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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

Proposed Rules for Nursing Facilities Can Help Integrate Medicare and Medicaid

Two new Centers for Medicare & Medicaid Services (CMS) proposed rules include provisions that can help states to better integrate Medicare and Medicaid services for dually eligible beneficiaries:

- **Comprehensive rewrite of Medicare and Medicaid requirements for long-term care facilities.** This proposed rule, published in the [July 16, 2015 Federal Register](#), is the first comprehensive update of Medicare and Medicaid requirements for long-term care facilities since 1991. It includes new requirements aimed at reducing unnecessary hospitalizations as well as new requirements for transitions of care, resident assessments, comprehensive person-centered care planning, behavioral health services, and pharmacy services. Most of the new provisions include requirements for more comprehensive and timely documentation and information sharing, which can facilitate coordination between Medicare and Medicaid providers. States implementing CMS financial alignment demonstrations or contracting with Medicare Advantage Dual Eligible Special Needs Plans to integrate care for dually eligible beneficiaries can encourage managed care plans and fee-for-service providers to share assessment and care plan information with nursing facilities in order to avoid service duplication and ensure more seamless transitions between settings. States can also encourage their health plans and providers to collaborate with nursing facilities on discharge planning and transitions of care into and out of hospitals, and out of the nursing facility into community-based settings.
- **Fiscal year 2016 payment and policy changes for Medicare skilled nursing facilities.** This proposed rule, published in the [August 4, 2015 Federal Register](#), includes new quality and performance measures for Medicare skilled nursing facilities (SNFs) that states may want to take into account as they develop integrated care programs for dually eligible beneficiaries and establish quality and performance measures for Medicaid nursing facilities. These measures, which are summarized in a two-page [CMS fact sheet](#), include a SNF 30-day all-cause hospital readmission measure, and quality reporting measures for skin integrity, incidence of major falls, functional status, and cognitive function.

August 2015 Enrollment in Medicare-Medicaid Plans

Total Medicare-Medicaid Plan (MMP) enrollment in the nine states (CA, IL, MA, MI, NY, OH, SC, TX, and VA) currently implementing capitated model financial alignment demonstrations rose from 370,701 in July to 389,629, an increase of 5.1 percent. Notably, ICRC's recent fact sheet, [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, August 2014 to August 2015](#), shows that Michigan's demonstration, which started passive enrollment on May 1, more than doubled in size during the last two months, with enrollment increasing from 17,520 in June to 38,850 in August. Texas also has had strong growth in its demonstration, which started passive enrollment on April 1. Enrollment there rose from 38,672 in June to 57,502 in August.

New Resources on the ICRC Website

- [Coordination of Medicare and Medicaid Behavioral Health Benefits](#) (Integrated Care Resource Center/August 2015) This *Working with Medicare* webinar provides an overview of Medicare and Medicaid behavioral health benefits for Medicare-Medicaid enrollees and opportunities to improve coordination in integrated care programs. [Recording](#)
- [Building State, Health Plan and Nursing Facility Relationships in Integrated Medicare-Medicaid Programs](#) (Integrated Care Resource Center/July 2015) This webinar discusses successful approaches to building collaborative working relationships between states, health plans, and nursing facility providers in integrated Medicare-Medicaid programs. [Summary](#) [Recording](#)

News and Key Upcoming Dates

Recent Integrated Care News	
June 1	Deadline for plans to submit bids; plans deciding not to renew their Medicare Advantage (MA) contracts should have notified CMS in writing. Also organizations interested in offering an MA, prescription drug plan (PDP), or MMP product should have submitted a plan benefit package that accurately describes the coverage details and cost-sharing for all covered benefits.
Mid-June	MedPAC and MACPAC reports to Congress released.
July 1	D-SNP applicants were required to submit State Medicaid Agency Contract (SMAC or "MIPPA contract") to CMS; D-SNPs requesting review as FIDE SNPs should have submitted their FIDE SNP Matrix to HPMS.
July 29	Part D national average monthly bid amount (NAMBA) released.
Key Upcoming Dates	
Mid-September	CMS executes Medicare Advantage and PDP contracts with plans.
October 1	Medicare Advantage, Medicare Part D, and MMP marketing begins for the following CY.
Early October	Star Ratings for Medicare Advantage and Part D plans go live on Medicare.gov on or around October 8.