

Update on Alignment Initiative

March 12, 2013

The Alignment Initiative was launched through a Notice for Public Comment in the Federal Register in May of 2011 (FRN Doc. No. 2011-11848)¹. In the Notice, CMS identified twenty-nine opportunities to better align Medicare and Medicaid requirements in six areas, and solicited public feedback. CMS received over one hundred comments from a range of stakeholders, including advocacy groups, States, health plans, and national insurance and provider organizations. A common theme in the comments was the basic need for improved communication and coordination between Medicaid and Medicare, as well as between states and the federal government, to ensure that beneficiaries have a seamless care experience. CMS also hosted four listening sessions, in New York, California, Kansas, and Massachusetts, to provide additional ways for interested parties to provide input.

Alignment efforts in process. Since its development, the Alignment Initiative has served as CMS' guide for streamlining Medicare and Medicaid program rules, requirements, and policies. This Initiative includes support and involvement from a variety of components across CMS, primarily the Center for Medicare and the Center for Medicaid and CHIP Services. Department and agency-wide Medicare-Medicaid workgroups have been formed to work on several of the opportunities for alignment. Over the past two years, CMS has begun addressing all twenty-nine alignment opportunities it identified. For some, solutions have been identified that can be effectuated through rulemaking or policy changes. Other proposed solutions will first be tested via demonstration projects. Finally, some are in the early stages of exploration. Highlights of progress in 2012 include:

- **Program Alignment: Same Requirements for Skilled Therapies.** CMS aligned the fee-for-service Medicaid provider requirements for skilled therapies with Medicare requirements.
- **Coordinated Care: Address Potential Contracting Issues.** CMS, in partnership with States, successfully facilitated Medicare Advantage Dual Eligible Special Needs Plans' efforts to meet the new contracting requirement with State Medicaid agencies starting with the 2013 contract year.
- **Coordinated Care: Prevent Health Deterioration.** As a first step, we are conducting analyses to better understand conditions or circumstances that may indicate that someone who has only Medicare or only Medicaid is about to become a Medicare-Medicaid enrollee. Our goal is to inform policy options to permit early identification and identify potential interventions.
- **Coordinated Care – Unify Marketing Reviews.** As indicated in the 2013 Call Letter for Medicare Advantage and Part D plans, we continue to work on streamlined marketing requirements, including a unified review process for marketing materials, for Medicare Advantage Dual Eligible Special Needs Plans that provide the full array of Medicaid and Medicare benefits.
- **Cost-sharing – Raise Awareness of Prohibition Against Balance Billing.** CMS raised awareness of this important protection against balance billing for qualified Medicare beneficiaries by alerting providers through a Medicare Learning Network Matters² article in September, 2011,

¹ [CMS Request for Information](#)

² [Federal Policy Guidance](#)

as well through an Informational Bulletin to State Medicaid Agencies in January, 2012.³ We plan to continue to aggressively pursue additional solutions in 2013.

- **Appeals – Integrated Denial Notice For Medicare/Medicaid and Medicare Advantage plans.** Medicare health plans are required to provide enrollees with a written notice that explains the plan's reasons for denying a request for payment or a service the enrollee has already received and appeals rights. Because Medicare and Medicaid have different requirements, plans that contract with both have to use two separate forms to issue a denial notice. In 2012, CMS formally launched the process to issue an integrated notice by soliciting the first of two rounds of public comment in the Federal Register (see F.R. Doc. 2012-22087).⁴ The notice is expected to be finalized in late 2013.

³ [CMS Request for Information](#)

⁴ [Federal Policy Guidance](#)