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 Update

New Effort to Improve Care for Nursing Facility Residents

The Centers for Medicare & Medicaid Services (CMS) has announced the next phase of the *Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents*, which seeks to reduce avoidable hospitalizations among beneficiaries eligible for Medicare and Medicaid. Early evaluation results of the first phase of the initiative found promising effects on all-cause hospitalizations, potentially avoidable hospitalizations, and Medicare expenditures.

The new four-year payment phase of the initiative, slated to begin fall 2016, will be implemented through cooperative agreements with six of the Enhanced Care and Coordination Providers that have been collaborating with long-term care facilities in phase one to provide on-site staff for training and preventive services and to improve the assessment and management of medical conditions. As described in the press release on this new payment phase, practitioners will receive new payments for multidisciplinary care planning activities, and participating skilled nursing facilities will receive payments to provide additional treatment for common medical conditions that often lead to avoidable hospitalizations.

Interactive Tool Maps Medicare Disparities

CMS' Office of Minority Health has released a new interactive map to increase understanding of geographic disparities in chronic disease among Medicare beneficiaries. The Mapping Medicare Disparities (MMD) Tool identifies disparities in health outcomes, utilization, and spending by race and ethnicity and geographic location. Pinpointing areas with large differences in the proportions of Medicare beneficiaries with chronic diseases is an important step for informing policy decisions and efficiently targeting populations and geographies for interventions.

To learn more about how to use the tool and its data sources, see the MMD Tool Overview. Further details are available in the MMD Tool Frequently Asked Questions (FAQ), the Quick Start Guide, and the MMD Tool Technical Documentation.

MedPAC Report to the Congress: Medicare Payment Policy

The Medicare Payment Advisory Commission's (MedPAC) March 2016 Report to the Congress makes recommendations on payment updates in nine fee-for-service (FFS) sectors, including several particularly relevant to coverage for dually eligible beneficiaries: skilled nursing facility (SNF) services, home health care services, and hospice services. MedPAC recommended freezing Medicare's SNF rates for 2017. It also recommended eliminating the home health agency payment update for 2017, implementing a two-year payment rate re-basing effort, and eliminating the use of therapy as a payment factor (i.e.,

basing home health payment on patient characteristics alone). No changes were recommended for the hospice base rate payment for 2017.

For Medicare Advantage, MedPAC expects payment base benchmarks to average 102 percent of FFS --- thus approaching rough equity with FFS. While MedPAC views this as an improvement from previous years when the benchmarks substantially exceeded FFS, it notes that several issues must be addressed to achieve equity among Medicare Advantage plans. MedPAC recommends eliminating the benchmark caps and double quality bonuses to improve intercounty benchmark equity. On Part D, MedPAC found continued good beneficiary access to prescription drugs, but noted concern about the effectiveness of plans' medication therapy management programs.

MACPAC Report to Congress on Medicaid and CHIP

The Medicaid and CHIP Payment and Access Commission (MACPAC) March 2016 Report to Congress examines policy issues related to: (1) Medicaid disproportionate share payments to hospitals; (2) state and federal approaches to integrate physical and behavioral health care; and (3) the design of children's coverage. Chapter 4 provides an overview of the different ways that behavioral health can be integrated with physical health at the clinical, payer, and administrative levels within Medicaid programs. It also reviews recently implemented behavioral and physical health coordination models in comprehensive managed care arrangements, health homes, and accountable care organizations. In addition, the MACPAC commissioners discuss the factors that impede behavioral and physical health integration at both the practice and the program levels. Of particular interest to stakeholders involved in efforts to integrated care for dually eligible individuals is a discussion on pages 91-93 of the approaches used by the Financial Alignment Initiative demonstrations, Medicare Advantage Dual Eligible Special Needs Plans, and the Program of All-inclusive Care for the Elderly to integrate physical and behavioral health.

March 2016 Enrollment in Medicare-Medicaid Plans

Between February and March, 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 377,307 to 372,060 as shown in ICRC's table Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, March 2015 to March 2016.

Enrollment in PACE Organizations

PACE organizations provide comprehensive medical and social services to frail, community-dwelling individuals age 55 and older, most of whom are Medicare-Medicaid enrollees. As shown in ICRC's table Program of All Inclusive Care for the Elderly (PACE) Total Enrollment by State and by Organization, there were a total of 34,709 PACE individuals enrolled in the 118 PACE organizations in March 2016, operating in 32 states.

New Resources on the ICRC Website

- Overview of State Considerations for Medicaid Managed Long-Term Services and Supports (MLTSS) Rate Setting (Integrated Care Resource Center/March 2016) This presentation features an overview of MLTSS rate setting basics, shares initial findings from a project on Medicaid MLTSS rate setting, and also includes a

facilitated discussion with an expert actuary and state representatives from Tennessee and Texas.

- Using Microsoft Access to Simplify Enrollment Reconciliation in Capitated Financial Alignment Demonstrations (Integrated Care Resource Center/March 2016). This presentation introduces state enrollment staff to a tool to help prioritize transaction reply codes and simplify enrollment reconciliation.
- Key 2016 Medicare Dates (Integrated Care Resource Center/February 2016) This calendar of key Medicare dates assists states and health plans in the implementation of integrated Medicare and Medicaid programs for dually eligible beneficiaries.

News and Key Upcoming Dates

Recent Integrated Care News	
March 15	MedPAC and MACPAC release reports to Congress.
April 4	Final Call Letter and announcement of MA capitation rates and Part D payment policies for CY 2017 released.
Key Upcoming Dates	
April 8	CMS launches the plan benefit package (PBP) module in the Health Plan Management System (HPMS); organizations interested in offering a MA, PDP, or Medicare-Medicaid Plan (MMP) product must submit a PBP that accurately describes the coverage details and cost-sharing for all covered benefits by the first Monday in June.
Spring	Mid-year Medicare Star ratings released.