Integrated Care Resource Center

UPDATE

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

March 2, 2017

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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

Reminder: Comments Due on Draft Medicare Advantage and Part D Rates and Guidance for Calendar Year 2018

Comments on the Advance Notice for CY 2018 and the 2018 Draft Call Letter must be received by **6 pm EST on Friday, March 3, 2017**. Comments may be submitted via email to AdvanceNotice2018@cms.hhs.gov. For a summary of items in the Advance Notice and Draft Call letter relevant to states interested in promoting Medicare-Medicaid integration, see the Integrated Care Resource Center's February 8, 2017 e-alert.

CMS Releases D-SNP Model Notices for Comment

In the February 21, 2017 Federal Register, CMS announced the release of standardized Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) model documents, including those used by Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs), for comment under the Paperwork Reduction Act (PRA) process. The revised models are posted on the CMS PRA page.

This is the second opportunity for comment on these standardized model documents, which will be effective for Contract Year 2018. The D-SNP ANOC and EOC models have been revised following the first opportunity for public comments in 2016 to give D-SNPs that provide both Medicare and Medicaid benefits additional flexibility to better integrate benefit descriptions and describe applicable cost-sharing amounts. **Comments must be received by March 23, 2017**. Please consult the Federal Register notice for instructions on submitting comments.

Alternative Language Taglines in Dual Eligible Special Needs Plan (D-SNP) Marketing Materials

On May 13, 2016, the HHS Office for Civil Rights (OCR) issued a final rule regarding implementation of Section 1557 of the Affordable Care Act. Section 1557 requires Medicare Advantage plans, including D-SNPs, to include alternative language taglines on marketing materials notifying beneficiaries about the availability of free interpreter services. The Section 1557 requirements are broader than the previous multi-language insert (or "language block") requirements articulated in Section 30.5.1 of the Medicare Marketing Guidelines.

The OCR final rule requires that plans provide the required alternative languages taglines in the top 2 or 15 languages spoken by individuals with limited English proficiency in the states in which the plans operate for small-sized communications and non-small sized communications, respectively. States and plans have the flexibility to determine which languages should be included in the alternative language taglines. States may use the list of the top 15 languages in each state that OCR has compiled, or choose other methods to determine the languages that must be included. States may also require the inclusion of more than 15 languages.

OCR has translated sample taglines into 64 languages. However, OCR guidance also provides flexibility regarding the actual wording of the taglines. D-SNPs may develop their own tagline language as long as it is consistent with the requirements of the final rule. However CMS has issued guidance requiring that, for Contract Year 2017, the taglines (or multi-language insert) included with certain specific marketing materials – the Summary of Benefits, Annual Notice of Change, Evidence of Coverage, and enrollment form – include OCR's sample tagline language. The Contract Year 2018 Medicare Marketing Guidelines issued for public comment on January 13, 2017 propose deferring to the Section 1557 requirements entirely, which would provide maximum flexibility to states and plans in complying with the alternative taglines requirements.

States may want to compare the list of top languages by state provided by OCR with the languages required in their own Medicaid managed care plan marketing materials, as well as their own list of top languages (if different from OCR's list). If states would like D-SNPs to include other languages in D-SNPs' alternative language taglines, they can add these requirements to their MIPPA contracts for 2018.

New Briefs on Medicaid's Role for Dually Eligible Individuals and Managed Long-Term Services and Supports Programs

- The Kaiser Family Foundation's new issue brief Medicaid's Role for Medicare Beneficiaries provides a general overview including: Medicaid's role in covering services and premiums/cost-sharing for Medicare beneficiaries; the characteristics of the dually eligible population; and Medicaid spending on dually eligible individuals.

- Another Kaiser report Medicaid Section 1115 Managed Long-Term Services and Supports Waivers: A Survey of Enrollment, Spending, and Program Policies presents findings from a 2015 Kaiser Family Foundation survey about Section 1115 MLTSS waiver enrollment, spending, and program policies.

- The Government Accountability Office released Improved Oversight Needed of Payment Rates for Long-Term Services and Supports that examines Medicaid managed long-term services and supports (MLTSS) program goals, payment structures, financial incentives for plans, and federal monitoring programs.

February 2017 Enrollment in Medicare-Medicaid Plans

Between January and February 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 393,108 to 397,051 as shown in ICRC's table Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, February 2016 to February 2017.

February 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 37,890 individuals enrolled in 123 PACE organizations in January 2017, operating in 32 states.

New Resources on the ICRC Website

- Medicare 101 and 201 – Key Issues for States (Integrated Care Resource Center/February 2017) This 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. Recording

News and 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	CY 2018 applications due for Medicare Advantage Prescription Drug Plans. Also, Model of Care submission period ends for SNPs and MMPs.
Key Upcoming Dates	
Mid-March	MedPAC and MACPAC reports to Congress released.
April 3	Final Call Letter and announcement of MA capitation rates and Part D payment policies for CY 2018 released.