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[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-](#)

Integrated Care Update

New Tip Sheet Series Describes Steps for States to Improve Medicare-Medicaid Integration

In April, the Integrated Care Resource Center (ICRC) published the first in a series of tip sheets to describe policy steps states can take to improve the integration of Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) with their Medicaid behavioral health and managed long-term services and supports programs.

The first tip sheet [Tips to Improve Medicare-Medicaid Integration Using D-SNPs: Promoting Aligned Enrollment](#) describes policies to promote aligned enrollment in D-SNPs and Medicaid managed care plans, including managed long-term services and supports plans. With aligned enrollment, the beneficiary is enrolled in a D-SNP and Medicaid managed care plan offered by the same parent company in the same geographic area.

When a beneficiary is enrolled in aligned plans, one entity is responsible for substantially all Medicare and Medicaid benefits, and therefore has a financial stake in ensuring that enrollees receive high-quality, cost-effective care and avoid unnecessary hospitalization and institutionalization. An aligned enrollment model is simpler for beneficiaries and providers to navigate, as service payments are administered by a single payer, and plan communications can be integrated, making them easier for beneficiaries and providers to understand. Care coordination has greater potential in aligned enrollment models, as information about inpatient stays, care transitions, and service needs can be shared more efficiently and effectively when all benefits are administered by the same entity.

Opportunities to Support Enrollment in the Medicare Savings Programs and Extra Help

The Medicare Savings Programs and Extra Help are critical to helping low-income Americans afford Medicare coverage. However, many people who are eligible for these programs are not yet enrolled.

Each May, the Social Security Administration (SSA) sends letters to 2 million low-income Medicare beneficiaries, letting them know about the Medicare Savings Programs and how they can help with Medicare costs. These programs include Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB), and Qualifying Individual (QI). The letters, which will be mailed on or around May 9, 2018, provide information on what Medicare Savings Programs cover, a brief description of the income and asset criteria, and how to apply.

[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.](#)

SSA also sends a data file to each state identifying the Medicare beneficiaries to whom the outreach letters are being mailed. States can use these data files to support customer service representatives at Medicaid hotlines who may receive calls, or conduct additional outreach themselves.

More information on this outreach effort and the model letters (see specifically SSA-L447 and SSA-L448) may be found on the [SSA website](#); the data file name is OLBG.BTI.S.**.MEDOUT1.Ryymmdd. See also the [data file specifications](#).

CMS Innovation Center Seeks Comment on Direct Provider Contracting Models

The Centers for Medicare & Medicaid Services (CMS) has released a [Request for Information on Direct Provider Contracting \(DPC\) Models](#) between payers and primary care or multi-specialty groups to inform potential testing of a DPC model within: (1) the Medicare fee-for-service program; (2) Medicare Advantage, including Dual Eligible Special Needs Plans; and (3) Medicaid.

A DPC model would give providers accountability for the cost and quality of care for a designated population in return for a fixed, per beneficiary per month payment and potential performance-based bonus payments. CMS seeks input on how this model could be designed to encourage beneficiary engagement, reduce provider burden, and allow flexibility in delivery of high-quality services.

Submit comments to the CMS Innovation Center at DPC@cms.hhs.gov through 11:59pm EDT May 25, 2018. Additional information on the RFI can be found in a related [Press Release](#).

April 2018 Enrollment in Medicare-Medicaid Plans

Between March and April 2018, total Medicare-Medicaid Plan (MMP) enrollment in the nine states (CA, IL, MA, MI, NY, OH, RI, SC, and TX) currently implementing capitated model Financial Alignment Initiative demonstrations increased slightly from 382,132 to 383,324 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, April 2017 to April 2018](#).

April 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 April 2018 there were 124 PACE organizations operating in 31 states. Between March and April 2018, total PACE enrollment increased from 41,427 to 41,661.

New Resources on the ICRC Website

- [Partnering with SHIPs to Improve Care](#) (ICRC/March 2018) This webinar provides an overview of partnerships between Medicaid agencies and State Health Insurance Assistance Program (SHIPs) in both Pennsylvania and South Carolina. [Recording](#)

- [New and Departing Dual Eligible Special Needs Plans \(D-SNPs\) in Calendar Year 2018, by State](#) (ICRC/Integrated Care Resource Center/March 2018) This table lists new and departing Dual Eligible Special Needs Plans (D-SNPs) by state in 2018.

News and Key Upcoming Dates

Recent Integrated Care News	
April 2	Final announcement of Medicare Advantage (MA) capitation rates and Part D payment policies for CY 2019 released.
April 6	CMS launches the plan benefit package (PBP) module in the Health Plan Management System (HPMS); organizations interested in offering a MA, Prescription Drug Plan, or Medicare-Medicaid Plan product must submit a PBP that accurately describes the coverage details and cost-sharing for all covered benefits by June 4.
April 12	Comments due on Dual Eligible Special Needs Plan-related provisions of the Bipartisan Budget Act of 2018.
Key Upcoming Dates	
May 18	Deadline for MA, MA-PD, and PDP plans with pending CY19 new service area counties must notify CMS of intention to drop those pending counties.
June 4	Deadline for plans to submit CY 2019 MA, MA-PD, MMP, and PDP bids; the PBP must accurately describe the coverage details and cost-sharing for all covered benefits. Plans deciding not to renew their MA contracts must notify CMS by this date following CMS instructions.