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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

### Dual Eligible Special Needs Plan (D-SNP) Reauthorization

On April 16, 2015, President Obama signed into law the [Medicare Access and CHIP Reauthorization Act \(MACRA\) of 2015](#). While the primary goal of this so-called “doc-fix” legislation was to repeal the Sustainable Growth Rate system for Medicare physician payments and replace it with a new quality-based payment system, MACRA also extended authorization for Medicare Advantage Special Needs Plans by two years, through December 31, 2018 (see Section 206).

### Reducing Avoidable Hospitalizations from Nursing Facilities

Hospitalizations can be disruptive and risky for nursing facility residents and costly for Medicare and Medicaid. States contracting with Medicare-Medicaid Plans (MMPs) or Dual Eligible Special Needs Plans (D-SNPs) to provide comprehensive Medicare and Medicaid services for dually eligible enrollees in nursing facilities can work with these plans to reduce avoidable hospitalizations. A new ICRC technical assistance brief [Reducing Avoidable Hospitalizations for Medicare-Medicaid Enrollees in Nursing Facilities: Issues and Options for States](#) describes how states and health plans can work together on this issue.

### Mid-Year 2015 Medicare Star Ratings Released

On April 16, 2015, the Centers for Medicare & Medicaid Services (CMS) released the mid-year 2015 Star Ratings. This data can be accessed from the [CMS website](#), and is also available [here](#).

### April 2015 Enrollment in MMPs

Total MMP enrollment across the nine states (CA, IL, MA, MI, NY, OH, SC, TX, and VA) currently implementing capitated model financial alignment demonstrations rose from 310,791 in March 2015 to 321,455 in April. As shown in ICRC’s [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, April 2014 to April 2015](#), most of this increase can be attributed to New York and Texas, which both began passive enrollment on April 1, 2015.

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## New Resources on the ICRC Website

- [Reducing Avoidable Hospitalizations for Medicare-Medicaid Enrollees in Nursing Facilities: Issues and Options for States](#) (Integrated Care Resource Center/April 2015) This brief outlines the options available to states in both capitated and FFS arrangements to reduce avoidable hospitalizations from nursing facilities.
- [Passive Enrollment of the Newly Medicare-Medicaid Eligible Population into MMPs](#) (Integrated Care Resource Center/April 2015) This webinar explored strategies to

passively enroll newly Medicare-Medicaid eligible populations into MMPs, especially those individuals who were enrolled in Medicaid before becoming eligible for Medicare. [Recording](#)

- [MMP Enrollment Assistance – Introduction to the Infocrossing Web Portal](#) (Integrated Care Resource Center/March 2015) This webinar on the Infocrossing Web Portal, which supports enrollment processing for MMPs, included information on important tools that are available for states, an overview of Infocrossing’s MMP technical guide updates, and upcoming CMS software changes. [Recording](#)
- [State Perspectives on Contracting with D-SNPs](#) (Integrated Care Resource Center/February 2015) This presentation highlights the ICRC Technical Assistance Tool [State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options](#) and features a moderated panel discussion among representatives of three states (Minnesota, New Jersey, and Tennessee) with a wide range of experience in contracting with D-SNPs. [Recording](#)
- [Medicare and Medicaid Plans: A Technical Guide to Eligibility and Enrollment Transaction Processing](#) (Center for Medicare & Medicaid Services/February 2015) This document describes the process that states and health plans participating in capitated financial alignment demonstrations will use to submit information to CMS’ MARx systems. The version 2.2 document update is part of periodic software changes that are meant to improve the MMP enrollment process.

## News and Key Upcoming Dates

Recent Integrated Care News	
<b>April 6</b>	Release of Final Call Letter for CY 2016.
<b>April 10</b>	CMS launches the plan benefit package (PBP) module in the Health Plan Management System (HPMS). Organizations interested in offering a Medicare Advantage, Prescription Drug Plan, 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.
<b>April 16</b>	Mid-year 2015 Medicare Star Ratings released.
Key Upcoming Dates	
<b>June 1</b>	Deadline for plans to submit bids; plans deciding not to renew their MA contracts must notify CMS in writing. 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.
<b>July 1</b>	D-SNP applicants required to submit State Medicaid Agency Contract (SMAC or “MIPPA contract”) to CMS; D-SNPs requesting review as Fully Integrated Dual-Eligible (FIDE) SNPs must submit their FIDE SNP Matrix to HPMS.