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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

Updated Guidance for Medicare-Medicaid Plan Enrollment and Disenrollment

The Centers for Medicare & Medicaid Services (CMS) has issued [revised and updated guidance](#) for Medicare-Medicaid Plans (MMPs) related to enrollment and disenrollment in Medicare-Medicaid Financial Alignment Initiative demonstrations. The new guidance, which takes effect on January 1, 2017, includes:

- Policy changes to improve enrollment processes while preserving beneficiary protections;
- New operational tools to support synchronized enrollment across state, CMS, and MMP enrollment systems; and
- Improved beneficiary outreach and notification practices, including new national model notice templates.

CMS notes that, while the updated guidance assumes that states will continue to effectuate the enrollment process, in limited instances and with CMS prior approval, states may delegate some of these activities to the MMPs. States may not delegate approval of requests for optional voluntary disenrollment and passive enrollments to MMPs, although submission of the passive enrollment transactions may be delegated.

CMS Seeks Comments on Quality Measures for Medicare-Medicaid Beneficiaries

CMS is seeking public comments on a series of [new quality and performance measures](#) for Medicare-Medicaid beneficiaries, Medicaid beneficiaries receiving home- and community-based services, and Medicaid beneficiaries enrolled in managed long-term services and supports programs. It also seeks comment on measures for Medicaid beneficiaries who have complex care needs and high costs, substance use disorders, or physical health-mental health integration needs. Comments are due by October 7, 2016. For more information on the measures and how to comment, see [CMS' website](#) under the three projects titled "Quality Measure Development and Maintenance for CMS Programs Serving Medicare-Medicaid Enrollees and Medicaid-Only Enrollees."

Medicare Advantage Audit Report for CY 2015 Highlights Plan Performance and Sanctions

A new CMS [report](#) provides a summary of audits and analyses from the Medicare Advantage program audits conducted in 2015. It lists the parent organizations of Medicare Advantage plans that were assessed civil money penalties or subjected to intermediate sanctions in 2015 and were prevented from marketing to or enrolling new beneficiaries (pp. 30-34). The report also describes the types of problems that lead to sanctions. States contracting with MMPs or Medicare Advantage sponsors that offer Dual Eligible Special Needs Plans (D-SNPs) can review this report and other audit and enforcement materials on the CMS web site to learn about the CMS audit experience of parent organizations that may operate Medicare or Medicaid products in their state.

Bipartisan Policy Center Report

On September 20, the [Bipartisan Policy Center](#), a Washington, DC-based non-profit organization, released [Delivery System Reform: Improving Care for Individuals Dually Eligible for Medicare and Medicaid](#). This report examines platforms that serve Medicare-Medicaid enrollees, including D-SNPs, the Program of All-Inclusive Care for the Elderly (PACE), and MMPs under the Financial Alignment Initiative. The report provides recommendations to align these programs for Medicare-Medicaid enrollees.

September 2016 Enrollment in Medicare-Medicaid Plans

Between August and September, total MMP enrollment in the ten states (CA, IL, MA, MI, NY, OH, RI, SC, TX, and VA) currently implementing capitated model financial alignment demonstrations decreased from 368,365 to 362,030 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, September 2015 to September 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 36,537 individuals enrolled in 120 PACE organizations in September 2016, operating in 32 states.

New Resources on the ICRC Website

- [Coordination of Medicare and Medicaid Behavioral Health Benefits](#) (Integrated Care Resource Center/August 2016) This presentation provides an overview of Medicare and Medicaid behavioral health benefits for Medicare-Medicaid enrollees and opportunities to improve coordination in integrated care programs. [Recording](#).
- [Managed Long-Term Services and Supports Rate Setting Resource Center](#) (Center for Health Care Strategies/August 2016) This resource center gives states tools for developing or refining rate-setting methods for Medicaid managed long-term services and supports (MLTSS) or Medicare-Medicaid integrated care programs.

News and Key Upcoming Dates

Recent Integrated Care News	
July 29	Part D national average monthly bid amount (NAMBA) released.
Mid-September	CMS executes MA and PDP contracts with plans.
Key Upcoming Dates	
Late September	D-SNPs that requested review for FIDE SNP determination notified as to whether they meet required qualifications.
October 1	MA and Medicare Part D marketing begins for CY 2017.



October 13	Medicare Advantage Part C and Part D Star Ratings go live on medicare.gov .
Mid-October	CMS releases Notice of Intent to Apply (NOIA) for new contracts or contract extension for the 2nd CY after their release.