

IN THIS ISSUE

[Integrated Care Updates](#)

[New Resources on the ICRC Website](#)

[News and Key Upcoming Dates](#)

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The Integrated Care Resource Center (ICRC) is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees.

The state technical assistance activities are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit the [ICRC website](#).

Integrated Care Updates

Benefit Flexibility for Highly Integrated Dual Eligible Special Needs Plans Clarified and Facilitated

In a [January 8 memo](#), the Centers for Medicare & Medicaid Services clarified how integrated Dual Eligible Special Needs Plans (D-SNPs) that meet specific quality criteria can offer non-medical supplemental benefits that support their members' ability to live in the community. Qualifying D-SNPs have the flexibility to offer these benefits, which include adult day care services and support for caregivers, as long as they do not duplicate the Medicaid benefits their members receive (see [Sections 40.4.4 and 40.4.5 of Chapter 16B of the Medicare Managed Care Manual](#)). In the memo, CMS clarified that qualifying D-SNPs can avoid the prohibition on duplicating Medicaid benefits by offering these benefits to plan members who are not eligible to receive these benefits through Medicaid.

D-SNPs have until **January 22, 2016** to notify CMS of their intent to offer these "flexible" supplemental benefits. If CMS determines the D-SNP is eligible to offer such benefits, the benefits can be included in the D-SNP's bid submission to CMS, which is due no later than June 1, 2016. States interested in expanding access to these community supports to Medicare-Medicaid enrollees in their state may want to work with their state-contracted D-SNPs that may be eligible to offer these supplemental benefits. Note also that D-SNPs that are eligible to offer these supplemental benefits will no longer be required to submit a Medicare quality improvement project on a topic related to the proposed supplemental benefits.

Dual Eligible Special Needs Plans Sub-type Categories Discontinued

In a [December 7, 2015 memo](#), CMS informed Medicare Advantage Organizations (MAOs) offering D-SNPs that the agency will no longer categorize D-SNPs according to the five enrollment eligibility sub-types specified in [Section 20.2.1 of Chapter 16B of the Medicare Managed Care Manual](#). Instead, CMS will use the D-SNP eligibility categories that are specified by states in their State Medicaid Agency Contracts with D-SNPs. This should make it easier for states to align the D-SNP eligibility categories with their strategies for using managed care to better integrate Medicare and Medicaid services.

In addition, MAOs operating multiple D-SNPs under a single contract will be required to have a single approved D-SNP Model of Care applicable to all the D-SNPs under that contract. That means, for D-SNPs under a single contract that have different eligibility categories (e.g., if one D-SNP is limited to Medicare-Medicaid enrollees receiving Medicaid long term services and supports (LTSS), and the other D-SNP provides Medicaid wraparound acute care and behavioral health services but not LTSS), the Model of Care would have to address the needs of the different eligibility categories in the different plans. Similarly, separate D-SNPs operating in different states under one contract will have a single Model of Care applicable to all the D-SNPs under the contract.

CMS Seeks Comment on Revised PACE Application

As part of its move toward electronic submission of applications from organizations seeking to offer Programs of All-Inclusive Care for the Elderly (PACE), CMS is seeking comment on the [revised application](#). The revised application includes new sections in which applicants submit an attestation that the state is willing to enter into a PACE agreement with the applicant and a section for submission of the state's Readiness Review of the PACE center. These changes, together with the shift toward electronic submission, should streamline the application process for both states and prospective PACE applicants. Comments on the revised PACE application are due **February 8, 2016**. Instructions for submitting comments can be found in the [Federal Register](#).

Medicaid Health Home Frequently Asked Questions

The [Health Home Information Resource Center](#) on Medicaid.gov offers a variety of resources to assist states in the development of Medicaid health homes for beneficiaries with chronic conditions. A new set of [Frequently Asked Questions \(FAQs\)](#) regarding the Medicaid health home state plan option is now available. In addition to the FAQs, other new documents have been added, including: a map of health home activity by state; a health home fact sheet; an overview of health home State Plan Amendments (SPAs) by state; and a list of chronic conditions targeted by approved health home models.

Accountable Health Communities Model: Call for Applications

The Accountable Health Communities (AHC) Model is a new intervention to identify and address the health-related social needs of community-dwelling Medicare and Medicaid beneficiaries. CMS seeks partners such as community service providers, clinical delivery sites, and state Medicaid agencies to participate in the AHC Model.

As described in a [new fact sheet](#), the AHC Model addresses a critical gap between clinical care and community services in the current health care delivery system. Applications for AHC Model partners will be accepted through **March 31, 2016**. Visit the [website](#) to access the Letter of Intent and Request for Applications. For more information, please email accountablehealthcommunities@cms.hhs.gov.

New Resources on the ICRC Website

- [Training Enrollment Broker Call Center Staff: Tips for States Implementing Capitated Financial Alignment Demonstrations](#) (Integrated Care Resource Center/December 2015) This tool describes the key areas of information that demonstration enrollment brokers' customer service representatives should master to improve the quality of decision-support services for beneficiaries who are being passively enrolled in a Medicare-Medicaid Plan.
 - [Provider Engagement and Incentives in Care Management](#) (Integrated Care Resource Center/December 2015) This presentation features promising practices for information sharing and building relationships between providers, plans, and the state of Minnesota to optimize care management.
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News and Key Upcoming Dates

Recent Integrated Care News

January 1	Start of contract year and enrollment effective date. Also, LIS Medicare Part D reassignment for Medicare-Medicaid enrollees, or movement of Medicare beneficiaries from their current Medicare Prescription Drug Plan (PDP) or terminating Medicare Advantage Prescription Drug Plan (MA-PD) to another PDP.
January 12	Medicare Advantage (MA) application forms for calendar year 2017 released.

Key Upcoming Dates

January 22	Deadline for D-SNPs to notify CMS of their intent to offer flexible supplemental benefits.
February 8	Comments due on revised PACE application.
February 17	MA applications for CY 2017 due to CMS.
March 31	Applications due for AHC Model partners.