



**Medicare-Medicaid Coordination Office**

---

**DATE:** February 18, 2021

**TO:** All Dual Eligible Special Needs Plans (D-SNPs), PACE Organizations, and Medicare-Medicaid Plans (MMPs)

**FROM:** Tim Engelhardt  
Director, Medicare-Medicaid Coordination Office

**SUBJECT:** Opportunities to maximize COVID-19 vaccinations among dually eligible individuals

**Purpose**

The purpose of this memorandum is to remind D-SNPs, PACE organizations, and MMPs of their unique opportunities to ensure equitable access and uptake of the COVID-19 vaccine among individuals dually eligible for Medicare and Medicaid.

**COVID-19 and Dually Eligible Individuals**

The COVID-19 pandemic is disproportionately affecting dually eligible individuals, racial and ethnic minority groups, and individuals with disabilities.<sup>1</sup> As of December 2020, CMS data show that COVID-19 hospitalizations are over three times more likely among dually eligible individuals than other Medicare beneficiaries.<sup>2</sup> Dually eligible individuals across several demographic categories (i.e., race, age, sex, disability, and end-stage renal disease status) have been hospitalized with COVID-19 at considerably higher rates than their Medicare-only counterparts in the same demographic group.<sup>3</sup>

Dually eligible individuals face unique barriers to receiving COVID-19 vaccinations due to the prevalence of complex healthcare issues, chronic conditions, and unmet social risk factors. Over forty percent of dually eligible individuals have at least one mental health diagnosis, almost half receive long-term care services and supports (LTSS), and sixty percent have multiple chronic conditions.<sup>4</sup> Many dually eligible individuals also contend with multiple social risk factors such

---

<sup>1</sup> See <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-disabilities.html>

<sup>2</sup> See <https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-fact-sheet.pdf>

<sup>3</sup> See <https://www.cms.gov/files/document/medicare-covid-19-data-snapshot-fact-sheet.pdf>

<sup>4</sup> See [https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO\\_Factsheet.pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMCO_Factsheet.pdf)

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

as food insecurity, homelessness, lack of access to transportation, and low levels of health literacy.<sup>5</sup> Many of these social risk factors are exacerbated for those with a disability. For example, dually eligible individuals with a disability were more likely to cite a lack of transportation as a barrier to receiving care than those without a disability.<sup>6</sup>

### **Opportunities for D-SNPs, PACE Organizations, and MMPs**

Across all forms of managed care, organizations that integrate Medicare and Medicaid benefits have the broadest benefit packages, strongest contractual requirements to coordinate care for enrollees, and greatest potential for developing robust approaches to COVID-19 vaccination. Maximizing this potential is an urgent priority.

### **Active Preparation for Equitable Vaccination**

The availability of COVID-19 vaccines will change over time. However, plans should:

- *Engage with enrollees.* To address access barriers and vaccine hesitancy, it is critical to engage enrollees, even if vaccines are not immediately available in your state. We have encouraged each MMP to engage their consumer advisory committee to discuss perspectives on COVID-19 vaccination and ways to reduce barriers to access. Many D-SNP and PACE organizations also engage participants in their governance structures and have similar advisory groups.
- *Analyze data to inform action.* We encourage plans to use all available data sources to actively monitor the receipt of vaccines among their enrollees.<sup>7</sup>
  - We strongly encourage plans to collect and use data on COVID-19 testing, hospitalizations, and outcomes stratified by gender, race, ethnicity, preferred language, disability status and other demographics.
  - CMS is making COVID-19 vaccine claims data available to plans so they can monitor which individuals received a vaccination. Plans can submit a request for certain data and upon approval, plans will then be able to download that information on a weekly basis.<sup>8</sup> Plans should use this information to further refine their outreach efforts and analyze disparities. Please see the HPMS memo of January 7, 2021.
  - In November 2020, CMS provided feedback reports to MMPs analyzing COVID-19 encounters among MMP enrollees by race, ethnicity, and sex. We encourage MMPs to review this data in conjunction with internal plan data, and other state/local data sources, to identify and address any potential disparities in COVID-19 incidence and outcomes among enrollees. CMS will update the data quarterly.

---

<sup>5</sup> See <https://www.macpac.gov/wp-content/uploads/2020/06/June-2020-Report-to-Congress-on-Medicaid-and-CHIP.pdf>.

<sup>6</sup> See [https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Highlight\\_How-Does-Disability-Affect-Access-to-Health-Care-for-Dual-Eligible-Beneficiaries.pdf](https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Data-Highlight_How-Does-Disability-Affect-Access-to-Health-Care-for-Dual-Eligible-Beneficiaries.pdf).

<sup>7</sup> This includes accessing the CMS data snapshot which is updated monthly as more claims are received. This data release is part of the agency's efforts to provide data transparency during the pandemic and ensure the public has this vital information as soon as it is available. CMS anticipates releasing similar information on Medicaid beneficiaries in the future.

<sup>8</sup> See <https://www.cms.gov/files/document/covid-access-covid-19-vaccine-data-parts-c-d-enrollees.pdf>.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

- *Talk to your account manager/contract management team and learn from your peers.* CMS account managers for D-SNPs and PACE organizations and contract management teams for MMPs will engage plans throughout winter and spring 2021 to discuss best practices and better understand actions underway to plan and target COVID-19 vaccinations among enrollees.
  - CMS will be hosting a webinar on promising practices related to promoting equitable access for COVID-19 vaccination this spring. We will also share promising practices from the Resources for Integrated Care Community of Practice focused on engaging hard-to-reach members during COVID-19.<sup>9</sup>
- *Focus on cultural competence.* Dually eligible individuals are diverse in their racial and ethnic backgrounds as well as their preferred language and health literacy levels. Equitable vaccine access will depend on information being available in multiple languages in diverse communities, using auxiliary aids and services, at accessible reading levels, and addressing other communication needs. The CDC developed videos in American Sign Language and a COVID-19 communication tool kit that is available in 34 languages. These tools are included in the Additional Resources section of this memo. For some dually eligible individuals, community-based organizations such as food banks and meal programs, faith-based organizations, community health workers,<sup>10</sup> peer counselors, pharmacists, and/or care coordinators may be the most effective communicators.

### **Opportunities to Increase Vaccination through Plan Benefit Structures**

- *Rewards and incentives.* CMS allows D-SNPs and MMPs to implement reward and incentive programs for enrollees in connection with the COVID-19 pandemic, as previously described in the questions and answers published on May 13, 2020, under the title “Updated Guidance for Medicare Advantage Organizations.”<sup>11</sup> Reward and incentive programs must comply with 42 CFR § 422.134, which provides in particular that rewards and/or incentives may not be offered in the form of cash or monetary rebates, including reduced cost-sharing or premiums. Otherwise, D-SNPs and MMPs have considerable flexibility with regard to what may be offered as a reward or incentive. For additional information, please refer to the Medicare Managed Care Manual, Chapter 4, Section 100.5 – Permissible Rewards and Incentives.<sup>12</sup>
- *Maximize non-emergency medical transportation (NEMT) options.* Medicaid NEMT is a mandatory benefit that is either no-cost to the beneficiary (as is the case in most states) or includes minimal cost-sharing. It helps enrollees who need to get to and from medical

<sup>9</sup> We encourage organizations to review the webinar and written materials from *Promising Practices for Promoting Flu Vaccinations for Dually Eligible Beneficiaries During COVID-19*, recorded October 13, 2020 at [https://www.resourcesforintegratedcare.com/2020\\_Webinar/Promoting\\_Flu\\_Vaccinations\\_During\\_COVID-19](https://www.resourcesforintegratedcare.com/2020_Webinar/Promoting_Flu_Vaccinations_During_COVID-19). *Integrated Care Community of Practice: Hard to Reach Members* resources will be posted at [https://www.resourcesforintegratedcare.com/Integrated\\_Care\\_Community\\_of\\_Practice/2021/Hard-to-Reach\\_Members](https://www.resourcesforintegratedcare.com/Integrated_Care_Community_of_Practice/2021/Hard-to-Reach_Members).

<sup>10</sup> Resources for Integrated Care Skills and Techniques for Community Health Workers Addressing the Needs of Dually Eligible Beneficiaries are available at [https://www.resourcesforintegratedcare.com/sites/default/files/MemberEngagement\\_CHWBriefs\\_SkillsandTechniques.pdf](https://www.resourcesforintegratedcare.com/sites/default/files/MemberEngagement_CHWBriefs_SkillsandTechniques.pdf).

<sup>11</sup> See <https://www.cms.gov/files/document/updated-guidance-medicare-advantage-organizations-5132020.pdf>.

<sup>12</sup> See <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf>.

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

services but have no means of transportation. D-SNPs, PACE organizations, and MMPs that cover non-emergent transportation or serve full-benefit dually eligible individuals who are eligible to receive NEMT under Medicaid should explore opportunities to use this service to transport individuals to get COVID-19 vaccines. State Medicaid NEMT coverage policies vary but, in general, states must assure its provision even though COVID-19 vaccinations for dually eligible individuals are covered directly by Medicare.

## **ADDITIONAL RESOURCES**

- CDC | Building Confidence in Vaccines among your Patients - [https://www.cdc.gov/vaccines/covid-19/downloads/VaccinateWConfidence-TipsForHCTeams\\_508.pdf](https://www.cdc.gov/vaccines/covid-19/downloads/VaccinateWConfidence-TipsForHCTeams_508.pdf)
- CDC | COVID-19 Vaccination Communication Toolkits - <https://www.cdc.gov/vaccines/covid-19/toolkits/index.html>
- CDC | COVID-19 Communication Toolkit for Migrants, Refugees, and Other Limited-English-Proficient Populations - <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/communication-toolkit.html>
- CDC | COVID-19 Videos in American Sign Language - [https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html?Sort=Date%3A%3Adesc&Language=American%20Sign%20Language%20\(ASL\)](https://www.cdc.gov/coronavirus/2019-ncov/communication/videos.html?Sort=Date%3A%3Adesc&Language=American%20Sign%20Language%20(ASL))
- CDC | Clinical Resources for Each COVID-19 Vaccine - <https://www.cdc.gov/vaccines/covid-19/>
- CMS | Medicare Coverage of COVID-19 Vaccines – <https://www.cms.gov/COVIDvax>.
- CMS | Toolkit on COVID-19 Vaccine: Health Insurance Issuers and Medicare Advantage Plans - <https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>
- Kaiser Family Foundation | Addressing Racial Equity in Vaccine Distribution - <https://www.kff.org/racial-equity-and-health-policy/issue-brief/addressing-racial-equity-vaccine-distribution/?eType=EmailBlastContent&eId=c164b389-16b8-4295-afcd-aebb876322ab>
- Resources for Integrated Care | Cultural Competency: General Toolkits and Guides - [https://www.resourcesforintegratedcare.com/concepts/cultural\\_competency/toolkits](https://www.resourcesforintegratedcare.com/concepts/cultural_competency/toolkits)

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.