated Managed Care: Key Differences

	PACE	MMP	D-SNP		
			Coordination-Only	HIDE SNP	FIDE SNP
Authorization	Permanent	Demonstration	Permanent	Permanent	Permanent
States where plan is available	31	9	42	16	12
Number of plans (2/2021)	139	39	562	190	65
Enrollment (2/2021)	49,740	399,613	1,760,022	1,325,057	268,608
Contracting structure	3-way contract*	3-way contract	Separate Medicare and Medicaid contracts	Separate Medicare and Medicaid contracts	Separate Medicare and Medicaid contracts
Passive enrollment	Not allowed	Allowed	Limited. Allowed to maintain enrollment in integrated care	Limited. Allowed to maintain enrollment in integrated care	Limited. Allowed to maintain enrollment in integrated care
States can share Medicare savings	No	Yes	No	No	No

*Some states use an additional 2-way contract to issue state-specific requirements, in addition to the standard 3-way contract.

Sources: MedPAC. "Report to the Congress: Medicare and the Health Care System." June 2018, Table 9-9, p.267. Available at: http://medpac.gov/docs/default-source/reports/jun18_medpacreporttocongress_sec.pdf?sfvrsn=0

Plan numbers and enrollment data from the CMS Monthly Reports for Feb 2021: https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData

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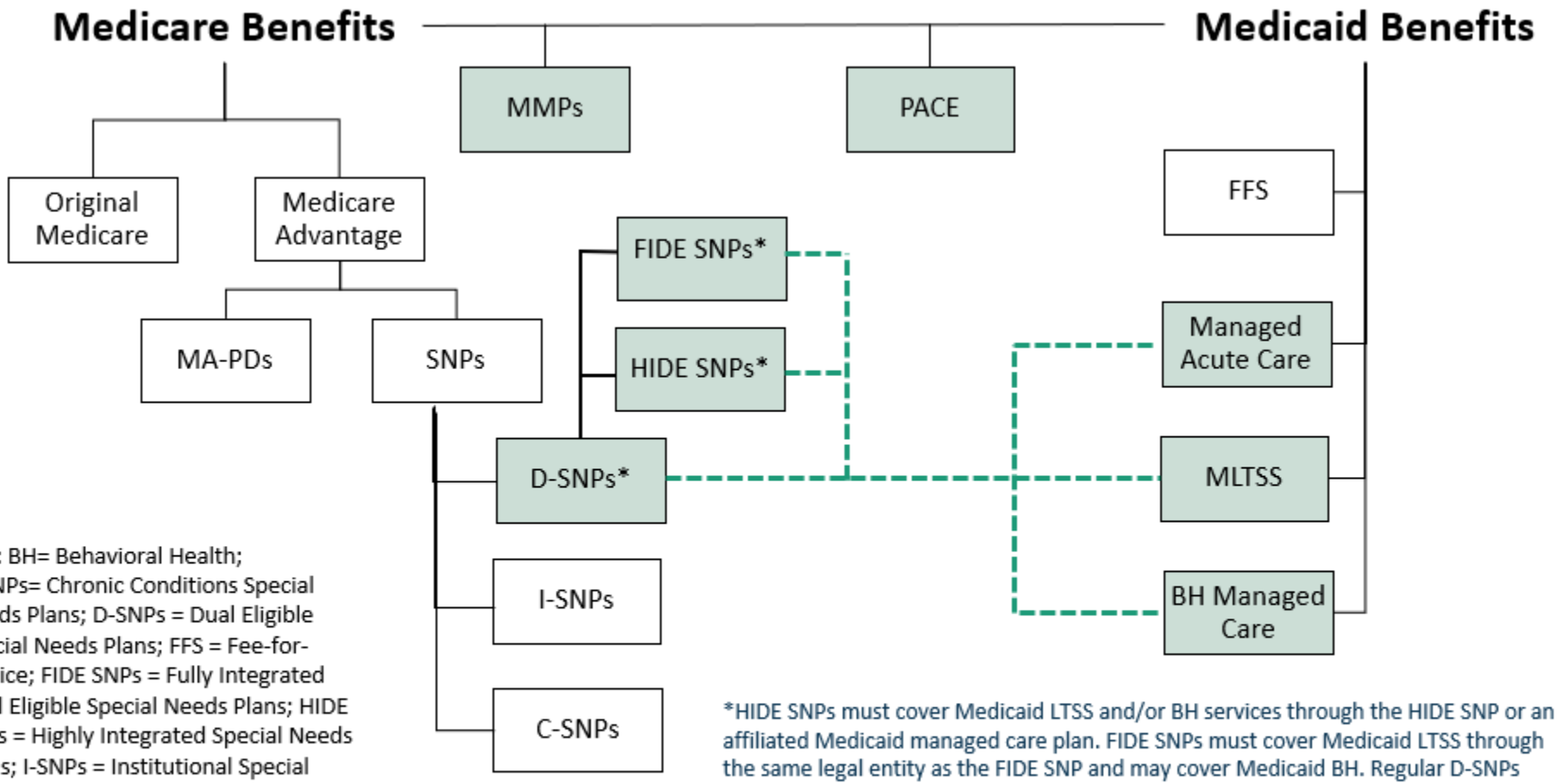
Capitated Managed Care: Integration Models

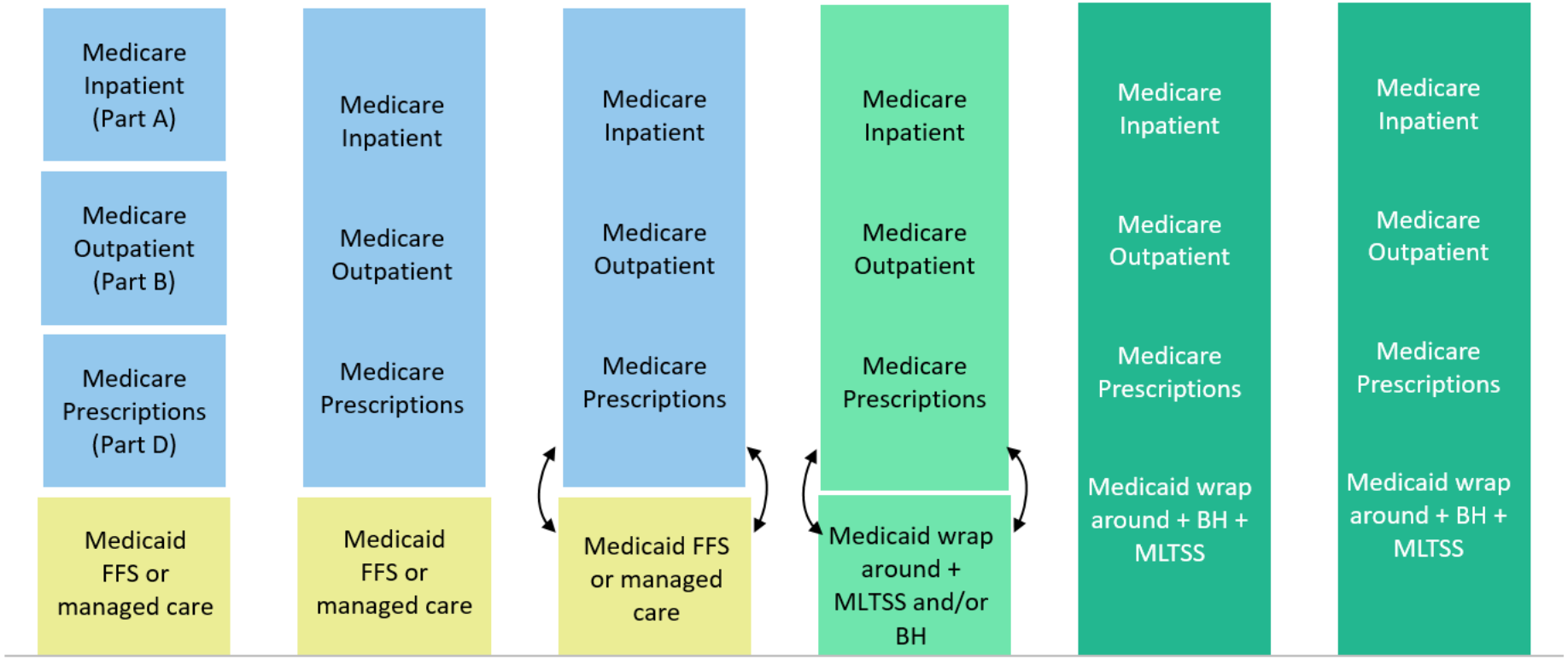
Note: Shaded boxes in the figure below represent models that coordinate and/or integrate all or some Medicare and Medicaid benefits for dually eligible beneficiaries.



Key: BH= Behavioral Health; C-SNPs= Chronic Conditions Special Needs Plans; D-SNPs = Dual Eligible Special Needs Plans; FFS = Fee-for-service; FIDE SNPs = Fully Integrated Dual Eligible Special Needs Plans; HIDE SNPs = Highly Integrated Special Needs Plans; I-SNPs = Institutional Special Needs Plans; MA-PDs = Medicare Advantage Prescription Drug Plans; MLTSS = Managed Long-Term Services and Supports; MMPs = Medicare-Medicaid Plans; PACE = Program of All-Inclusive Care for the Elderly

*HIDE SNPs must cover Medicaid LTSS and/or BH services through the HIDE SNP or an affiliated Medicaid managed care plan. FIDE SNPs must cover Medicaid LTSS through the same legal entity as the FIDE SNP and may cover Medicaid BH. Regular D-SNPs must at least coordinate Medicaid benefits, and may cover some or all Medicaid benefits through the D-SNP or an affiliated Medicaid managed care plan.

Capitated Managed Care: Spectrum of Integration



Notes: Medicaid services vary by state. Medicare plans can offer additional services.
*D-SNPs vary greatly by state and can also be aligned with MLTSS. Enrollment may be aligned.
** FIDE and HIDE SNPs may have aligned enrollment. FIDE and HIDE SNPs with exclusively aligned enrollment are required to have integrated appeal and grievance processes.

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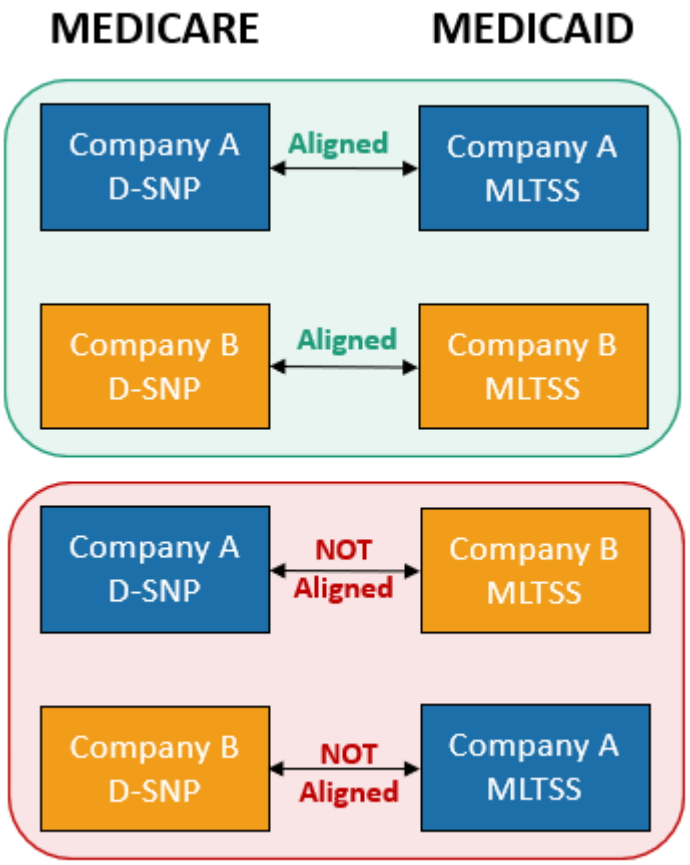
D-SNP Contracts: Aligned Enrollment

- **Aligned enrollment:** Enrollment in a D-SNP and Medicaid managed care plan offered by the same parent company in the same geographic area.
- ***Exclusively* aligned enrollment**: Occurs when the state contract limits enrollment in the D-SNP to full-benefit dually eligible individuals who receive their Medicaid benefits from the D-SNP or an affiliated Medicaid managed care plan offered by the same parent company as the D-SNP.
- Exclusively aligned enrollment creates opportunities for integrated delivery of Medicare and Medicaid by:
  - Aligning incentives and coordinating benefits administration
  - Streamlining payment of Medicare cost sharing
  - Facilitating care coordination
  - Allowing integration of beneficiary materials
- State policymaking can be used to maximize aligned D-SNP/Medicaid managed care enrollment.



For more information, see: E. Weir Lakhmani and A. Kruse. "Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment." ICRC, April 2018. Available at: https://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Aligning_Enrollment.pdf

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D-SNP Contracts: New Integration Requirements for 2021

D-SNPs must meet **at least one** of the following criteria effective CY 2021:

1) **Further coordination/alignment:** Cover Medicaid behavioral health services and/or LTSS to be either:
   - A Fully Integrated Dual Eligible (FIDE) SNP, or
   - A Highly Integrated Dual Eligible (HIDE) SNP
2) **Information Sharing:** Notify state and/or its designee(s) of Medicare hospital and skilled nursing facility (SNF) admissions for group of high-risk enrollees to improve coordination during transitions of care

CMS also issued new requirements for certain D-SNPs to implement integrated grievance and appeals:

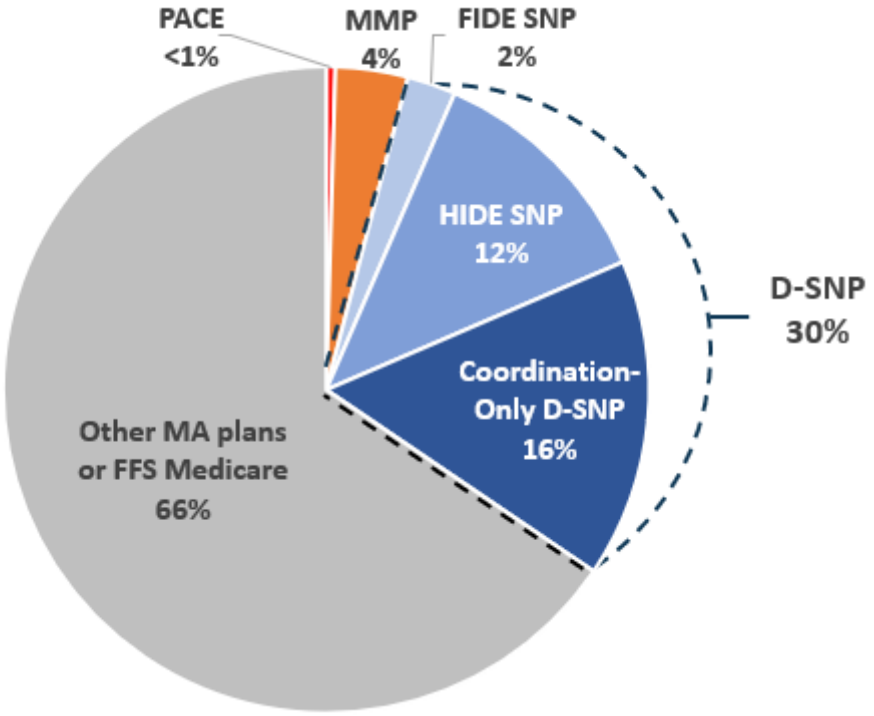
- https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/cib111419-2.pdf

2022 SMACs are due to CMS by **July 5, 2021**. States can work with CMS ahead of time if they would like to make updates to their SMACs

See Appendix for ICRC Resources

Source: CMS. "Medicare and Medicaid Programs; Policy and Technical Changes to the Medicare Advantage, Medicare Prescription Drug Benefit, Programs of All-Inclusive Care for the Elderly (PACE), Medicaid Fee-For-Service, and Medicaid Managed Care Programs for Years 2020 and 2021." *Federal Register*, April 16, 2019, pp.15710-15718 and *42 CFR 422.107(d))* p. 15828. Available at: https://www.govinfo.gov/content/pkg/FR-2019-04-16/pdf/2019-06822.pdf

Capitated Managed Care: Medicare Enrollment Among All Dually Eligible Individuals, February 2021



Note: PACE programs may enroll non-dually eligible individuals in some states. The total number of dually eligible individuals is from March 2020. D-SNP total does not include FIDE SNP enrollment and does not include D-SNPs in Puerto Rico.

Sources: CMS Quarterly Enrollment Snapshot, March 2020. Available at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Analytics.html; CMS Monthly Enrollment by Contract Report, Feb 2021. Available at: https://www.cms.gov/research-statistics-data-and-systemsstatistics-trends-and-reportsmcradvpartdenroldatamonthly/enrollment-contract-2021-02; and CMS Special Needs Plan Comprehensive Report, Feb 2021. Available at: https://www.cms.gov/research-statistics-data-and-systemsstatistics-trends-and-reportsmcradvpartdenroldataspecial-needs/snp-comprehensive-report-2021-02

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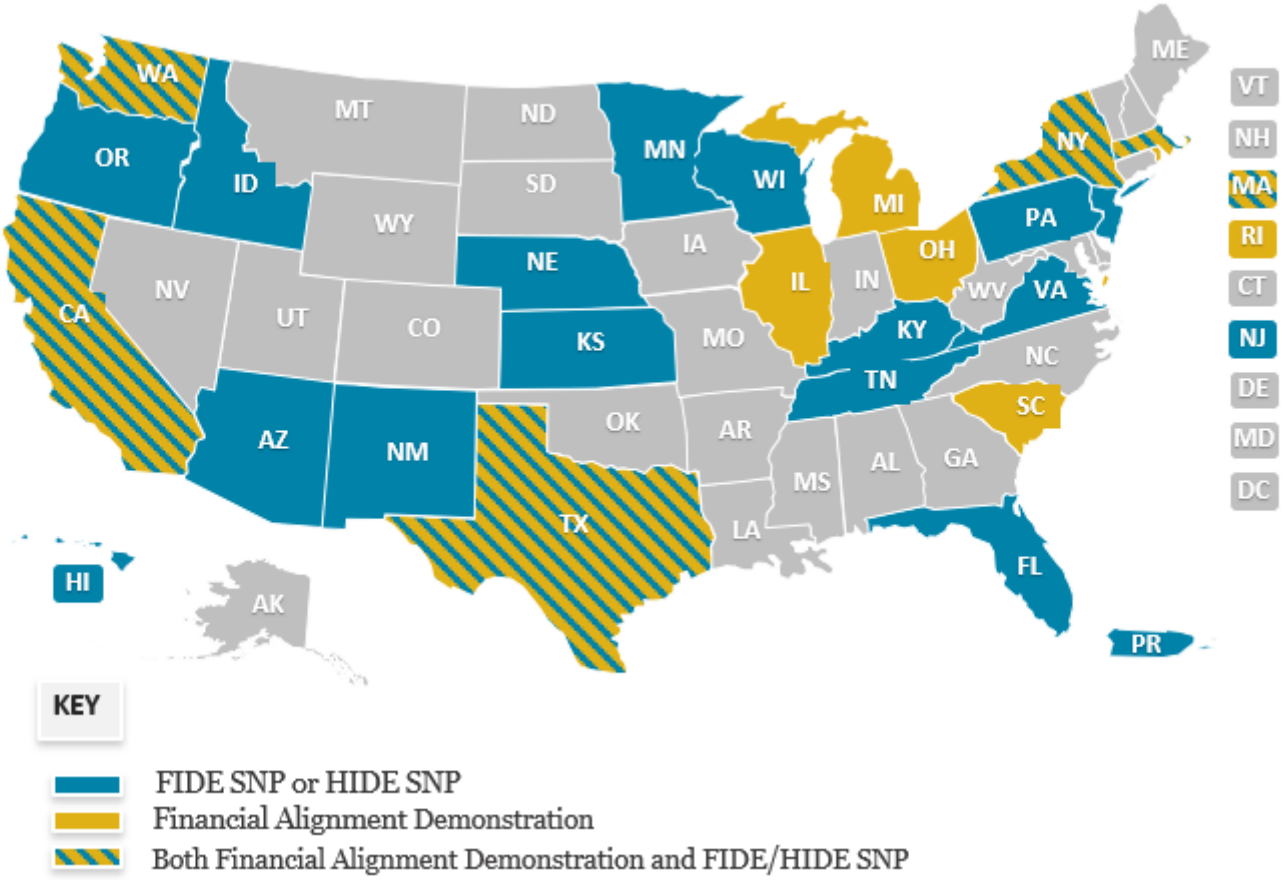
Capitated Managed Care: What States Are Doing in 2021



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Integrated Care Paths: Managed Fee-for-Service (MFFS)

- **Managed Fee-for-Service Model Demonstration under the Financial Alignment Initiative**
  - A state and federal option to enroll dually eligible beneficiaries into integrated Medicare and Medicaid programs that **cover primary, acute, behavioral health, and long-term services and supports.**
- **Primary Care Case Management (PCCM)**
  - A state plan option to enroll Medicaid beneficiaries who select or are assigned into the program by the state. The PCCM entity provides, **care management, administrative oversight, performance measurement, and reporting** as well as bringing the pieces of the fee-for-service system together to meet the complex needs of dually eligible beneficiaries.
- **Medicaid Health Homes**
  - A state plan option to enroll Medicaid beneficiaries with **chronic physical or behavioral health conditions** and cannot exclude dually eligible beneficiaries. The health home must provide: (1) comprehensive care management; (2) care coordination; (3) health promotion; (4) comprehensive transitional care/follow-up; (5) individual and family support; and (6) referral to community and social support services.

Integrated Care Paths: State-Specific Models

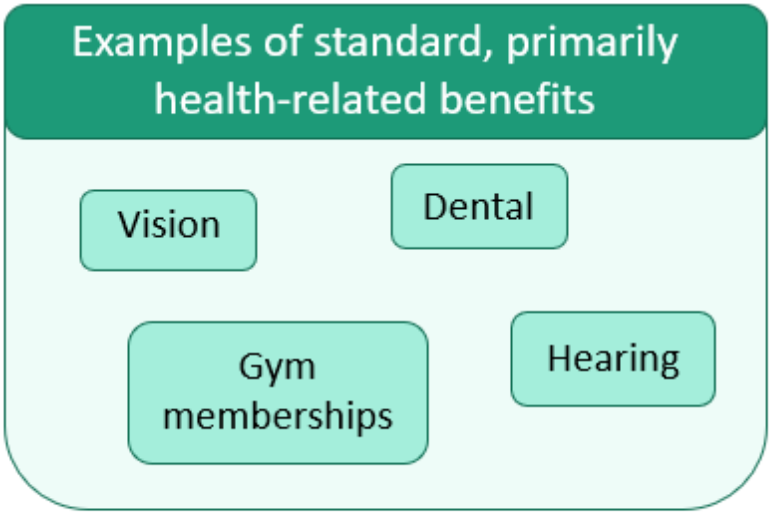
- **State Medicaid Director Letter** (December 2018): https://www.medicaid.gov/federal-policy-guidance/downloads/smd18012.pdf
  - 10 opportunities that do not need demonstration authority or Medicare waivers
    - Managed care-related
    - Data-related
    - Burden and access-related
- CMS letter with three **new opportunities** for states to test innovative models of integrated care (April 2019):
  - https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/Downloads/smd19002.pdf

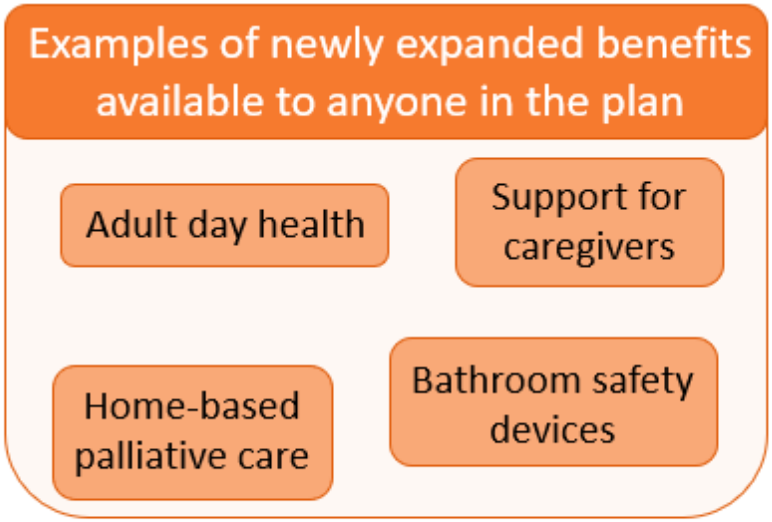
How States Can Work with D-SNPs to Design Supplemental Benefit Offerings

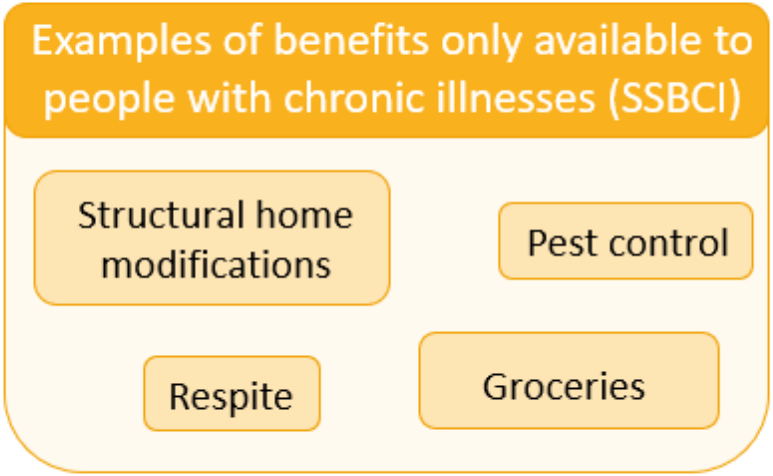
Overview of D-SNP Supplemental Benefits

- All Medicare Advantage plans, including D-SNPs, may offer supplemental benefits to members
- Supplemental benefits can extend and expand Medicaid coverage for dually eligible individuals
- Traditionally, supplemental benefits had to be health related, but recent flexibilities have broadened these benefits to include items related to LTSS and social risk factors through:
  - Expansion of primarily health-related benefits
  - Special Supplemental Benefits for the Chronically Ill (SSBCI)
  - Relaxation of uniformity requirement

Examples of Supplemental Benefits







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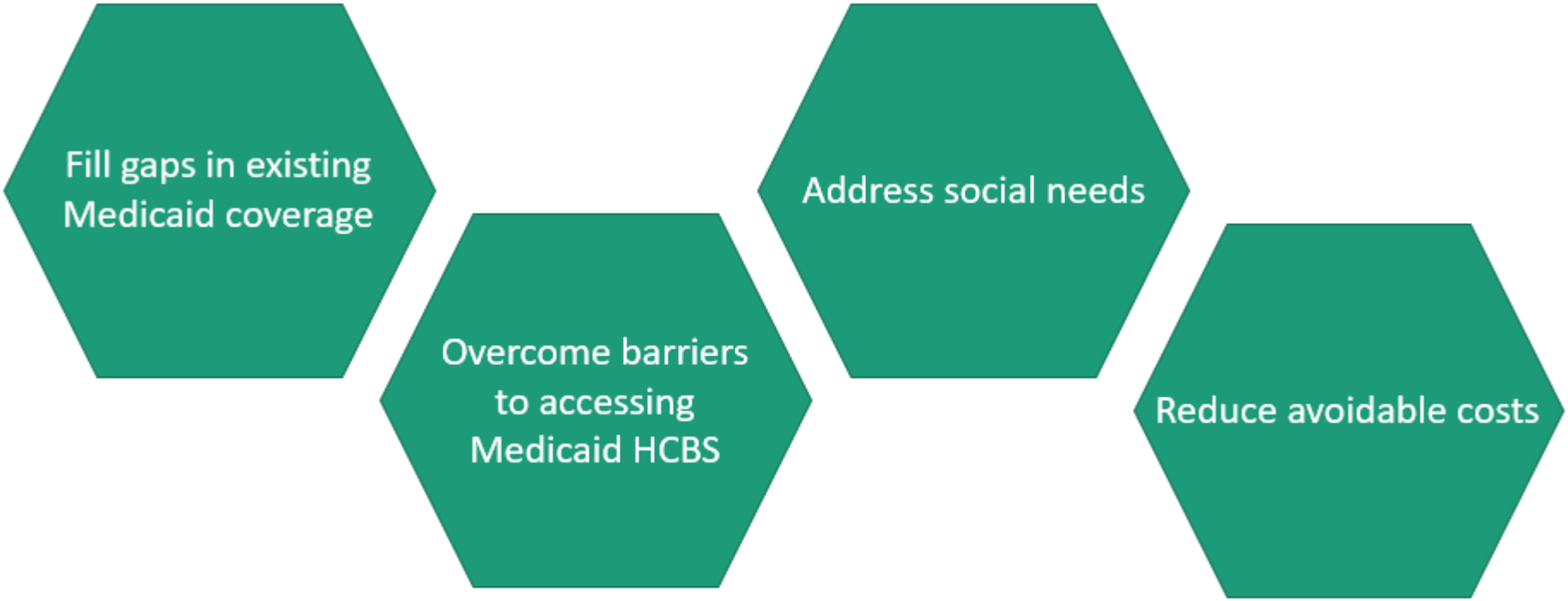
Opportunities for States to Coordinate with D-SNPs on Supplemental Benefit Offerings



Considerations for States Regarding D-SNP Supplemental Benefits

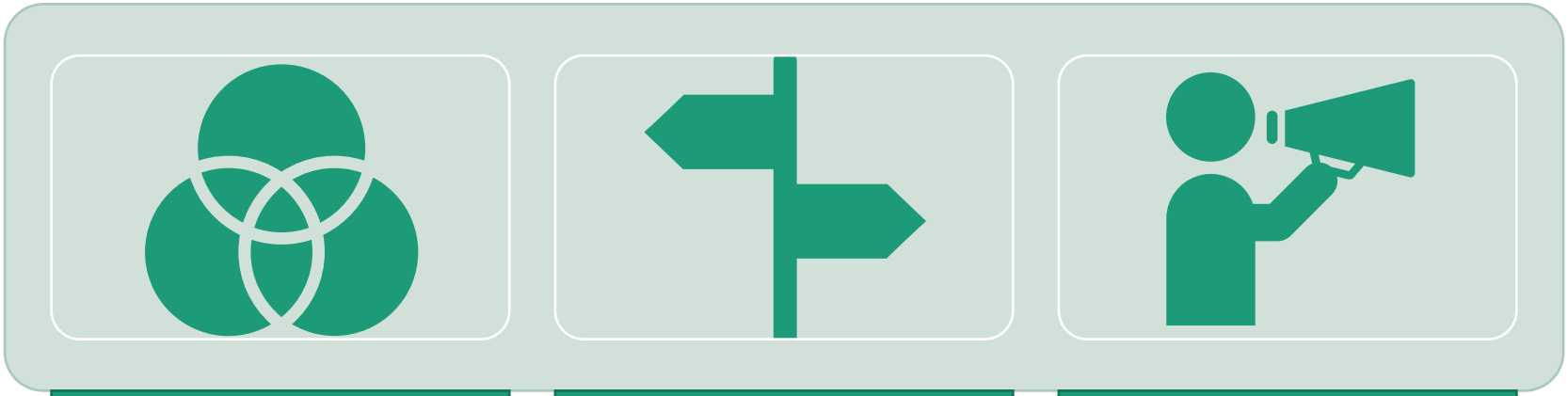
- **No duplication with existing Medicaid benefits**
  - D-SNP supplemental benefits **cannot** duplicate benefits offered to dually eligible individuals through state Medicaid programs
- **Limitations on supplemental benefit offerings**
  - D-SNPs are limited in both the types of supplemental benefits that they can offer and to whom they can offer those benefits (for example, SSBCI can only be offered to individuals with chronic conditions)
- **Variation in rebate dollars**
  - The amount of rebate dollars a D-SNP receives depends on a variety of factors, such as the plan's Star Rating, year-over-year changes, and Medicare Advantage's benchmark spending rates for the county in which the plan operates
  - Average Medicare Advantage rebate amount is $140 per enrollee per month in 2021[1]
- **Potential value-add to the plan**
  - A D-SNP's decision to offer a certain supplemental benefit may depend on demonstrated return on investment (for example, whether the benefit has a positive effect on quality, clinical, or financial outcomes) or what other plans in the market offer

1. Medicare Payment and Access Commission Report to Congress, March 2021: http://www.medpac.gov/docs/default-source/reports/mar21_medpac_report_to_the_congress_sec.pdf?sfvrsn=0

Examples of Current State Requirements for D-SNP Supplemental Benefits

- **Arizona**
  - Gives plans the flexibility to design benefit packages that are responsive to their market and local community
  - Encourages plans to propose innovative supplemental benefits, including SSBCI
- **Minnesota**
  - Annual meetings between D-SNPs and the state to discuss how supplemental benefits fit into the plan's larger benefit package
  - D-SNPs must submit data to the state's actuary to ensure that benefits are billed correctly
- **Pennsylvania**
  - Requires D-SNPs to offer at least 1 supplemental benefit that fills a gap in Medicaid services for which full-benefit dually eligible individuals are eligible
  - D-SNPs must submit a list of their supplemental benefits to the state
  - Quarterly meetings between D-SNPs and the state to discuss a variety of issues, including benefit offerings

Potential Challenges for State Oversight



Avoiding benefit duplication

Potential for provider billing confusion

Marketing of benefits to dually eligible individuals

Potential Action Steps for States

- **Examine how state Medicaid benefits, capitation payments, and/or cost-sharing policies for dually eligible individuals would interact with supplemental benefits offered by D-SNPs**
- **Determine whether there are any FIDE SNPs or HIDE-SNPs in the state or D-SNPs that offer companion Medicaid products**
- **Create a space for dialogue**
- **Share data to foster collaboration**
- **Add language to D-SNP State Medicaid Agency Contracts (SMACs) requiring D-SNPs to collaborate with the state in developing supplemental benefits**

Current window of opportunity

D-SNPs must include details on Medicare supplemental benefits for CY 2022 in the bids they submit to CMS by **June 7, 2021**. In advance of the deadline, states may wish to engage with contracted D-SNPs to complement Medicaid benefit offerings for members.

Actions States Can Take to Improve Quality and Coordination of Care for Dually Eligible Individuals

Increasing Frequency of Data Exchange with CMS

Medicare Modernization Act (MMA) files

- Identify all full-benefit and partial-benefit dually eligible individuals, as well as individuals becoming dually eligible

Buy-in files

- Identify dually eligible individuals for whom the state is liable for Part A and B premiums

Sources: Integrated Care Resource Center: *Spotlight: New Interoperability and Patient Access Rule Will Affect Dually Eligible Individuals* (December 2020)
https://www.integratedcareresourcecenter.com/sites/default/files/12%2015%2020%20Spotlight_%20New%20Interoperability%20and%20Patient%20Access%20Rule%20Will%20Affect%20Dually%20Eligible%20Individuals.pdf

Increasing Frequency of Data Exchange with CMS: New Requirements

- Starting April 1, 2022, states will be required to exchange MMA and buy-in data files with CMS daily per the Interoperability and Patient Access final rule
  - As of December 2020:
    - 18 states and DC exchange MMA files with CMS daily, 20 states exchange weekly, and 13 states exchange monthly
    - 24 states submit buy-in files to CMS daily, 10 states and DC submit weekly, 17 states submit monthly

Sources: Integrated Care Resource Center: *Spotlight: New Interoperability and Patient Access Rule Will Affect Dually Eligible Individuals* (December 2020)
https://www.integratedcareresourcecenter.com/sites/default/files/12%2015%2020%20Spotlight_%20New%20Interoperability%20and%20Patient%20Access%20Rule%20Will%20Affect%20Dually%20Eligible%20Individuals.pdf

Benefits of More Frequent MMA File Exchange

Improved beneficiary access to care, including faster access to Medicare subsidies and more efficient communication about their benefits

Increased state efficiencies, including earlier enrollment of dually eligible individuals into integrated products and faster turnaround to Medicare as primary payer for services

Reduced administrative burden on providers

Sources: Integrated Care Resource Center: *Building a Stronger Foundation for Medicare-Medicaid Integration: Opportunities in Modifying State Administrative Processes* (November 2018)
https://www.integratedcareresourcecenter.com/sites/default/files/BldgStrongerIntegratedPrograms.pdf

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Benefits of More Frequent Buy-in Data Exchange

Quicker beneficiary access to Medicare Parts A and B services by identifying and remedying buy-in coverage errors more quickly

Facilitates beneficiary enrollment into integrated care plans

Avoids inappropriate out-of-pocket costs for beneficiaries by stopping premium deductions more quickly

Sources: Integrated Care Resource Center: *Building a Stronger Foundation for Medicare-Medicaid Integration: Opportunities in Modifying State Administrative Processes* (November 2018)
https://www.integratedcareresourcecenter.com/sites/default/files/BldgStrongerIntegratedPrograms.pdf

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Enter into a Part A Buy-In Agreement with CMS

Part A buy-in agreements permit states to directly enroll eligible individuals in Part A at any time of the year without late enrollment penalties

- Simplifies Part A enrollment process for dually eligible individuals
- Eliminates Part A late enrollment penalties
- Facilitates enrollment of Medicaid recipients into Part A, which establishes Medicare as primary payer for inpatient and outpatient care, as well as prescription drugs through Part D

For more information on Part A buy-in agreements, see this CMS resource: State Payment of Medicare Premiums

Sources: Centers for Medicare & Medicaid Services: *Ten Opportunities to Better Serve Individuals Dually Eligible for Medicaid and Medicare* (December 2018) https://www.medicaid.gov/federal-policy-guidance/downloads/smd18012.pdf

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Simplify Medicare Savings Program (MSP) Eligibility and Enrollment

- **MSPs:** Medicaid programs that cover Medicare premiums (and in some cases, cost sharing) for dually eligible individuals
- **Medicare Part D Low-Income Subsidy (LIS) program:** Medicare Part D program allows Medicare beneficiaries to purchase prescription drug coverage through privately offered plans; LIS program assists with costs of Part D premiums, deductibles, coinsurance, and copayments for qualified individuals

- Align MSP eligibility criteria with those used for Medicare Part D LIS program to streamline enrollment into MSP benefits
- Use Social Security Administration (SSA) "leads" data to initiate MSP applications
- Simplify MSP redetermination processes
  - For example, by using express lane eligibility/automatic verification, and/or eliminating in-person interviews

Source: ICRC Tip Sheet: *Alignment of Medicare Savings Program Eligibility with the Medicare Part D Low Income Subsidy Program* (May 2019)
https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_MSPLISAlignment_TipSheet.pdf

State Coverage of Medicare Cost Sharing for Dually Eligible Individuals

All states are required to cover cost sharing for certain categories of dually eligible individuals, but state policies for Medicaid coverage of Medicare cost sharing vary

- Medicare is primary payer for the majority of services utilized by dually eligible individuals, so providers must typically bill Medicare first
- Claims then must be "crossed over" to Medicaid for payment of cost sharing and coverage of services that Medicare does not cover but Medicaid may

For more information, see these resources:

- March 2013 MACPAC Report to Congress (Chapter 4), Report to the Congress on Medicaid and CHIP
- CMS Spotlight & Releases, State Payment of Medicare Premiums

Variations in State Coverage of Medicare Cost Sharing

- States may choose to cover:
  - The full amount of the Medicare deductibles or co-insurance; or
  - The "lesser-of" amount
    - Allows state Medicaid programs to pay less than the full Medicare cost-sharing amount if the Medicare rate for the service exceeds the Medicaid rate. Medicaid will pay the lesser of:
      - The full Medicare cost-sharing amount; or
      - The difference between the Medicaid rate and the amount already paid by Medicare

For more information on "lesser-of" policy, see this MACPAC resource: March 2015 Report to Congress (Chapter 6), Effects of Medicaid Coverage of Medicare Cost Sharing on Access to Care

Sources: Integrated Care Resource Center: *Preventing Improper Billing of Medicare-Medicaid Enrollees in Managed Care: Strategies for States and Dual Eligible Special Needs Plans* (February 2018) https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_Prevent_Improper_Billing.pdf

Considerations for States: Improper Billing and Access to Care

- When Medicaid does not cover cost sharing up to the full Medicare-approved amount, Qualified Medicare Beneficiaries (QMBs) cannot be billed for the balance, so the difference must be absorbed by providers

> For more information, see this ICRC resource: Preventing Improper Billing of Medicare-Medicaid Enrollees in Managed Care: Strategies for States and Dual Eligible Special Needs Plans

- May lead to access to care issues for dually eligible beneficiaries if providers are reluctant to see them

> For more information, see this CMS resource: Access to Care Issues Among Qualified Medicare Beneficiaries (QMB)

Streamline Coverage of Medicare Cost Sharing: Crossover Claims Processes

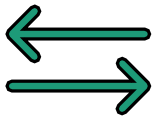
- Setting up automated crossover claims processes between contracted Dual Eligible Special Needs Plans (D-SNPs) and the state (or Medicaid managed care organizations, where applicable)
  - May reduce burden on providers, beneficiaries, and payers
- Recent changes in the 2020 Medicaid Managed Care final rule no longer require Medicaid MCOs to participate in automated cross-over claims processes—states are now allowed to choose whether to establish automated processes or use an alternate method for coverage of crossover claims

Sources: Centers for Medicare & Medicaid Services: *Medicaid & Children's Health Insurance Program (CHIP) Managed Care Final Rule - CMS-2408-F* (November 2020) https://www.cms.gov/newsroom/fact-sheets/medicaid-childrens-health-insurance-program-chip-managed-care-final-rule-cms-2408-f

Streamline Coverage of Medicare Cost Sharing: Capitating Plans to Cover Cost-Sharing

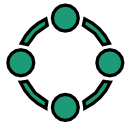
- Capitating D-SNPs or Medicaid managed care plans to cover cost-sharing for enrollees
  - Having the D-SNP responsible for all provider payments (Medicare and Medicaid) simplifies billing and payment for providers, plans, and the state, and prevents improper billing of beneficiaries
  - D-SNPs can negotiate rates with high-value providers that may increase access to care for D-SNP enrollees, particularly in states that use a "lesser-of" policy
  - D-SNP's network providers can also receive the same cost sharing payment from the D-SNP, regardless of whether they are enrolled as Medicaid providers
    - This can improve access to care for enrollees who might otherwise have difficulty finding providers who accept Medicaid payment

Key Takeaways: Actions States can Take to Improve Quality and Coordination of Care



Increase frequency of MMA and buy-in file exchange with CMS to support more timely access to coverage and reduce burdens for states, beneficiaries, and providers

Enter into a Part A buy-in agreement with CMS to streamline enrollment, eliminate enrollment penalties, and establish Medicare as a primary payer for certain services



Simplify MSP eligibility and enrollment by aligning with LIS, using SSA leads data, and streamlining redetermination processes

Streamline coverage of Medicare cost sharing with automated crossover claim processes or by capitating D-SNPs or managed care plans to cover cost-sharing for enrollees

ICRC is Here to Help

Interested in further integration?

ICRC is available to provide one-on-one technical assistance to states seeking to further integrate care for their dually eligible populations.

Email ICRC@chcs.org

Appendix and Additional Resources

Resources About Dually Eligible Individuals

- **CMS Dually Eligible Individuals – Categories:** https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MedicareMedicaidEnrolleeCategories.pdf

- **CMS MMCO Report to Congress, FY2019:** https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/FY-2018-Report-to-Congress.pdf

- **ICRC Glossary of Terms**: "Glossary of Terms Related to Integrated Care for Dually Eligible Individuals." March 2021. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/ICRC%20Glossary%20of%20Terms%20March%202021.pdf

- **ICRC fact sheet:** "Dually Eligible Individuals: The Basics." March 2021. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_Dually_Eligible_Individuals_Fact_Sheet.pdf

Medicare Resources

- **ICRC Medicare Basics for States tip sheet**: "Medicare Basics: An Overview for States Seeking to Integrate Care for Medicare-Medicaid Enrollees." June 2017. Available at: https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_Medicare_Basics_Updated_June_2017.pdf

- **CMS Medicare page**: https://www.cms.gov/Medicare/Medicare

- **CMS National Medicare Training Program site**: https://cmsnationaltrainingprogram.cms.gov/

- **CMS Medicare Learning Network publications and training tools for providers:** https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNGenInfo

- **Medicare Payment Advisory Commission (MedPAC):** http://medpac.gov/

Resources on Integrated Care Models for Dually Eligible Individuals

- **ICRC Pathways to Integration Tool: "**State Pathways to Integrated Care: Exploring Options for Medicare-Medicaid Integration." Available at: https://www.integratedcareresourcecenter.com/content/state-pathways-integrated-care-exploring-options-medicare-medicaid-integration#overlay-context=content/using-value-based-purchasing-vbp-arrangements-improve-coordination-and-quality-medicare-0
- **D-SNPs**
  - **ICRC WWM webinars on D-SNP contracting**
    - Introduction to D-SNPs and D-SNP Contracting Basics
    - Using D-SNPs to Integrate Care for Dually Eligible Individuals
  - **SMAC contract language tool:** "Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans." May 2020. Available at: https://www.integratedcareresourcecenter.com/resource/sample-language-state-medicaid-agency-contracts-dual-eligible-special-needs-plans
  - **D-SNP contracting brief**: "State Contracting with Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs): Issues and Options." Nov. 2016. Available at: http://www.integratedcareresourcecenter.com/PDFs/ICRC_DSNP_Issues__Options.pdf
  - **CMS memo** with clarifications/details about HIDE/FIDE SNP requirements. Jan. 2020. Available at: https://www.cms.gov/files/document/cy2021dsnpsmedicaremedicaidintegrationrequirements.pdf

PACE Resources

PACE Resources

- **CMS PACE resources**: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/PACE/PACE
- **Program of All Inclusive Care for the Elderly (PACE) Total Enrollment by State and by Organization** (March 2021): https://www.integratedcareresourcecenter.com/resource/program-all-inclusive-care-elderly-pace-total-enrollment-state-and-organization-7
- **National PACE Association State Almanac**: https://www.npaonline.org/policy-and-advocacy/state-advocacy-toolkit-programs-all-inclusive-care-elderly-pace/state-almanac

Financial Alignment Initiative Resources

- **CMS Medicare-Medicaid Coordination Office Financial Alignment Initiative demonstration webpages**: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination
- **Medicaid and CHIP Payment and Access Commission Financial Alignment Initiative** resources: https://www.macpac.gov/publication/financial-alignment-initiative-for-beneficiaries-dually-eligible-for-medicaid-and-medicare/
- MACPAC page: https://www.macpac.gov/subtopic/financial-alignment-initiative/

Resources on Administrative and Financial Alignment for Integrated Care Models for Dually Eligible Individuals

- **ICRC Tip Sheet:** Alignment of Medicare Savings Program Eligibility with the Medicare Part D Low Income Subsidy Program https://www.integratedcareresourcecenter.com/sites/default/files/ICRC_MSPLISAlignment_TipSheet.pdf

- **ICRC tip sheet**: Building a Stronger Foundation for Medicare-Medicaid Integration: Opportunities in Modifying State Administrative Processes: https://www.integratedcareresourcecenter.com/sites/default/files/BldgStrongerIntegratedPrograms.pdf

- **MACPAC Report to Congress (Chapter 6) on "lessor-of" policy**: https://www.macpac.gov/wp-content/uploads/2015/03/Effects-of-Medicaid-Coverage-of-Medicare-Cost-Sharing-on-Access-to-Care.pdf

- **ICRC tip sheet:** Preventing Improper Billing of Medicare-Medicaid Enrollees in Managed Care: Strategies for States and Dual Eligible Special Needs Plans: https://www.integratedcareresourcecenter.com/PDFs/ICRC_Prevent_Improper_Billing.pdf

- **ICRC: Spotlight: New Interoperability and Patient Access Rule Will Affect Dually Eligible Individuals:** https://www.integratedcareresourcecenter.com/sites/default/files/12%2015%2020%20Spotlight_%20New%20Interoperability%20and%20Patient%20Access%20Rule%20Will%20Affect%20Dually%20Eligible%20Individuals.pdf

- **CMS Manual for State Payment of Medicare Premiums ("Buy-in Manual"):** https://www.cms.gov/medicare-medicaid-coordination/medicare-medicaid-coordination-office/state-payment-medicare-premiums