



# UPDATE

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

August 1, 2018

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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

### Washington State Project Wins Innovation Award

In April, Washington State's health home-based program to provide more integrated, coordinated care to people dually eligible for Medicare and Medicaid was named as one of three recipients of the Milbank Memorial Fund and AcademyHealth State and Local Health Innovation Prize. A [new case study report](#) describes how this project – a managed fee-for-service model Financial Alignment Initiative demonstration -- used data from Washington's predictive risk intelligence system (PRISM) to identify Medicaid beneficiaries with the highest care needs and highest costs. These individuals received care coordination and support, reducing their health care costs and producing savings for the state.

### New Case Study of the One Care Implementation Council

In June, the Center for Consumer Engagement in Health Innovation and the LeadingAge LTSS Center at UMass Boston published a [case study](#) of the implementation council established to provide stakeholder input on the design and operation of One Care, the Financial Alignment Initiative demonstration in Massachusetts. The case study notes that the Council is a good example of how to effectively engage consumers and their advocates in policy and program change. It provides important lessons for consumer engagement that have relevance for advocates, public officials, and health plan and provider leaders.

### July 2018 Enrollment in Medicare-Medicaid Plans

Between June and July 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 decreased slightly from 379,620 to 379,047 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, July 2017 to July 2018](#).

### July 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](#), 125 PACE organizations were operating in 31 states in July 2018. Between June and July 2018, total PACE enrollment increased from 42,151 to 42,326.

## New Resources on the ICRC Website

- [Building Relationships between Managed Care Organizations and Beneficiary Ombudsman Programs](#) (ICRC/July 2018) This webinar highlights the importance of beneficiary ombudsman programs and provides perspectives from Ohio's Office of the State Long-Term Care Ombudsman and CareSource, a Medicare-Medicaid Plan, on promising practices and lessons learned from their efforts supporting beneficiaries enrolled in MyCare Ohio, a capitated model Financial Alignment Initiative demonstration. [Recording](#)
- [Enrollment Periods for Dually Eligible Beneficiaries in Capitated Model Financial Alignment Initiative Demonstrations](#) (ICRC/June 2018) This webinar discusses the changes to the Medicare enrollment periods taking effect January 1, 2019, including the updated Special Enrollment Periods (SEPs) for dually eligible beneficiaries, how states and state enrollment brokers can determine the appropriate SEP for each beneficiary, and which SEP to use when a beneficiary is eligible for multiple SEPs. [Recording](#)

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## News and Key Upcoming Dates

Recent Integrated Care News	
<b>July 2</b>	D-SNP applicants must submit State Medicaid Agency Contract (SMAC or "MIPPA contract") to CMS.
<b>July 2</b>	Deadline for D-SNPs requesting to be reviewed as Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs) to submit their FIDE SNP matrix to HPMS.
<b>July 16</b>	Due date for applications to the Administration for Community Living's <a href="#">Alzheimer's Disease Programs Initiative (ADPI)</a> .
<b>July 31</b>	Medicare Part D national average monthly bid amount (NAMBA) and the Part D regional low-income premium subsidy amounts released.
Key Upcoming Dates	
No Later than July 29	Deadline for CMS to inform currently contracted Medicare Advantage organizations of its decision not to renew a contract for 2019.
Mid-September	CMS executes Medicare Advantage and Prescription Drug Plan contracts.