Integrated Care Resource Center

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 & Medicaid Services to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees.

The state technical assistance activities are

Integrated Care Update

2018 MedPAC/MACPAC Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid

MedPAC and MACPAC have just released their 2018 Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid, which provides a current snapshot of demographic, health care utilization, and health care spending information for individuals dually eligible for Medicare and Medicaid. The Data Book gives an overview of the full dually eligible population and also compares sub-groups, including fully-eligible and partially-eligible individuals, individuals over 65 and under 65, non-dual Medicaid beneficiaries, and non-dual Medicare beneficiaries (as comparison groups).

Changes in Notices for Qualified Medicare Beneficiaries

On December 8, 2017, the Centers for Medicare & Medicaid Services (CMS) temporarily suspended recent changes to the Medicare Remittance Advice and Medicare Summary Notices due to unanticipated system issues. CMS is working to correct these issues and is aiming to relaunch the changes in 2018. These changes are intended to help providers identify dually eligible beneficiaries in the Qualified Medicare Beneficiary (QMB) program and comply with the QMB billing rules. Specifically, the Medicare Remittance Advice will now inform providers of the beneficiary's QMB status and lack of liability for Medicare cost-sharing. The Medicare Summary Notices sent to Medicare beneficiaries will identify whether they are enrolled in the QMB program and indicate they owe $0 for Medicare cost-sharing.

CMS also released a change to the HIPPA Eligibility Transaction System (HETS) last fall to allow Medicare providers to identify beneficiaries' QMB enrollment status and indicate that QMBs are not responsible for Medicare deductibles, coinsurance, or copays. This change went into effect in November 2017 and has not been suspended. For more information, the revised memo from CMS on these changes is available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/se1128.pdf.

CMS Posts Data from 2017 CAHPS Surveys of Medicare-Medicaid Financial Alignment Initiative Enrollees

CMS has posted 2017 data on enrollee experiences in the Medicare-Medicaid Financial Alignment Initiative as measured by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The posting includes previously released data from the managed fee-for-service model demonstrations that use a modified version of the CAHPS® 5.0 Adult Medicaid Health Plan Survey. For the capitated model demonstrations, Medicare-Medicaid Plans (MMPs) conduct the Medicare Advantage Prescription Drug CAHPS survey annually, which measures important aspects of an individual's health care experience including the access to and quality of services. MMPs must also include 10 additional supplemental questions that focus on care coordination, behavioral health, and home- and community-based services. In the eight demonstration states with at least two years of measurement, for example, 63 percent of all demonstration respondents rated their health plan at 9 or 10 in 2017, compared to 59 percent in 2016 (on a scale of 0 to 10, with 0 being the worst possible and 10 being the best possible).

coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit the ICRC website.

CMS Announces Changes to the Network Review Process for Medicare Advantage Plans

On January 10, CMS released a memo announcing changes to the way it will review provider networks for Medicare Advantage organizations and Section 1876 cost plans. Beginning in Contract Year 2018, CMS will now review networks on a three-year cycle, unless there is a triggering event (e.g., initial applications and certain provider/facility contract terminations, changes of ownership, network access complaints, and organization-disclosed network deficiencies).

Network reviews will no longer be part of the initial application process, but all applicants must attest to their ability to provide an adequate network for the entire contract year. Plans not meeting network adequacy standards may be subject to CMS compliance actions. Initial and service area expansion applicants will need to wait until June to formally submit their networks to CMS. However, CMS has provided all organizations the opportunity to upload their networks to the Health Plan Management System (HPMS) Network Management Module for informal review between February 8 and 20.

MMPs under Financial Alignment Initiative demonstrations will continue to submit the Medicare portion of their networks on an annual basis as specified in the MMP Core Reporting Requirements.

January 2018 Enrollment in Medicare-Medicaid Plans

Between December 2017 and January 2018, total MMP enrollment in the nine states (CA, IL, MA, MI, NY, OH, RI, SC, and TX) currently implementing capitated model Medicare-Medicaid Financial Alignment Initiative demonstrations decreased from 404,053 to 383,047 as shown in ICRC's table Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, January 2017 to January 2018. This decrease is largely due to the transition of enrollees from Virginia's demonstration, which ended December 31, 2017, to Commonwealth Coordinated Care Plus, Virginia's new statewide Medicaid managed long-term services and supports program.

January 2018 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 January 2018 there were 124 PACE organizations operating in 31 states. Between December 2017 and January 2018, total PACE enrollment increased from 40,893 to 41,076.

New Resources on the ICRC Website

- How States Can Monitor Dual Eligible Special Needs Plan Performance: A Guide to Using CMS Data Resources (ICRC/January 2018) This technical assistance tool shows how states can use CMS data use to monitor the performance of the Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) they contract with to serve Medicare-Medicaid enrollees.
- 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.

News and Key Upcoming Dates

Recent Integrated Care News	
January 9	CMS posts CY 2019 Medicare Advantage, Part D, and MMP applications.
January 16	Comments due on the Medicare Advantage and Part D proposed rules.
February 1	CMS releases for comment Part 2 of the 2019 Advance Notice of Methodological Changes for Medicare Advantage Capitation Rates and Part D Payment Policies and 2019 Draft Call Letter.
Key Upcoming Dates	
February 14	Medicare Advantage, Part D, and MMP applications due for CY 2019. Also, Model of Care submission period ends for SNPs with approvals ending as of 12/31/18.
Mid-March	MedPAC and MACPAC reports to Congress released.
April 2	Final announcement of Medicare Advantage capitation rates and Part D payment policies for CY 2019 released.