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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

Opportunity for States to Comment on Draft Medicare Marketing Guidelines

The Centers for Medicare & Medicare Services (CMS) requests comments on the draft [2018 Medicare Marketing Guidelines](#). States may be especially interested in two revised sections:

- Section 30.5.1, which clarifies that the more robust requirements regarding communication of the availability of language assistance services under Section 1557 of the Affordable Care Act replaces CMS' previous Multi-Language Insert requirements. Section 30.5.1 also refers plans to the Office for Civil Rights (OCR) for additional information about compliance with Section 1557.
- Section 60.1 incorporates guidance released by CMS in an April 15, 2016, HPMS memorandum providing flexibility for Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) and other Dual Eligible Special Needs Plans (D-SNPs) that provide Medicaid benefits to display integrated Medicare and Medicaid benefits in the Summary of Benefits (SB). The guidance also encourages FIDE SNPs to work with the state Medicaid agencies with which they contract to develop SB content about integrated benefits.

Comment should be submitted via this [HPMS form](#) by **5:00 pm ET on February 3, 2017**.

Upcoming Deadline for D-SNPs to Apply for Flexible Supplemental Benefits

CMS allows qualified D-SNPs to offer flexible supplemental benefits as defined in [Chapter 16B, Section 20.2.6 of the Medicare Managed Care Manual](#). For a D-SNP to offer these benefits as part of the contract year 2018 plan benefit package, it must meet the requirements and approval process outlined in this section.

Medicare Advantage organizations must submit a non-binding notification of their intent to offer flexible supplemental benefits to CMS' [web portal](#) by **6:00 pm ET on January 31, 2017**. CMS will provide Medicare Advantage organizations with a determination of whether the D-SNP is eligible to offer flexible supplemental benefits later this spring. States may want to encourage their contracted integrated D-SNPs that meet the requirements of Section 20.2.6.1 to apply to CMS to provide these supplemental benefits for contract year 2018.

CMS Releases PACE Application Guidance for 2017

In a January 17, 2017 [memo](#) to Program of All-Inclusive Care for the Elderly (PACE) organizations, CMS announced the release of the 2017 PACE notice of intent to apply (NOIA) and key dates for the application cycle. NOIAs for 2017 can be submitted in January, April, July, and October. All initial PACE applications and any service area expansions that include the addition of a new PACE center require a State Readiness Review (SRR). SRR requirements are described in [Section 30.2 in Chapter 17 of the CMS PACE Manual](#).

State Opportunities to Address Fraud and Abuse in Medicaid Personal Care Services

On December 13, 2016, the Center for Medicaid and CHIP Services (CMCS) issued an [Informational Bulletin](#), summarizing potential program integrity vulnerabilities related to Medicaid personal care services and outlining safeguards state Medicaid agencies can implement to prevent harm to beneficiaries and prevent fraud. CMCS encourages states to collaborate with contracted managed care organizations and other stakeholders to determine how best to apply these protections while ensuring beneficiary autonomy under self-directed models. [CMS guidance](#) on preventing improper payments for personal care services and an [October 2016 investigative advisory](#) from the U.S. Department of Health and Human Services' Office of the Inspector General provide additional resources to help states learn more about program integrity vulnerabilities related to personal care services and state strategies for addressing them.

2017 MedPAC/MACPAC Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid

MedPAC and MACPAC have just released their 2017 [Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid](#), which provides a current snapshot of demographic, health care utilization, and health care spending information for individuals dually eligible for Medicare and Medicaid. The Data Book gives an overview of the full dually eligible population and also compares sub-groups, including fully-eligible and partially-eligible individuals, individuals over 65 and under 65, non-dual Medicaid beneficiaries, and non-dual Medicare beneficiaries (as comparison groups).

January 2017 Enrollment in Medicare-Medicaid Plans

Between December 2016 and January 2017, total Medicare-Medicaid Plan enrollment in the ten states (CA, IL, MA, MI, NY, OH, RI, SC, TX, and VA) currently implementing capitated model financial alignment demonstrations increased from 375,039 to 393,108 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, January 2016 to January 2017](#). The majority of this gain can be attributed to TX, which saw a 44 percent increase in enrollment over the previous month, resulting largely from a scheduled annual round of passive enrollment.

January 2017 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 37,639 individuals enrolled in 122 PACE organizations in January 2017, operating in 32 states.

New Resources on the ICRC Website

- [State Insights on Refining Integrated Care for Dually Eligible Beneficiaries](#) (Center for Health Care Strategies/December 2016) This brief highlights insights from states that are fine-tuning their integrated care programs and can help other states design their own integrated care programs to meet beneficiary needs.
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News and Key Upcoming Dates

January 10	Medicare Advantage application for CY 2018 released. Also, Model of Care (MOC) renewal submission period began for Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs).
Key Upcoming Dates	
January 31	Deadline for highly integrated Dual Eligible Special Needs plans to request to CMS to offer additional supplemental benefits.
February 1	Advance Notice of Methodological Changes for CY 2018 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2018 Draft Call Letter released.
February 15	Applications due for MA-PDs. Also, MOC submission period ends for SNPs and MMPs.