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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 Fact Sheet on Medicare-Medicaid Enrollees**

The Centers for Medicare & Medicaid Services (CMS) released a [new fact sheet](#) on Medicare-Medicaid enrollees. The fact sheet provides information on this high-need population and the role of CMS' Medicare-Medicaid Coordination Office in helping to more effectively integrate Medicare and Medicaid for this population and enhance their access to high quality services.

### **New Integrated Care Resource Center Brief on Using Enrollment Brokers in the Capitated Financial Alignment Demonstrations**

States running capitated demonstrations under the Centers for Medicare & Medicaid Services' (CMS) Financial Alignment Initiative often contract with enrollment brokers to answer calls from beneficiaries. Enrollment brokers use customer service representatives (CSRs) to answer beneficiary questions about the demonstrations. CSRs play a critical role in informing beneficiaries about their enrollment choices by using clear and accurate language to explain the complex features of the demonstrations.

This technical assistance tool, [Tips for States Using Enrollment Brokers in the Capitated Financial Alignment Demonstrations: Beneficiary FAQs and Suggested Responses](#), developed by the Integrated Care Resource Center, lists beneficiaries' frequently asked questions (FAQs) and provides some suggested responses for CSRs. States may want to use this document as a tool for training enrollment brokers and monitoring contracts. Use of scripted responses can minimize variation among CSRs and help ensure that the content conveyed meets the highest standards of accuracy and completeness.

### **Bipartisan Senate Finance Committee Leadership Re-Introduces Legislation to Enhance Chronic Care**

On April 6, Senate Finance Committee leaders re-introduced the [Creating High-Quality Results and Outcomes Necessary to Improve Chronic \(CHRONIC\) Care Act of 2017](#). The re-introduced bill (S. 870) has 14 Senate Finance Committee original co-sponsors from both parties. The new bill is largely unchanged from the original that was introduced in December 2016 and contains several provisions—now in Section 201—that permanently reauthorize Dual Eligible Special Needs Plans (D-SNPs) and require greater D-SNP integration of Medicare and Medicaid services. The Integrated Care Resource Center described those provisions in its [December 15, 2016 newsletter](#). Additional information on the CHRONIC Care Act of 2017 can be found in this [summary](#) prepared by Senate Finance Committee staff.

## April 2017 Enrollment in Medicare-Medicaid Plans

Between March and April 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 399,048 to 399,306 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, April 2016 to April 2017](#).

## April 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 38,255 individuals enrolled in 123 PACE organizations in March 2017, operating in 32 states. Between March and April 2017, total PACE enrollment increased from 38,090 to 38,255.

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## New Resources on the ICRC Website

- [Identifying Newly Eligible Medicare-Medicaid Individuals for Enrollment in Capitated Financial Alignment Demonstrations: Frequently Asked Questions \(FAQs\)](#) (Integrated Care Resource Center/April 2017) This document answers questions that states have asked about improving the processes they use to regularly identify prospective Medicare-Medicaid individuals for potential enrollment into their capitated financial alignment demonstrations.

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## News and Key Upcoming Dates

Recent Integrated Care News	
<b>April 3</b>	Final Call Letter and announcement of Medicare Advantage (MA) capitation rates and Part D payment policies for CY 2018 released.
Key Upcoming Dates	
<b>May 1</b>	Deadline for MA plans, Medicare Advantage Prescription Drug (MA-PD) plans, and Prescription Drug Plans (PDPs) to notify CMS of intention to non-renew counties or reduce service area at the contract level.
<b>June 5</b>	Deadline for plans to submit CY 2017 MA, MA-PD, Medicare-Medicaid Plans (MMP), and PDP bids; plans deciding not to renew their MA contracts must notify CMS in writing.

**June 5**

Organizations interested in offering a MA, PDP, or MMP product must submit a plan benefit package that accurately describes the coverage details and cost-sharing for all covered benefits.