Integrated Care Updates

MACPAC Study on Care Coordination in Integrated Programs Serving Dually Eligible Beneficiaries

The Medicaid and CHIP Payment and Access Commission (MACPAC) recently released a study, Care Coordination in Integrated Care Programs Serving Dually Eligible Beneficiaries – Health Plan Standards, Challenges and Evolving Approaches, prepared by Health Management Associates (HMA). The report reviews and analyzes care coordination requirements in the managed care organization contracts of nine states participating in demonstrations under the Financial Alignment Initiative, 10 states that contract with Fully Integrated Dual Eligible Special Needs Plans (FIDE SNPs), and eight states that contract with Dual Eligible Special Needs Plans (D-SNPs) that are required to have companion plans that provide Medicaid managed long-term services and supports (MLTSS plans). HMA also interviewed stakeholders from health plans, federal and state governments, consumer organizations, and Medicaid home- and community-based services (HCBS) organizations to get their perspectives and experiences. HMA’s key findings, conclusions, and a look ahead are summarized on pp. 6-9.

New CMS Initiative to Reform Primary Care Payment

On April 22, 2019, CMS announced the Primary Cares Initiative, a new set of five payment models designed to reduce administrative burden and empower primary care providers to spend more time caring for patients while reducing overall health care costs. One of these models, Direct Contracting (DC), encourages organizations to focus on care for patients with complex, chronic needs, including dually eligible individuals, and creates new coordinated care opportunities for individuals enrolled in Medicaid managed care but with fee-for-service (FFS) Medicare. DC also encourages participation from organizations that have not typically participated in Medicare FFS or CMS Innovation Center models. In particular, Medicaid managed care organizations that provide Medicaid benefits for full-benefit dually eligible individuals will be able to participate as DC entities for their dually eligible enrollees who are in FFS Medicare. The model also provides opportunities for organizations implementing a PACE-like model of care for dually eligible individuals with complex needs.

The DC model complements other CMS approaches to promoting integrated care for dual eligible individuals that CMS highlighted in a State Medicaid Director letter sent April 24. The payment model options available under DC will start in January 2020 with an initial alignment year for organizations that want to align beneficiaries to meet the minimum beneficiary requirements. Performance periods will begin January 2021 and will be five years.

Comment Period Extended for the Programs of All-Inclusive Care for the Elderly (PACE) 2020 Audit Protocol
CMS has extended the comment period on updated audit protocols for the Programs of All-Inclusive Care for the Elderly (PACE), which will go into effect for audit year 2020. A summary of the proposed updates appears in the March 15 Federal Register and more details can be found on CMS’ website. Given that states conduct their own PACE audits, they may want to review and comment on the updated protocols.

The comment period has been extended to May 28, 2019. In commenting, please refer to the document identifier (CMS–10630) or OMB control number (0938–1327). To submit comments electronically, go to https://www.regulations.gov and follow the instructions for “Comment or Submission” or “More Search Options” to find the information collection document(s) that are accepting comments.

Opportunities to Support Enrollment in the Medicare Savings Programs and Extra Help

The Medicare Savings Programs and Extra Help are critical to helping low-income Americans afford Medicare coverage. However, many people who are eligible for these programs are not yet enrolled. Each May, the Social Security Administration (SSA) sends letters to 2 million low-income Medicare beneficiaries, letting them know about the Medicare Savings Programs and how they can help with Medicare costs. These programs include Qualified Medicare Beneficiary (QMB), Specified Low-income Medicare Beneficiary (SLMB), and Qualifying Individual (QI). The letters, which will be mailed on or around May 15, 2019, provide information on what Medicare Savings Programs cover, a brief description of the income and asset criteria, and how to apply.

On April 24, SSA sent a data file to each state identifying the Medicare beneficiaries to whom the outreach letters are being mailed. States can use these data files to support customer service representatives at Medicaid hotlines who may receive calls, or conduct additional outreach themselves. More information on this outreach effort and the model letters (see specifically SSA-L447 and SSA-L448) may be found on the SSA website; the data file name is OLBG.BTI.S**.MEDOUT1.Ryymmdd. See also the data file specifications.

Upcoming CMS Webinars on Medicaid Managed Long-Term Services and Supports

In May, CMS will hold two webinars on MLTSS-related topics targeted to state Medicaid agency staff:

- **Engaging Stakeholders in the Rate Setting Process** will be held on Wednesday, May 8, 2019 from 1:30-3:00 pm ET. Stakeholder engagement during the rate-setting process is a critical component for approval of the 1915(c) waiver application. This process allows the state to ensure all concerned parties have an opportunity to provide their input in updating or determining rate methodologies. In this session, CMS will provide promising practice examples for engaging stakeholders (e.g., individuals, family members, advocates, providers, operating agency, State Medicaid Agency, legislators, etc.) in the rate-setting process. Lewis & Ellis is currently the training lead through the Rate Review Multi-Award Contract overseen by the Division of Long Term Services & Supports (DLTSS). Lewis & Ellis will present the training and Ralph Lollar, DLTSS Division Director, and the DLTSS Team will support the training and lead the Q&A Session. Register now

- **New Quality Measures of Long Term Services and Supports (LTSS) Rebalancing and Utilization for State Medicaid Agencies and MLTSS Plans** will be held on Wednesday, May 22 from 1:00-2:30 pm ET. This webinar will introduce three new Medicaid quality measures designed to assess progress toward LTSS rebalancing: (1) admission to an institution from the community (MLTSS and fee-for-service versions); (2) minimizing institutional length of stay; and (3) successful transition after long-term institutional stay. Staff from Mathematica Policy Research and the National Committee for Quality Assurance, the measure developers, will describe the measures, explain how to calculate them, and discuss issues that states may consider in deciding whether and how to use the measures. Register now
National Governor's Association Report on Strategies to Meet the Needs of an Aging Population

The National Governor's Association recently released a report, *Improving the Health and Well-Being of the Nation's Aging Population: Considerations for Governors*, that provides considerations for governors and state leaders as they design and implement strategies to meet the needs of the growing population of older adults and individuals with disabilities who require LTSS.

Among the topics discussed is *Integrating Care for the Dual-Eligible Population*. The report suggests that governors who want to better align care and reduce administrative barriers for dually eligible individuals should consider:

- Lessons learned from state and federal demonstrations to align financing, benefits and administration.
- Leveraging contracts with Medicare Advantage Dual Eligible Special Needs Plans.
- Engaging federal partners and other stakeholders to develop approaches that may require.

April 2019 Enrollment in Medicare-Medicaid Plans (MMPs)

Between March and April 2019, total MMP enrollment in the nine states (CA, IL, MA, MI, NY, OH, RI, SC, and TX) currently operating capitated model Financial Alignment Initiative demonstrations decreased slightly from 386,238 to 385,230 as shown in ICRC’s table *Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, April 2018 to April 2019*.

April 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*, 126 PACE organizations were operating in 31 states in April 2019. Between March and April 2019, the total number of Medicare beneficiaries enrolled in PACE increased from 44,923 to 45,266.

New Resources on the ICRC Website

**D-SNP Performance Monitoring and Oversight: State Experiences and CMS Resources**

This webinar covers resources and strategies available to states to begin or improve their oversight of Dual Eligible Special Needs Plans (D-SNPs). Presenters provide an overview of CMS' publicly available D-SNP performance monitoring resources and share approaches used by Oregon and Tennessee to incorporate performance monitoring and oversight requirements into D-SNP contracts. (ICRC/April 2019)

**New MLTSS Assessment and Care Planning Quality Measures: Implementation Issues for States and Integrated Care Plans**

This webinar describes four new quality measures specifically designed for use by Medicaid MLTSS plans. Speakers from Mathematica, NCQA, and a health plan: (1) explain how these measures differ from related measures reported by Medicare Advantage SNPs and Medicare-Medicaid Plans; (2) discuss issues that state Medicaid agencies may
consider in deciding whether to require contracted health plans that operate integrated care programs and MLTSS stand-alone programs to report the measures; and (3) share health plan strategies for using the measures for quality improvement and making it easier to collect the data needed to construct and report the measures accurately. (ICRC/March 2019)

New and Departing Dual Eligible Special Needs Plans (D-SNPs) in Calendar Year 2019, by State

This table lists new and departing D-SNPs by state in 2019. (ICRC/March 2019)

Key Upcoming Dates

- **May 3** – Comments due on Proposed Rule to Advance Electronic Data Exchange.
- **May 8** – CMS MLTSS rate setting webinar.
- **May 22** – CMS MLTSS rebalancing measures webinar.
- **May 28** – Comments due on updated PACE audit protocols. **EXTENDED!**
- **June 3** – Deadline for plans to submit CY 2020 Medicare Advantage, Medicare Advantage-Prescription Drug, Medicare-Medicaid Plan, and Prescription Drug Plan bids; plans deciding not to renew their Medicare Advantage contracts must notify CMS in writing.

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 Policy Research and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.

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