

Integrated Care Updates

2020 SNP Landscape Source File Available on CMS Website

Earlier this month the Centers for Medicare & Medicaid Services (CMS) published the [2020 SNP Landscape source file](#). This file shows all CY2020 contracts that CMS had approved as of early September, although this list is subject to change. It lists each contract and plan that will operate in each state and county starting in January 2020 for all Special Needs Plans, including Dual Eligible Special Needs Plans (D-SNPs). The monthly consolidated premiums (includes Part C and D), the annual drug deductible, and other information are shown for each plan.

States can use this file to identify the plans that will be operating in their state in 2020, and their premiums, deductibles, and other features. States can also compare the file to the current [SNP Comprehensive Report](#) to see which plans will no longer be operating in 2020. Based on ICRC's preliminary analysis of the SNP Landscape file, it appears that there will be new D-SNP contracts in CY 2020 in AL, AR, AZ, CA, CO, FL, GA, IA, IN, KS, KY, LA, ME, MI, MO, NC, NE, NM, NY, OH, OK, PA, SC, TX, VA, WA, WV, and non-renewing D-SNP contracts in FL, GA, KS, NC, NY, OH, OK, PR, SC, TX.

To access the 2020 SNP Landscape Source file:

- Go to: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/index.html> and click on the link entitled, "2020 SNP Landscape Source Files (v 09_03_19) [ZIP,1MB]" or
- Go directly to the zip file: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/Downloads/2020-SNP-Landscape-Source-Files-v-09-03-19.zip>, open the zip file, and click on the "2020LandscapeSource file SNP 09032019 v2.xls to access the excel version.

New Evaluation Reports Released for Demonstrations under the Financial Alignment Initiative

On September 24, 2019, CMS released [four new evaluation reports](#) for demonstrations under the Medicare-Medicaid Financial Alignment Initiative. These include the first evaluation reports for the demonstrations in Michigan, New York and South Carolina, and the third evaluation report for the demonstration in Washington State. Including these reports, CMS has posted a total of 15 evaluation reports covering 10 demonstrations under the Financial Alignment Initiative.

Some highlights from the newly released reports include:

- **Inpatient utilization:** In Michigan and South Carolina, inpatient admissions declined by 14% and 19% respectively, from the baseline through 2016 (the end of the first demonstration year in both states). In Washington, the same measure dropped by 4.5% through 2016, continuing a downward trend since the demonstration's 2013 launch. The New York report does not include utilization results for the Fully Integrated Duals Advantage (FIDA) demonstration because the evaluator was unable to replicate the New York demonstration's eligibility criteria to create a comparison group.

- **Skilled nursing facility (SNF):** In South Carolina, SNF admissions declined in the first demonstration year by nearly 17%, from the baseline through 2016. In Washington, SNF utilization dropped by almost 20% through 2016. In Michigan, the evaluator was unable to analyze SNF utilization due to data limitations.
- **Long-stay nursing facility admission:** The Washington demonstration reduced the probability of any long-stay nursing facility admission from the baseline period (2011-2013) through 2016. In contrast, the demonstrations in Michigan and South Carolina increased the probability of any long-stay nursing facility admission from the baseline (2013–2014) through 2016.
- **Medicare costs:** The regression results in the third Washington evaluation report indicated gross reduction in Medicare Parts A & B expenditures of approximately \$150 million from 2013-2016. The preliminary analyses for the Michigan and South Carolina demonstrations indicate neither reductions nor increases in Medicare expenditures, consistent with our expectations for the first year of each demonstration.

In addition, CMS has posted the fourth Medicare Parts A & B cost report for the Washington demonstration, which uses an actuarial methodology instead of the regression-based approach used in the comprehensive evaluation reports. The actuarial results roughly aligned with those in the evaluation reports, indicating a gross reduction of Medicare expenditures of \$167 million from 2013-2017 (though the 2017 results are preliminary).

Medicare Hospice Payment Increase Will Result in Medicaid Payment Increases

As of October 1, 2019, Medicare payments for hospice services will increase by 2.6 percent. CMS detailed this change in a [July 31 fact sheet](#). State Medicaid payments for hospice care are required to be “in amounts no lower than the amounts, using the same methodology” as in Medicare (Section 1902(a)(13)(B) of the Social Security Act). As a result, minimum Medicaid payments for hospice will increase by the same amount as Medicare on October 1, 2019. CMS sent a [memo](#) with details on the Medicaid hospice rates for FY 2020 to CMS Regional Offices on August 13.

GAO Report Examines Approaches to Managing the Care of High-Expenditure Medicaid Beneficiaries

An August 2019 report by the Government Accountability Office (GAO) [Medicaid: Efforts to Identify, Predict, or Manage High-Expenditure Beneficiaries](#) examined state and federal efforts to manage costs and improve care coordination for high-expenditure Medicaid beneficiaries. GAO found that the seven selected states (e.g., Indiana, Nevada, Pennsylvania, South Carolina, South Dakota, Vermont, and Washington) identified or predicted high-expenditure Medicaid beneficiaries using statistics and other approaches. Once high-expenditure beneficiaries are identified, the seven states use care management and other strategies to manage their expenditures. CMS also offers optional tools and other resources, including technical assistance for states’ health home programs and the Innovation Accelerator Program, to support states’ efforts to identify or better manage high-expenditure beneficiaries.

September 2019 Enrollment in Medicare-Medicaid Plans

Between August and September 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 386,359 to 386,100, as shown in ICRC’s table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, September 2018 to September 2019](#).

September 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](#), 130 PACE organizations were operating in 31 states in September 2019. Between August and September 2019, the total number of Medicare beneficiaries enrolled in PACE increased from 46,637 to 47,042.

New Resources on the ICRC Website

[Information Sharing to Improve Care Coordination for High-Risk Dual Eligible Special Needs Plan Enrollees: Key Questions for State Implementation](#)

This technical assistance tool offers key questions and considerations that states can review as they begin working with D-SNPs and other parties to design and implement information-sharing requirements. (ICRC/September 2019)

Key Upcoming Dates

- **Mid-October** – Final Medicare Advantage star ratings for upcoming year posted on Medicare.gov.
- **Mid-October** – CMS releases CY2021 Notice of Intent to Apply for new Medicare Advantage contracts or contract extensions (including D-SNPs).
- **October 15** – Start of the Medicare Annual Election Period.
- **November 12** – Comments due on [proposed process](#) to verify that D-SNP contracts meet new information-sharing requirements for Contract Year 2021.

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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