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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 Updates

State Payment of Medicare Cost-Sharing Affects Access to Care for Dually Eligible Beneficiaries

A November 2014 RTI-MACPAC report shows that the amount state Medicaid programs pay toward Medicare cost-sharing impacts beneficiaries' access to care. Compared to Medicare-only beneficiaries, Medicare-Medicaid beneficiaries in states with greater Medicare cost-sharing coverage (e.g., 100 versus 66 percent) were significantly more likely to have an outpatient psychotherapy visit with a psychiatrist or psychologist, have an office or other evaluation and management visit; and access preventive services, such as flu shots. The study also found that Medicare-Medicaid beneficiaries were more likely to receive care at a safety net provider, such as a federally-qualified health center, rural health center, or hospital outpatient department, in states that pay a smaller share of Medicare cost-sharing.

February 2015 Enrollment in Medicare-Medicaid Plans

Total Medicare-Medicaid Plan (MMP) enrollment across the seven states (CA, IL, MA, NY, OH, SC, and VA) implementing capitated model financial alignment demonstrations reached 315,395 in early February 2015. This is up from 9,398 in February 2014, when only one state (MA) was enrolling dually eligible beneficiaries. MMPs in Michigan and Texas began enrolling beneficiaries on March 1, 2015, and their enrollment will be reflected in upcoming CMS and ICRC monthly enrollment reports.

Related Resources

- [Effect of State Medicaid Payment Policies for Medicare Cost Sharing on Access to Care for Dual Eligibles](#) (RTI International/Medicaid and CHIP Access and Payment Commission/November 2014)
- [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, February 2014 to February 2015 \(Integrated Care Resource Center/March 2015\)](#)

New Resources on the ICRC Website

- [State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options](#) (Integrated Care Resource Center/February 2015) This tool describes how 12 states used contracts with Dual Eligible Special Needs Plans (D-SNPs) to more effectively coordinate care and services for Medicare-Medicaid beneficiaries.

- [Medicare 101 and 201: Issues for States](#) (Integrated Care Resource Center/January 2015) This presentation covers Medicare program basics, including: (1) Medicare-Medicaid enrollee characteristics; (2) Medicare eligibility pathways; (3) an overview of Medicare managed care and state contracting with D-SNPs; (4) overlapping benefits and other Medicare coverage issues; and (5) Medicare policy updates, key dates, and resources relevant for state Medicaid staff. [Slides](#) [Recording](#)
- [Building and Validating LTSS Provider Networks](#) (Integrated Care Resource Center/January 2015) This presentation examines strategies for states establishing Medicaid managed long-term services and supports (MLTSS) or integrated care programs to ensure that health plans develop LTSS provider networks to address beneficiaries' diverse needs. [Slides](#) [Recording](#)

News and Key Upcoming Dates

Recent Integrated Care News	
February 18	MA applications due to CMS.
February	CMS releases advance notice of MA payment polices and draft call letter.
Key Upcoming Dates	
Mid-March	MedPAC and MACPAC release reports to Congress.
Spring	Mid-year Medicare Star ratings released.
April 6	Release of Final Call Letter and announcement of MA capitation rates and Part D payment policies for the following CY.
Mid-April	CMS launches the plan benefit package (PBP) module in the Health Plan Management System. Also, organizations interested in offering a MA, PDP, or MMP product must submit a PBP that accurately describes the coverage details and cost-sharing for all covered benefits by the first Monday in June.