

Integrated Care Updates

New ICRC Website Topic Pages

ICRC recently added topic-specific pages to its website. The goal of these new pages is to guide users who may be new to Medicare-Medicaid integration to key resources where they can begin to grow their knowledge of key topic areas. Page topics include:

- [Getting Started with Medicare-Medicaid Integration](#) includes basic information about dually eligible populations and Medicare-Medicaid integration.
- [State Medicaid Action Steps to Promote Integration](#) highlights foundation-building steps that states could take to advance integrated care for their dually eligible populations.
- [Medicare Basics](#) has information about Medicare and how Medicare's rules, covered benefits, and administrative processes align with those of the Medicaid program.
- [Data For Program Design](#) describes how states designing or expanding an integrated care program can learn more about their dually eligible populations to ensure that their programs contain the right elements to support beneficiaries' needs.
- [Dual Eligible Special Needs Plans](#) shows how states can use their contracts with these plans to advance integration and promote alignment of enrollees' Medicare and Medicaid benefits and coverage by using strategies including default enrollment.

To access the topic pages, please click on "Resources by Topic" on the [website's](#) main navigation.

CMS Posts Additional Reports for Demonstrations under the Medicare-Medicaid Financial Alignment Initiative

In September, CMS posted additional evaluation and actuarial cost reports for demonstrations under the [Medicare-Medicaid Financial Alignment Initiative](#), including the sixth Medicare actuarial report for Washington State, the fourth (preliminary) report for Massachusetts, the second (preliminary) report for California and the second report for Illinois. Key takeaways include:

- **Washington:** The [actuarial savings analysis](#) shows a reduction in Medicare Parts A and B expenditures of \$66.2 million and \$59.3 million for Demonstration Year 5 and Demonstration Year 6, respectively. The latter findings are preliminary as the evaluator will incorporate additional data in the next report. Medicare Parts A and B savings from Demonstration Year 1 through Demonstration Year 6 are now estimated to total \$293 million. Based on the
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actuarial results, CMS has made an interim performance payment to Washington of \$17.9 million for Demonstration Year 6. Interim performance payments to Washington now total \$87.3 million.

- **Illinois and Massachusetts:** The reports for the demonstrations in [Massachusetts](#) and [Illinois](#) show mixed results despite some positive findings such as a 15.1 percent decline in the annual probability of any long-stay nursing facility use in Massachusetts, and an increase in beneficiary satisfaction from 2015 to 2019 in Illinois. Neither report showed a statistically significant effect on Medicare costs.
- **California:** The [evaluation report](#) also shows that satisfaction among enrollees engaged in care coordination has remained high as the demonstration has matured. Although focus group participants reported that enrollment has had a positive impact on their lives, this report found unfavorable effects on Medicare Part A and B costs.

September 2021 Enrollment in Medicare-Medicaid Plans

Between August and September 2021, total Medicare-Medicaid Plan (MMP) 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 increased from 407,539 to 418,762 as shown in ICRC's table [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, September 2020 to September 2021](#). Note that as of July 2021, Illinois' Medicare-Medicaid Alignment Initiative (MMAI) began a statewide expansion. Therefore, the September increase in Illinois' MMP enrollment of approximately 10,000 people is due mainly to passive and voluntary enrollment in newly expanded service areas across the state.

September 2021 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 dually eligible. 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 September 2021. Between August and September 2021, the total number of Medicare beneficiaries enrolled in PACE increased from 51,457 to 51,899.

New Resources on the ICRC Website

- [Key 2021 Medicare Advantage Dates](#): This calendar of key Medicare Advantage (MA) dates was developed to assist states and health plans in the implementation of integrated care programs for people dually eligible for Medicare and Medicaid. (ICRC/July 2021)
- [Medicare and Medicaid Nursing Facility Benefits: The Basics and Options for Improved Coordination and Quality](#): This webinar provides an overview of Medicare and Medicaid nursing facility benefits and payment methods, as well as options to improve coordination and quality of nursing facility benefits for dually eligible individuals in both fee-for-service and managed care systems. (ICRC/July 2021)

Key Upcoming Dates

- **October 1** – Deadline by which enrollees of non-renewing Prescription Drug Plans (PDPs), MA plans, MA-PD plans (Medicare Advantage-Prescription Drug), MMPs, and cost-based plans must receive final personalized beneficiary non-renewal notification letters.
- **Early to Mid-October** – MA and Part D plan Star Ratings released on [Medicare.gov](https://www.medicare.gov).
- **Mid-October** – CMS releases CY 2023 Notice of Intent to Apply (NOIA) for new contracts or contract extensions. CMS releases the CY 2022 Landscape files, identifying approved and sanctioned MA plans.

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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