UPDATE

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

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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 &

Integrated Care Update

Upcoming System Changes to Support Provider Adherence to Qualified Medicare Beneficiary Program Billing Rules

Medicare providers may not bill dually eligible beneficiaries in the Qualified Medicare Beneficiary (QMB) program for Medicare deductibles, coinsurance, or copays. On September 19, the Centers for Medicare & Medicaid Services (CMS) gave a Medicare Learning Network presentation to announce upcoming system changes intended to help providers identify QMBs and comply with the QMB billing rules.

Effective October 2, 2017, Medicare Remittance Advice for all Part A and B original Medicare claims will inform providers of the beneficiary's QMB status and will also indicate $0 cost-sharing liability. Also starting October 3, 2017, the Medicare Summary Notices sent to Medicare beneficiaries will identify whether they are enrolled in the QMB program and protected from being billed for cost-sharing. Beginning on November 4, 2017, the HIPPA Eligibility Transaction System will allow Medicare providers to identify beneficiaries' QMB enrollment status and will indicate that QMBs are not responsible for Medicare deductibles, coinsurance, or copays.

CMS recommends that providers take advantage of these system changes to identify QMB status prior to billing for items and services and encourages providers to determine state processes for seeking Medicare cost-sharing payments from Medicaid agencies. Additional information can be found on the QMB Program webpage and in the recently published MedLearn Matters memo.

Senate Passes CHRONIC Care Act

On September 26, the U.S. Senate unanimously passed the CHRONIC Care Act of 2017 (S. 870), which is designed to help Medicare Advantage improve care for beneficiaries with chronic conditions—many of whom are dually eligible for Medicare and Medicaid. Key provisions related to Medicare Advantage include:

- Permanent authorization of Dual Eligible Special Needs Plans
- Increased access to the Value-Based Insurance Design Model
- Expanded supplemental benefits
- Increased telehealth benefits

These provisions are detailed in a Senate Finance Committee fact sheet on the bill and also in ICRC's May 24, 2017 newsletter. The Senate-passed bill has been referred to the House Committees on Ways and Means and Energy and Commerce, which have been considering similar legislation. A Congressional Budget Office score of the Senate bill estimated that it would have no significant effect of direct spending between 2018 and 2027.

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.

Comments Requested on Potential New Direction for the CMS Innovation Center

On September 20, the CMS Innovation Center (Innovation Center) issued an informal Request for Information (RFI) seeking feedback on a new direction to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes. The Innovation Center welcomes stakeholder input on the ideas on additional ideas and concepts, and on the future direction of the Innovation Center. While existing partnerships with healthcare providers, clinicians, states, payers and stakeholders have generated important value and lessons, CMS is setting a new direction for the Innovation Center.

To be assured consideration, please submit comments online or by email to CMMI_NewDirection@cms.hhs.gov through **11:59 p.m. EST November 20, 2017.**

MACPAC Issue Brief Finds Many Eligible Individuals Not Enrolled in Medicare Savings Programs

A new Medicaid and CHIP Payment and Access Commission (MACPAC) issue brief shows that many individuals eligible for the Medicare Savings Programs (MSPs) are not enrolled. Individuals enrolled in MSPs receive assistance from state Medicaid programs to pay their Medicare premiums. Individuals enrolled in the QMB program also receive assistance paying Medicare deductibles, copayments, and coinsurance. However, only 53 percent of individuals eligible for the QMB program are enrolled; enrollment rates for the Specified Low-Income Medicare Beneficiary (SLMB) and Qualifying Individual (QI) programs are even lower. MACPAC observed wide variations in QMB and SLMB enrollment rates among states, ranging from a regression-adjusted enrollment rate of 25 percent in Georgia to 78 percent in Maine. Table 3 (pp. 7-8) of the brief lists enrollment rates for the QMB and SLMB Programs for each state.

MACPAC's analysis also shows that there are substantial differences between the MSP-enrolled population and the eligible-but-not-enrolled population. For example, compared to adults enrolled in the QMB program, adults who were eligible but not enrolled were less likely to be receiving full Medicaid benefits, had slightly higher levels of education, were less likely to be enrolled in the Supplemental Security Income (SSI) program or the Supplemental Nutrition Assistance Program (SNAP), and were more likely to be 65 and older, to be white, non-Hispanic, and to have private health insurance. A 2015 CMS informational bulletin describes a number of options to help states simplify the eligibility screening process for Medicare Savings Programs and other categories of Medicaid when the enrollees become Medicare-eligible.

Updated Data on the Number of Dually Eligible Beneficiaries by State and County

In September, the Medicare-Medicaid Coordination Office released updated data on the on the number of dually eligible beneficiaries by state and county. The update includes data for the quarter ending December 31, 2016 and can be found on the MMCO Statistical & Analytic Reports webpage under "Quarterly updates - latest release 12/2016 data." These data may be useful to states, health plans, and other stakeholders engaged in the design or operation of integrated care programs for dually eligible beneficiaries.

September 2017 Enrollment in Medicare-Medicaid Plans

Between August and September 2017, total Medicare-Medicaid Plan (MMP) enrollment in the ten states (CA, IL, MA, MI, NY, OH, RI, SC, TX, and VA) currently implementing capitated model Financial Alignment Initiative demonstrations increased from 403,366 to 407,761 as shown in ICRC's table Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, September 2016 to September 2017. Almost all of the increase

occurred in Texas, which implemented a new round of passive enrollment that took effect in September.

September 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, in September 2017 there were 123 PACE organizations operating in 31 states. Between August and September 2017, total PACE enrollment increased from 39,608 to 40,013.

New Resources on the ICRC Website

- Coordination of Medicare and Medicaid Behavioral Health Benefits (Integrated Care Resource Center/September 2017) This webinar provides an overview of Medicare and Medicaid behavioral health benefits for Medicare-Medicaid enrollees and opportunities to improve coordination in integrated care programs. Recording.
- Key Medicare Advantage Dates and Action Items for States Contracting with Dual Eligible Special Needs Plans (Integrated Care Resource Center/September 2017) This calendar of key Medicare Advantage dates describes program milestones by month and explains what activities state Medicaid agencies may want to undertake to prepare for or respond to a particular Medicare Advantage event.

News and Key Upcoming Dates

Recent Integrated Care News	
Mid-September	CMS executes Medicare Advantage and Prescription Drug Plan contracts.
Key Upcoming Dates	
Late September	Dual Eligible Special Needs Plans that requested review for a Fully Integrated Dual Eligible Special Needs Plan determination notified as to whether they meet required qualifications.
October 1	Medicare Advantage and Medicare Part D marketing begins for CY 2017.
Mid-October	CMS releases Notice of Intent to Apply (NOIA) for new contracts or contract extension for the 2nd CY after their release.
November 20	Comments due on CMS Innovation Center RFI.