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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 Brief Examines Ways to Advance Medicare-Medicaid Integration

In November, the Center for Health Care Strategies (CHCS) released [Advancing Medicare and Medicaid Integration: Key Program Features and Factors Driving State Investment](#). Based on the experiences of 10 states with pioneering integrated care programs, this brief describes key features of effective integrated care programs and presents top policy considerations driving state investment in these programs. A companion [infographic](#) is also available.

The brief and infographic were developed as part of [Implementing New Systems of Integration for Dually Eligible Enrollees](#), a national initiative made possible by The Commonwealth Fund and The SCAN Foundation.

State Toolkit for Strengthening Medicaid Long-Term Services and Supports

On December 7, CHCS and Manatt Health released [Strengthening Medicaid Long-Term Services and Supports in an Evolving Policy Environment: A Toolkit for States](#). This toolkit, developed with support from The SCAN Foundation and the Milbank Memorial Fund, provides a targeted menu of long-term services and supports (LTSS) reform strategies adopted by state innovators that may be replicated by other states. It identifies concrete policy strategies, operational steps, and federal and state authorities that states have used to advance their LTSS reforms. It also highlights opportunities and challenges that states faced in designing and implementing reforms.

Other stakeholders, such as federal and state legislators, health plans, and providers, may find the toolkit helpful to identify opportunities for collaboration with state Medicaid agencies on future LTSS reform efforts.

December 2017 Enrollment in Medicare-Medicaid Plans

Between November and December 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 decreased slightly from 408,257 to 404,053 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, December 2016 to December 2017](#). This decrease may be due, in part, to the transition of enrollees from Virginia's demonstration, which is ending December 31, 2017, to Commonwealth Coordinated Care Plus, its new Medicaid managed long-term services and supports program.

December 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 December 2017 there were 124 PACE organizations operating in 31 states. Between November and December 2017, total PACE enrollment increased from 40,607 to 40,893.

New Resources on the ICRC Website

- [Update on State Contracting with D-SNPs](#) (ICRC/December 2017) This webinar provides an update on the current status of state contracting with D-SNPs and explores strategies that states can use to further Medicare-Medicaid integration on a D-SNP-based platform. [Recording](#)
- [How States Can Better Understand their Medicare-Medicaid Enrollees: A Guide to Using CMS Data Resources](#) (ICRC/December 2017) This technical assistance tool shows states how to use data on Medicare-Medicaid enrollee demographics, service utilization, spending, and other characteristics to design, develop, monitor, and improve programs in their state to better meet the specific needs of this population.
- [Value-Based Payment in Nursing Facilities: Options and Lessons for States and Managed Care Plans](#) (ICRC/November 2017) This brief describes value-based payment approaches currently used in select states and managed care plans, including the quality and performance measures they use, benchmarks or targets for those measures, and incentives that reward facilities. It also describes approaches to designing, administering, and evaluating state programs.

News and Key Upcoming Dates

Recent Integrated Care News

October 15 – December 7	Annual Coordinated Election Period, Medicare-only beneficiaries can enroll in MA or Medicare Part D plans (Medicare-Medicaid beneficiaries have a year-round special election period (SEP)).
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Key Upcoming Dates

January 9	CMS posts CY 2019 MA, Part D, and Medicare-Medicaid Plan (MMP) applications.
January 16	Comments due on the Medicare Advantage and Part D proposed rules.
February 14	MA, Part D, and MMP applications due for CY 2019.