

Integrated Care Updates

ICRC Resources Help States Prepare for New D-SNP Integration Standards

ICRC is working with Centers for Medicare & Medicaid Services (CMS)' Medicare-Medicaid Coordination Office (MMCO) to ensure that states have the information they need to help Dual Eligible Special Needs Plans (D-SNPs) meet the new integration requirements that will take effect for CY2021. In support of that effort, ICRC has recently released three new resources:

- [State Options and Considerations for Sharing Medicaid Enrollment and Service Use Information with D-SNPs](#). This technical assistance brief discusses issues and options for states to support D-SNPs in meeting new requirements for the coordination of Medicare and Medicaid benefits. (ICRC/December 2019)
- [Key Questions and Considerations for States Implementing New D-SNP Information-Sharing Requirements](#). This webinar provides an update on new information-sharing requirements for D-SNPs for 2021 and a review of key questions and considerations for states in working with D-SNPs to modify state contracts and develop a state-specific information-sharing approach. (ICRC/December 2019)
- [Sample Language for State Medicaid Agency Contracts with Dual Eligible Special Needs Plans](#). This technical assistance tool provides sample contract language that states can use in their D-SNP contract to comply with these requirements. Use of this language in the contract does not guarantee that CMS will approve the D-SNP to operate. (ICRC/November 2019)

For additional resources on state contracting with D-SNPs, see [the ICRC website](#). States can schedule a call with ICRC/MMCO or ask technical assistance questions by emailing ICRC@chcs.org.

State Count Down to 2021 – Implementing New D-SNP Integration Standards

By January 1, 2021, D-SNPs must meet new integration standards. Each month ICRC will post tips for state Medicaid agencies to help them support the implementation of these requirements.

January's Tip: Have you had a conversation with MMCO/ICRC about options, potential approaches, and timelines for your state? To schedule a call, email us at ICRC@chcs.org.

CMS Releases Third Annual Report on the Nursing Facility Initiative

On December 16, CMS released the [third annual report](#) on the “Evaluation of the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents—Payment Reform.”

The report builds on last year's preliminary, but promising, findings for the Initiative. This report, however, did not find evidence that payment reforms led to a consistent pattern of improved outcomes in newly-recruited facilities for Fiscal Year

2018. Facilities that participated in an earlier phase of the Initiative did not show further improvements beyond what was expected based on the trends established during that phase. For both groups, additional years of data and analysis should provide more definitive insight about Initiative effects.

A brief [summary](#) of the report can be found on the CMS web site along with [more information about the initiative](#).

New CMS Toolkit Can Help States Improve Medicaid Managed Care Encounter Data

CMS has released a new [Medicaid Managed Care Encounter Data Validation Toolkit](#) to help states improve the accuracy, completeness, and reliability of Medicaid managed care encounter data—records of the services provided in capitated managed care organizations (MCOs). Over 80 percent of all Medicaid beneficiaries and a third of those dually eligible for Medicare are enrolled in Medicaid managed care. These data are essential for measuring and monitoring the quality of managed care plans and for evaluating plan compliance with contract requirements.

Federal regulations require states to validate the encounter data that MCOs submit. Because Medicaid managed care encounter data pass through multiple entities and systems (providers, MCOs, pharmacy benefit managers, etc.) before reaching states and being available for Medicaid program administration and performance reporting, careful validation is critical to ensuring data quality at each stage.

December 2019 Enrollment in Medicare-Medicaid Plans

Between November and December 2019, total Medicare-Medicaid Plan enrollment in the nine states (CA, IL, MA, MI, NY, OH, RI, SC, and TX) currently implementing capitated model demonstrations under the Financial Alignment Initiative decreased from 384,207 to 383,836, as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, December 2018 to December 2019](#).

December 2019 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](#), PACE organizations were operating in 31 states in December 2019. Between November and December 2019, the total number of Medicare beneficiaries enrolled in PACE increased from 48,037 to 48,504.

Key Upcoming Dates

- **January 7** – CMS posts CY 2021 MA, Part D, and Medicare-Medicaid Plan (MMP) applications.
 - **February 12** – MA, Part D, and MMP applications due for CY 2021.
 - **February 29** – Comments due on the draft [Manual for State Payment of Medicare Premiums \(formerly called the "State Buy-in Manual"\)](#).
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ABOUT THE INTEGRATED CARE RESOURCE CENTER

The Integrated Care Resource Center is a national initiative of the Centers for Medicare & Medicaid Services to help states improve the quality and cost-effectiveness of care for individuals dually eligible for Medicare and Medicaid. The state technical assistance activities are coordinated by Mathematica and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.

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