Integrated Care Resource Center

UPDATE

Highlights of federal and state integrated care initiatives, Medicare and Medicaid news, and new ICRC resources

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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

New Medicaid Home Health Rule Requires Face-to-Face Assessments

A new Medicaid final rule on home health services, published in the February 2, 2016 *Federal Register*, implements a provision in the 2010 Affordable Care Act (ACA) requiring that physicians and other practitioners ordering Medicaid home health services have a face-to-face encounter with the beneficiary no more than 90 days before or 30 days after the start of services. The rule includes a similar face-to-face requirement for durable medical equipment (DME). The rule also includes other definitional changes for Medicaid home health and DME benefits that aim to bring them closer to Medicare requirements, facilitating the coordination of these overlapping benefits for Medicare-Medicaid enrollees. The new Medicaid face-to-face requirement does not apply to capitated managed care, since the ACA provision does not require it, but states can apply this requirement to managed care if they choose.

- **Prohibition on "homebound" requirements for Medicaid home health services.** The new rule also codifies a long-standing Centers for Medicare & Medicaid Services (CMS) policy that Medicaid home health services cannot be restricted to individuals who are homebound or to services furnished solely in the home. In Medicare, by contrast, there is a statutory requirement that home health services be limited to those who are homebound.
- **State flexibility on compliance timing.** Because some of the Medicaid changes required by the new rule may require legislative approval, CMS is delaying compliance for one year beyond the July 1, 2016 effective date if the state legislature has met in that year, or two years if it has not.

For more information on the final rule, see Medicaid.gov.

New Star Rating System for Home Health Patient Experience of Care

CMS has introduced the first patient experience of care star ratings for home health on its website Home Health Compare. The Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) Survey star ratings include five measures that evaluate patients' experiences with home health agencies: (1) care of patients; (2) communication between providers and patients; (3) specific care issues; (4) overall rating of care provided by the home health agency; and (5) survey summary star rating. An agency's performance is rated from one star to five stars using data from patients (or the family or friends of patients) that have been treated by the agency. While the ratings apply to Medicare home health agencies, most home health agencies provide both Medicaid and Medicare services, so the ratings can also provide insights into the likely quality of Medicaid services.

2016 Dual Eligible Special Needs Plan (D-SNP) Entries and Departures

In 2016, the number of D-SNPs will grow slightly, from 336 to 350. Eighteen Medicare Advantage contracts will include new D-SNPs, and 16 existing contracts will have one or more departing D-SNPs. There will be seven large (affecting more than 50 D-SNP enrollees) service area reductions. Of the current 1.7 million D-SNP enrollees, one percent (13,109) are in departing D-SNPs, and another one percent (13,242) will be affected by service area reductions. There are also a number of instances in which existing contracts have been consolidated into other contracts operated by the same company. In those cases, the D-SNP enrollees will be automatically enrolled in the D-SNP under the consolidated contract if they live in the D-SNP service area.

States should check that enrollees in departing plans have been able to enroll in other options of their choice. This ICRC table summarizes CMS' final information on D-SNP participation in 2016. Note that in November 2015 ICRC sent out a Spotlight e-alert with preliminary information on planned D-SNP entries and departures for 2016. The January 2016 SNP Comprehensive Report provides full information on all SNP types and their enrollment in January 2016.

February 2016 Enrollment in Medicare-Medicaid Plans

Between January and February, total Medicare-Medicaid Plan enrollment in the nine states (CA, IL, MA, MI, NY, OH, SC, TX, and VA) currently implementing capitated model financial alignment demonstrations decreased slightly from 382,705 to 377,307 as shown in ICRC's table Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, February 2015 to February 2016.

New Resources on the ICRC Website

- Medicare 101 and 201 – Key Issues for States (Integrated Care Resource Center/January 2016) This *Working with Medicare* webinar covers Medicare program basics, including: (1) Medicare-Medicaid enrollee characteristics; (2) Medicare eligibility pathways; (3) an overview of Medicare managed care and state contracting with D-SNPs; (4) overlapping benefits and other Medicare coverage issues; and (5) Medicare policy updates, key dates, and resources relevant for state Medicaid staff.

News and Key Upcoming Dates

Recent Integrated Care News	
February 19	CMS releases advance notice of MA payment policies and draft call letter.
Key Upcoming Dates	
Mid-March	MedPAC and MACPAC release reports to Congress.
March 31	Applications due for Accountable Health Community Model partners.