

117TH CONGRESS
2^D SESSION

S. 4273

To amend title XIX of the Social Security Act to provide States with resources to support efforts to integrate or coordinate Medicare and Medicaid benefits for individuals that are eligible for both programs.

IN THE SENATE OF THE UNITED STATES

MAY 19 (legislative day, MAY 17), 2022

Mr. CASEY introduced the following bill; which was read twice and referred to the Committee on Finance

A BILL

To amend title XIX of the Social Security Act to provide States with resources to support efforts to integrate or coordinate Medicare and Medicaid benefits for individuals that are eligible for both programs.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Supporting States in
5 Integrating Care Act of 2022”.

1 **SEC. 2. SUPPORTING STATE EFFORTS TO INTEGRATE MEDI-**
 2 **CARE AND MEDICAID BENEFITS FOR FULL-**
 3 **BENEFIT DUAL ELIGIBLE INDIVIDUALS.**

4 (a) IN GENERAL.—Section 1902 of the Social Secu-
 5 rity Act (42 U.S.C. 1396a) is amended—

6 (1) in subsection (a)—

7 (A) by striking “and” at the end of para-
 8 graph (86);

9 (B) by striking the period at the end of
 10 paragraph (87) and inserting “; and”; and

11 (C) by inserting after paragraph (87) the
 12 following new paragraph:

13 “(88) in the case of a State that is 1 of the 50
 14 States or the District of Columbia, provide that the
 15 State will carry out activities to coordinate and inte-
 16 grate benefits for full-benefit dual eligible individuals
 17 (as defined in section 1935(c)(6)) in accordance with
 18 a Dual Coordination and Integration Plan approved
 19 by the Secretary under subsection (tt).”; and

20 (2) by adding at the end the following new sub-
 21 section:

22 “(tt) SUPPORTING STATE EFFORTS TO INTEGRATE
 23 MEDICARE AND MEDICAID BENEFITS FOR FULL-BEN-
 24 EFIT DUAL ELIGIBLE INDIVIDUALS.—

25 “(1) DEFINITIONS.—In this subsection:

1 “(A) FULL-BENEFIT DUAL ELIGIBLE INDI-
2 VIDUAL.—The term ‘full-benefit dual eligible in-
3 dividual’ has the meaning given that term in
4 section 1935(e)(6).

5 “(B) MEDICAID.—The term ‘Medicaid’
6 means the program for grants to States for
7 medical assistance programs established under
8 this title.

9 “(C) MEDICARE.—The term ‘Medicare’ the
10 program of health insurance for the aged and
11 disabled established under title XVIII.

12 “(D) MEDICARE AND MEDICAID BENE-
13 FITS.—The term ‘Medicare and Medicaid bene-
14 fits’ means benefits available under Medicaid
15 and Medicare.

16 “(E) MEDICARE-MEDICAID COORDINATION
17 OFFICE.—The term ‘Medicare-Medicaid Coordi-
18 nation Office’ means the Medicare Medicaid Co-
19 ordination Office established as the Federal Co-
20 ordinated Health Care Office under section
21 2602 of the Patient Protection and Affordable
22 Care Act.

23 “(F) RELEVANT STAKEHOLDERS.—The
24 term ‘relevant stakeholders’ means the fol-
25 lowing:

1 “(i) Full-benefit dual eligible individ-
2 uals and their representatives.

3 “(ii) Beneficiary advocates.

4 “(iii) Health plans.

5 “(iv) Health care providers, such as
6 physicians, hospitals, and nursing homes.

7 “(v) PACE providers.

8 “(vi) Community-based organizations.

9 “(vii) Other interested individuals or
10 groups as determined by the Secretary or
11 the State.

12 “(2) PLANNING GRANTS.—

13 “(A) IN GENERAL.—Not later than 1 year
14 after the date of enactment of this subsection,
15 from the amount reserved under paragraph
16 (8)(B), the Secretary shall award a planning
17 grant to each State to carry out planning activi-
18 ties to develop and submit to the Secretary a
19 Dual Coordination and Integration Plan de-
20 scribed in paragraph (3).

21 “(B) LIMITATION.—The Secretary shall
22 award planning grants to States under this
23 paragraph in such amounts as the Secretary
24 shall determine except that in no case shall a

1 grant awarded under this paragraph exceed
2 \$5,000,000.

3 “(C) USE OF FUNDS.—A State may only
4 use grant funds awarded under this paragraph
5 for the planning activities described in subpara-
6 graph (A), except that, if a State does not use
7 all of the grant funds and receives approval for
8 a Dual Coordination and Integration Plan de-
9 scribed in paragraph (3), the State may use any
10 remaining funds to carry out activities de-
11 scribed in paragraph (4) that are in accordance
12 with such plan.

13 “(3) DUAL COORDINATION AND INTEGRATION
14 PLAN.—

15 “(A) IN GENERAL.—As a condition of re-
16 ceiving a payment under this subsection, a
17 State shall submit to the Secretary for approval
18 a Dual Coordination and Integration Plan (to
19 be developed by the State with input from rel-
20 evant stakeholders) describing the State’s strat-
21 egy for integrating and coordinating health ben-
22 efits coverage for full-benefit dual eligible indi-
23 viduals that includes detailed descriptions of the
24 following components:

1 “(i) A description of the activities de-
2 scribed in paragraph (4) that will be car-
3 ried out under the plan.

4 “(ii) The integration and coordination
5 approaches selected by the State.

6 “(iii) The eligibility requirements and
7 benefits available under such strategy.

8 “(iv) The education, enrollment, and
9 outreach strategy for participation by full-
10 benefit dual eligible individuals.

11 “(v) Beneficiary protections intended
12 to preserve and strengthen beneficiary
13 choice and access to care.

14 “(vi) The plan for collecting data ana-
15 lytics and measuring the quality of care
16 provided under such strategy.

17 “(vii) Structures to promote health
18 equity.

19 “(viii) The coordination and integra-
20 tion of mental health benefits with other
21 benefits and services available under Medi-
22 care and Medicaid for full-benefit dual eli-
23 gible individuals under such strategy.

24 “(ix) Such other components as the
25 Secretary may require.

1 “(B) DEVELOPMENT AND SUBMISSION.—

2 In order to meet the requirements of this sub-
3 section, a Dual Coordination and Integration
4 Plan shall—

5 “(i) be submitted for approval by the
6 Secretary not later than 24 months after
7 the date on which the State was awarded
8 a planning grant under paragraph (2); and

9 “(ii) be made publicly available in the
10 final version submitted to the Secretary on
11 a State Internet website.

12 “(C) APPROVAL; PUBLICATION.—

13 “(i) IN GENERAL.—The Secretary
14 shall approve a Dual Coordination and In-
15 tegration Plan submitted by a State under
16 this paragraph if—

17 “(I) the plan contains each of the
18 components required under subpara-
19 graph (A); and

20 “(II) the State provides assur-
21 ances to the satisfaction of the Sec-
22 retary that the State will carry out
23 the Dual Coordination and Integra-
24 tion Plan as it is written.

1 “(ii) REGULAR REVIEWS AND UP-
2 DATES.—The State regularly shall review
3 and update a Dual Coordination and Inte-
4 gration Plan approved under this subpara-
5 graph at such times and in accordance
6 with such requirements as the Secretary
7 shall specify.

8 “(4) MEDICARE AND MEDICAID COORDINATION
9 AND INTEGRATION ACTIVITIES.—

10 “(A) IN GENERAL.—The activities de-
11 scribed in this paragraph are the following:

12 “(i) Activities to recruit or retain ex-
13 pert capacity at the State agency respon-
14 sible for administering the State plan
15 under this title to inform the integration of
16 Medicare and Medicaid for full-benefit dual
17 eligible individuals.

18 “(ii) Training for staff at such State
19 agency to develop expertise to inform the
20 integration of Medicare and Medicaid ben-
21 efits for full-benefit dual eligible individ-
22 uals.

23 “(iii) Support for development of pay-
24 ment rates and alternative payment mod-
25 els.

1 “(iv) Development of information
2 technology infrastructure to—

3 “(I) support data sharing among
4 health plans, providers, PACE pro-
5 viders, community-based organiza-
6 tions, and Federal, State, and local
7 government agencies; and

8 “(II) transfer Medicare and Med-
9 icaid eligibility and enrollment data.

10 “(v) Advancement of a unified Medi-
11 care and Medicaid grievance and appeals
12 structure for determinations made by inte-
13 grated agencies (as permissible under the
14 rules and regulations of the Centers for
15 Medicare & Medicaid Services).

16 “(vi) Development of, or enhance-
17 ments to, enrollment, outreach, and edu-
18 cation supports for full-benefit dual eligible
19 individuals.

20 “(vii) Development of, or enhance-
21 ments to, administration, monitoring, and
22 oversight systems and protocols for all en-
23 tities that provide coordinated or inte-
24 grated Medicare and Medicaid benefits to
25 full-benefit dual eligible individuals.

1 “(viii) Development of, or enhance-
2 ments to, administration of quality meas-
3 urement and improvement programs for
4 services furnished to full-benefit dual eligi-
5 ble individuals.

6 “(ix) Stakeholder engagement proc-
7 esses, including—

8 “(I) the establishment and main-
9 tenance of a Consumer Advisory
10 Council comprised of full-benefit dual
11 eligible individuals, as well as bene-
12 ficiary advocates, and their represent-
13 atives that is reflective of the local
14 population in terms of status for dual
15 eligible qualification as well as race,
16 ethnicity, sexual orientation, and
17 other characteristics determined by
18 the State; and

19 “(II) the establishment and
20 maintenance of a stakeholder engage-
21 ment group that regularly solicits and
22 incorporates into the State’s Medicare
23 and Medicaid coordination or integra-
24 tion strategy input from the Con-
25 sumer Advisory Council and other rel-

1 evant stakeholders (as defined in
2 paragraph (1)) in the State.

3 “(x) Development of a workforce
4 needs assessment to identify the needs of
5 the full-benefit dually eligible population,
6 including strategies to ensure adequate
7 compensation for the workforce.

8 “(B) LIMITATIONS.—No payment may be
9 made under this subsection for expenditures on
10 an activity that the State carried out before the
11 date of enactment of this subsection.

12 “(5) PAYMENTS TO STATES.—

13 “(A) IN GENERAL.—Subject to subpara-
14 graph (B), for each fiscal quarter during which
15 a State has in effect a Dual Coordination and
16 Integration Plan approved under paragraph (3),
17 the Secretary shall pay to the State an amount
18 equal to 50 percent (or, during the first 20 full
19 fiscal quarters during which the plan is in ef-
20 fect, 80 percent) of the amounts expended by
21 the State during the quarter on activities de-
22 scribed in paragraph (4) that are in accordance
23 with such plan.

24 “(B) LIMITATIONS.—

1 “(i) USE OF PLANNING GRANT
2 FUNDS.—A State shall not be eligible for a
3 payment under this paragraph until the
4 State has expended the full amount of the
5 planning grant awarded to the State under
6 paragraph (2).

7 “(ii) NON-DUPLICATION OF PAYMENT;
8 APPLICATION OF HIGHER RATES.—No pay-
9 ment shall be made under this paragraph
10 with respect to State expenditures of funds
11 made available from Federal sources, and
12 to the extent that a State expenditure is el-
13 igible for a Federal payment under both
14 subparagraph (A) and another provision of
15 this title or any other law, payment shall
16 only be made under the provision that re-
17 sults in the State receiving the higher pay-
18 ment.

19 “(C) MANNER OF PAYMENT.—Payment to
20 a State under this subsection shall be made in
21 the same manner as payments for State ex-
22 penditures for the proper and efficient adminis-
23 tration of the State plan described in section
24 1903(a)(7).

1 “(6) EVALUATION OF PLAN IMPLEMENTATION;
2 REPORTING REQUIREMENT.—

3 “(A) EVALUATION BENCHMARKS.—The
4 Secretary shall establish benchmarks for evalu-
5 ating whether a State’s use of payments re-
6 ceived under this subsection is in alignment
7 with the State’s Dual Coordination and Inte-
8 gration Plan (as approved under paragraph
9 (3)).

10 “(B) ANNUAL REPORT.—As a condition of
11 payment under this subsection—

12 “(i) a State shall submit to the Sec-
13 retary an annual report detailing how the
14 State is using payments received under
15 this subsection; and

16 “(ii) the Secretary shall certify, based
17 on such report, that the State’s use of
18 such payments is in alignment with the
19 State’s Dual Coordination and Integration
20 Plan (as approved under paragraph (3)).

21 “(7) ADMINISTRATION.—In carrying out this
22 subsection, the Secretary shall coordinate with the
23 Medicare-Medicaid Coordination Office and other
24 Federal agencies as appropriate.

25 “(8) FUNDING.—

1 “(A) IN GENERAL.—Out of any funds in
2 the Treasury not otherwise appropriated, there
3 is appropriated to the Secretary \$300,000,000
4 for fiscal year 2023 to carry out this sub-
5 section, to remain available until expended.

6 “(B) RESERVATION FOR PLANNING
7 GRANTS.—Of the amount appropriated under
8 subparagraph (A), \$150,000,000 is reserved to
9 award planning grants under paragraph (2).

10 “(C) TECHNICAL ASSISTANCE AND GUID-
11 ANCE.—Of the amount appropriated under sub-
12 paragraph (A), \$150,000,000 is reserved for
13 issuing guidance and providing technical assist-
14 ance to States in—

15 “(i) developing and implementing
16 Dual Coordination and Integration Plans
17 under this subsection; and

18 “(ii) completing the annual reports re-
19 quired under paragraph (6).”.

20 (b) EFFECTIVE DATE.—

21 (1) IN GENERAL.—Except as provided in para-
22 graph (2), the amendments made by this section
23 shall take effect on the date of enactment of this
24 Act.

1 (2) DELAY IF STATE LEGISLATION NEEDED.—

2 In the case of a State plan for medical assistance
3 under title XIX of the Social Security Act which the
4 Secretary of Health and Human Services determines
5 requires State legislation (other than legislation ap-
6 propriating funds) in order for the plan to meet the
7 additional requirements imposed by the amendments
8 made by the section, the State plan shall not be re-
9 garded as failing to comply with the requirements of
10 such title solely on the basis of its failure to meet
11 these additional requirements before the first day of
12 the first calendar quarter beginning after the close
13 of the first regular session of the State legislature
14 that begins after the date of the enactment of this
15 Act. For purposes of the previous sentence, in the
16 case of a State that has a 2-year legislative session,
17 each year of such session shall be deemed to be a
18 separate regular session of the State legislature.

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