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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

CMS Informational Bulletin on Access to Durable Medical Equipment

On January 13, the Centers for Medicare & Medicaid Services' (CMS) Medicare-Medicaid Coordination Office (MMCO) and the Center for Medicaid and CHIP Services issued a [joint informational bulletin](#) to state Medicaid agencies on strategies to support dually eligible beneficiaries' access to durable medical equipment, prosthetics, orthotics, and other supplies (DMEPOS). Both Medicare and Medicaid cover DMEPOS, but the programs' different eligibility, coverage, and supplier rules can limit access to these services, which are essential to many dually eligible beneficiaries' health, independence, and quality of life. The Informational Bulletin lists several strategies for states to address beneficiaries' access to DMEPOS.

Tips to Help Protect Dually Eligible Beneficiaries from Balance Billing

CMS has partnered with the Consumer Financial Protection Bureau (CFPB) to issue tips to help individuals enrolled in the Qualified Medicare Beneficiary (QMB) program to respond to bills for Medicare cost sharing and debt collection attempts. Medical providers are not allowed to bill QMB enrollees for Medicare deductibles, coinsurance, and copayments. These tips are discussed in a CMS and CFPB coauthored [blog post](#) and also explained in a [Medicare blog](#) written for beneficiaries.

CMS Releases Findings Showing Significant a Reduction of Avoidable Hospitalizations among Nursing Facility Residents

A [new analysis](#) released by CMS shows a sharp reduction in avoidable hospitalizations among dually eligible beneficiaries residing in nursing facilities. Over a five-year period, the rate of potentially avoidable hospitalizations for dually eligible beneficiaries in long-term care facilities dropped from 227 to 157 per 1,000 beneficiaries. This decrease in potentially avoidable hospitalizations was seen in all 50 states and means that 133,000 hospitalizations avoided over the past five years. Additional state and health plan strategies to reduce avoidable hospitalizations are discussed in an [ICRC brief](#).

California's Coordinated Care Initiative: Update on Proposed 2017-2018 Budget

On January 10, California released the Governor's 2017-2018 budget, which proposes to extend the Cal MediConnect demonstration program for dually eligible beneficiaries and mandatory enrollment of these beneficiaries on the Medicaid side for two more years. One major proposed change to Cal MediConnect will be to remove funding for In-Home Supports and Services (IHSS)—a suite of home- and community-based services—from Medicare-Medicaid Plans' capitation rates. IHSS will continue to be available to beneficiaries as a fee-for-service benefit. A [CalDuals blog post](#) provides more information.

CMS Awards Support for Ombudsman and One-on-One Counseling Programs

CMS recently awarded cooperative agreements to the Illinois Department on Aging and the Ohio Department of Aging to provide continued support for these states' ombudsman programs and beneficiary one-on-one counseling programs that assist dually eligible beneficiaries eligible for the Financial Alignment Initiative demonstrations. Both states elected to apply for combined funding for both their ombudsman programs and their State Health Insurance Assistance Program (SHIP). These are the first awards made under the new Funding Opportunity Announcement (FOA) released September 30, 2016.

Other states participating in the Financial Alignment Initiative should review the [September 30, 2016 FOA](#) to determine if they are eligible to apply for funding in future rounds and when they may apply.

Webinar Series on Disability-Competent Care and Geriatric Competent Care

MMCO has announced the schedule for the 2017 Disability-Competent Care and Geriatric Competent Care webinar series. These webinars will offer training opportunities to health plans and other provider organizations to improve the quality and delivery of care for dually eligible individuals. Upcoming webinars include:

- **Geriatric Competent Care: Applying Promising Practices to Advance Care of Medicare-Medicaid Enrollees with Dementia.** (Wednesday, February 1, 2017; 12:00-1:30 pm ET) This webinar will: (1) present the business case for a dementia capable delivery model of care; (2) review of key components of an effective care model; and 3) describe interventions implemented in two Medicare-Medicaid Financial Alignment Initiative demonstrations. This webinar is intended for leadership in health plans and PACE organizations, including directors of medical care, care management and/or long-term services and supports. [Register](#)
- **Introduction to Disability-Competent Care and Disabilities.** (Wednesday, February 8, 2017; 2:00-3:00 pm ET) The seven-part Disability Competent Care (DCC) webinar series will introduce the DCC model to providers and health care professionals, front-line staff with health plans and provider practices. The first webinar in the series explores the concepts and practices of the DCC model and defines the term disability. Attendees will examine the differences between age-related disabilities, different disability types and the functional limitations and bias that participants may experience. This webinar will provide a thorough understanding of the attitudinal shift from the traditional medical model to the patient-centered model. The webinar will also introduce the seven pillars of the DCC model which will be covered by future webinars in more detail. [Register](#)

The full schedule for the webinar series is available on the Resources for Integrated Care [website](#). Please contact RIC@lewin.com or Gretchen.Nye1@cms.hhs.gov with questions.

New Resources on the ICRC Website

- [State Insights on Refining Integrated Care for Dually Eligible Beneficiaries](#) (Center for Health Care Strategies/December 2016) This brief highlights insights from states that are fine-tuning their integrated care programs and can help other states design their own integrated care programs to meet beneficiary needs.
- [Update on State Contracting with D-SNPs](#) (Integrated Care Resource Center/November 2016) 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](#)

- [State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options](#) (Integrated Care Resource Center/November 2016) This revised and updated tool describes how 13 states use their contracts with D-SNPs to more effectively coordinate care and services for Medicare-Medicaid beneficiaries.

News and Key Upcoming Dates

January 10	Medicare Advantage application for CY 2018 released. Also, Model of Care (MOC) renewal submission period began for Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs).
Key Upcoming Dates	
January 31	Deadline for highly integrated Dual Eligible Special Needs plans to request to CMS to offer additional supplemental benefits.
February 1	Advance Notice of Methodological Changes for CY 2018 for Medicare Advantage Capitation Rates, Part C and Part D Payment Policies and 2018 Draft Call Letter released.
February 15	Applications due for MA-PDs. Also, MOC submission period ends for SNPs and MMPs.