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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

Minnesota's Progress toward Integrating Care for Medicare-Medicaid Enrollees

The Minnesota Senior Health Options (MSHO) program serves dually eligible beneficiaries age 65 and older through private health plans that coordinate all of their members' Medicare and Medicaid benefits, including Medicaid long-term services and supports. Two new documents describe the state's progress in integrating care through MSHO:

- [Demonstration Annual Evaluation Report](#). This annual evaluation report for the Minnesota Administrative Alignment Demonstration includes qualitative and limited quantitative analyses related to demonstration implementation, enrollment data, and Medicare utilization for the demonstration-eligible population. The report describes the demonstration's progress and remaining challenges toward aligning administrative activities, such as adopting simplified beneficiary materials that better integrate information about Medicare and Medicaid benefits and processes, and streamlining Medicare and Medicaid performance improvement requirements. The report notes that the CMS-State Demonstration Management Team "has proven to be an extremely useful vehicle for addressing program misalignment issues."
- [HHS Assistant Secretary for Planning and Evaluation \(ASPE\) Issue Brief](#). This brief focuses on the MSHO program and includes results from an ASPE report released earlier this year that found MSHO enrollees to have lower hospital and emergency department use compared to enrollees in the Medicaid-only Minnesota Senior Care Plus (MSC+) program. The brief also discusses ways in which the Minnesota Administrative Alignment Demonstration is working to further improve MSHO enrollee experience and strengthen the existing MSHO program through increased alignment of Medicare and Medicaid administrative requirements.

Comments Requested on PACE Audit Protocol

In early December, the Centers for Medicare & Medicaid Services (CMS) announced that the [2017 draft Audit Protocol for the Programs of All-Inclusive Care for the Elderly \(PACE\) \(CMS-10630\)](#) was released for a 30-day comment period as part of the on-going Paperwork Reduction Act (PRA) approval process. This new audit protocol is intended to better reflect the specific characteristics of PACE plans. The notice also includes information on encounter data reporting for PACE plans and three PACE-specific quality measures adopted from the National Quality Forum: (1) Falls; (2) Falls with Injury; and (3) and Pressure Injury Prevalence/Prevention. This PACE information may assist states in monitoring and oversight of PACE programs. **The comment period closes on January 3, 2017.** Instructions for providing comments can be found in the 30-day notice [2017 PACE Audit Protocol \(CMS-10630; OMB control number: 0938-New\)](#).

Upcoming Webinar: Improving Care for Dual Eligibles: How States Are Innovating through Medicare Advantage D-SNPs

On January 9, 2017 from 1:30-2:30 pm ET, the National Academy for State Health Policy will host a webinar [Improving Care for Dual Eligibles: How States are Innovating through Medicare Advantage D-SNP Plans](#) that will explore how states can use contracts with Medicare Advantage D-SNPs to improve care for dually eligible individuals, advance Medicare-Medicaid alignment, and support broader payment and delivery system reform. After a brief review of relevant D-SNP policies by CMS, speakers from Arizona, Minnesota, and Tennessee will discuss how their states have developed and implemented D-SNP contracts to align health plan coverage under Medicare and Medicaid, link D-SNPs to Medicaid managed long-term services and supports (MLTSS) programs, and facilitate information sharing, among other goals. Speakers include:

- **Nishamarie Sherry Romanik**, Director, Division of Policy Analysis and Planning, Medicare Drug & Health Plan Contract Administration Group, Center for Medicare, Centers for Medicare & Medicaid Services
- **Tom Betlach**, Director, Arizona Health Care Cost Containment System
- **Gretchen Ulbee**, Manager, Special Needs Purchasing, Minnesota Department of Human Services
- **Patti Killingsworth**, Assistant Commissioner and Long Term Care Chief, TennCare Bureau, Department of Finance and Administration, State of Tennessee
- **Trish Riley**, Executive Director, NASHP, moderator

To register visit: <https://t.e2ma.net/click/wa9iwi/gyspff/0xh4t4>

Bipartisan Senate Finance Committee Leadership Introduces Legislation to Enhance Chronic Care

On December 6, Senate Finance Committee leaders introduced S. 3504, the [Creating High-Quality Results and Outcomes Necessary to Improve Chronic \(CHRONIC\) Care Act of 2016](#), which includes in Section 203 several provisions aimed at improving care for those who are dually eligible for Medicare and Medicaid:

- Provides permanent authorization for Dual Eligible Special Needs Plans (D-SNPs), Institutional Special Needs Plans (I-SNPs), and Chronic Condition Special Needs Plans (C-SNPs). Current authorization for all SNPs expires on December 31, 2018.
- Makes the Medicare-Medicaid Coordination Office (MMCO) the “dedicated point of contact for States” to address misalignments that arise with the integration of D-SNPs and Medicaid programs, including establishing a uniform process for disseminating information to state Medicaid agencies and establishing basic resources for states, including model contracts.
- Authorizes the Secretary of the Department of Health and Human Services to establish a uniform grievances and appeals process for D-SNPs “to the extent feasible” by 2020, with MMCO responsible for related regulations and guidance.
- Requires D-SNPs, for 2021 and later years, to meet “one or more” of the following requirements “to the extent permitted by state law”:
 - Cover long-term services and supports or behavioral health services or both on a capitated basis;
 - Meet an additional minimum set of requirements worked out through MMCO in consultation with stakeholders, such as timely notification to the state of hospitalizations, emergency room visits, and hospital or emergency room discharges; assigning one primary care provider to each enrollee; or sharing data to improve coordination; and

- In cases where an individual is enrolled in both a D-SNP and a Medicaid plan operated by the same parent organization, that organization must assume “clinical and financial responsibility” for both Medicare and Medicaid benefits.

Additional information on the CHRONIC Care Act of 2016 can be found a [summary](#) prepared by Senate Finance Committee staff.

New Resources on the ICRC Website

- [Update on State Contracting with D-SNPs](#) (Integrated Care Resource Center/November 2016) This webinar provides an update on the current status of state contracting with D-SNPs and explores strategies that states can use to further Medicare-Medicaid integration on a D-SNP-based platform. [Recording](#)
- [State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options](#) (Integrated Care Resource Center/November 2016) This revised and updated tool describes how 13 states use their contracts with D-SNPs to more effectively coordinate care and services for Medicare-Medicaid beneficiaries.
- [Identifying Newly Eligible Medicare-Medicaid Enrollees for Enrollment in Capitated Financial Alignment Demonstrations](#) (Integrated Care Resource Center/November 2016) This webinar describes a new opportunity for states to identify prospective Medicare-Medicaid enrollees for enrollment into capitated financial alignment demonstrations and provides perspectives from Massachusetts and Michigan on states' use of this process. [Recording](#)
- [New and Departing Dual Eligible Special Needs Plans \(D-SNPs\) in Calendar Year 2017, by State](#) (Integrated Care Resource Center/November 2016) This table lists new and departing D-SNPs by state for 2017.

News and Key Upcoming Dates

Recent Integrated Care News	
November 14	NOIAs were due for new MA or PDP contracts or extensions.
October 15 – December 7	Annual Coordinated Election Period; Medicare-only beneficiaries were able to enroll in Medicare Advantage or Medicare Part D plans; (Medicare-Medicaid beneficiaries have a year-round special election period (SEP)).
Key Upcoming Dates	
January 1	Contract year starts and enrollment effective date. Also, LIS Medicare Part D reassignment for Medicare-Medicaid enrollees, or movement of LIS Medicare beneficiaries from their current Medicare Prescription Drug Plan (PDP) or terminating Medicare Advantage Prescription Drug Plan (MA-PD) to another PDP.
February 15	Applications due for MA-PDs.

