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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

Upcoming Webinars on the Medicare-Medicaid Accountable Care Organization (ACO) Model

The Centers for Medicare & Medicaid Services (CMS) will hold two webinars about the new [Medicare-Medicaid ACO Model](#), which is focused on improving quality of care and reducing costs for Medicare-Medicaid enrollees:

- **Beneficiary Assignment and Financial Methodologies (Thursday, June 8, 2017: 1-2 pm EDT)** will cover high-level processes for assigning beneficiaries to Medicare-Medicaid ACOs and calculating savings/losses generated by Medicare-Medicaid ACOs. CMS will also discuss the role of participating states in designing the details of these methodologies. [Register](#)
- **Medicare State Shared Savings Methodology (Thursday, June 15, 2017: 1-2 pm EDT)** will cover the methodology used to calculate the amount of Medicare shared savings that states may receive through their participation in the Medicare-Medicaid ACO Model. [Register](#)

Recordings, slides, and transcripts will be available after the webinars. Materials from the May 11 webinar, **Model Overview and State Application Process** are now available on the Innovation Center [website](#).

Medicare-Medicaid Coordination Office FY 2016 Report to Congress

On May 19, CMS provided Congressional leaders with the [Medicare-Medicaid Coordination Office FY 2016 Report to Congress](#), as required by statute. This report includes an overview of CMS activities and accomplishments related to better integrating Medicare and Medicaid for individuals eligible for both programs. The number of dually eligible individuals enrolled in some type of integrated care arrangement has risen significantly in the last few years—from 161,777 in 2011 to 720,614 in 2016. This latter figure includes the 475,534 beneficiaries being served by the *Medicare-Medicaid Financial Alignment Initiative* demonstrations taking place in 12 states. The report also provides updates on other efforts such as the *Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents* and lists resources available to states that seek to provide more integrated care for their dually eligible populations.

Update on the Medicare-Medicaid Financial Alignment Initiative

In May, the CMS Medicare-Medicaid Coordination Office released an [updated report on the Medicare-Medicaid Financial Alignment Initiative](#) featuring data on age, enrollment, and health risk assessment completion for the capitated model demonstrations. The report shows health risk assessment completion by year.

Senate Finance Committee Passes the CHRONIC Care Act

On May 18, the U.S. Senate Finance Committee voted unanimously to approve the [CHRONIC Care Act \(S. 870\)](#), which is designed to improve care management, coordination, and outcomes for Medicare beneficiaries with chronic conditions—many of whom are dually eligible for Medicare and Medicaid. Section 201 of the bill contains several provisions 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](#). A committee [explanation of the Chairman's Mark](#) provides details on all the provisions of the bill. The preliminary [Congressional Budget Office score](#) for Section 201 puts the annual cost at \$13 to \$17 million per year from 2020 to 2027, and \$123 over the ten-year period from 2018 to 2027, a cost that is offset by other provisions of the bill.

May 2017 Enrollment in Medicare-Medicaid Plans

Between April and May 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 Initiative demonstrations decreased from 399,306 to 397,776 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, May 2016 to May 2017](#).

May 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 May 2017, operating in 32 states. Between April and May 2017, total PACE enrollment increased from 38,255 to 38,535.

New Resources on the ICRC Website

- [Self-Direction of Home- and Community-Based Services: A Training Curriculum for Case Managers](#) (Integrated Care Resource Center/April 2017) This webinar-based training curriculum provides an overview of self-direction, considerations for the design and implementation of a self-direction program, and best practices for oversight of a self-direction program in a managed care context.
- [Medicare and Medicaid Nursing Facility Benefits: The Basics and Opportunities for Integrated Care](#) (Integrated Care Resource Center/April 2017) This presentation provides an overview of: (1) similarities and differences between Medicare and Medicaid nursing facility benefits; (2) the typical demographic profile of nursing facility residents; (3) Medicare and Medicaid payment methods, amounts, and incentives; and (4) opportunities for states to use managed care to improve nursing facility care. [Recording](#)
- [Tips for States Using Enrollment Brokers in the Capitated Financial Alignment Demonstrations: Beneficiary FAQs and Suggested Responses](#) (Integrated Care Resource Center/April 2017) This technical assistance tool lists questions frequently asked by beneficiaries enrolling in capitated model Medicare-Medicaid Financial

Alignment Initiative demonstrations, and provides potential responses by enrollment brokers' customer service representatives to answer beneficiary questions about the demonstrations.

News and Key Upcoming Dates

Recent Integrated Care News	
May 1	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.
Key Upcoming Dates	
June 5	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.
July 1	D-SNP applicants required to submit State Medicaid Agency Contract (SMAC or "MIPPA contract") to CMS. Deadline for D-SNPs requesting to be reviewed as Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) to submit their FIDE SNP matrix to HPMS.