

## IN THIS ISSUE

[Integrated Care  
Updates](#)

[New Resources on the  
ICRC Website](#)

[News and Key  
Upcoming Dates](#)

## 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

### Medicare Past Performance Results for D-SNPs and MMPs

In May, Dual Eligible Special Needs Plans (D-SNPs) and Medicare-Medicaid Plans (MMPs) received reports from CMS on their Medicare Part C and D past performance for the 14 months between January 1, 2014 and February 28, 2015. Medicare Past Performance results impact a D-SNP sponsor's ability to expand its service area or enter into a new contract with CMS. For MMPs, Past Performance results impact an MMP's eligibility to receive passive enrollment. States can ask the D-SNPs and MMPs they contract with to share this information with the state. The reports include information on plan performance measures that are calculated from compliance letters, corrective action plans, financial solvency problems, enforcement actions, terminations and non-renewals, program and financial audits, and other information on plan performance. For more detail on what is included in Medicare Past Performance reports, see the February 11, 2015 CMS guidance to plans regarding [2016 Application Cycle Past Performance Review Methodology](#).

### Prior Medicare and Medicaid Managed Care Experience of MMPs and Demonstration States

An April 2015 [report](#) prepared for the Kaiser Family Foundation by Rivka Weiser and Marsha Gold of Mathematica Policy Research describes the prior Medicare and Medicaid managed care experience of MMPs and states in the states that implemented capitated financial alignment demonstrations in 2014. The report [Demonstrations to Improve the Coordination of Medicare and Medicaid for Dually Eligible Beneficiaries: What Prior Experience Did Health Plans and States Have With Capitated Arrangements?](#) finds considerable variation in the experiences of health plans and states, and discusses the potential implications for beneficiaries and plan oversight.

### New PACE Quality Measures

CMS is testing the real-life application of four new quality measures for Programs of All-Inclusive Care for the Elderly (PACE), that focus on: (1) falls; (2) falls with injury; (3) pressure ulcers (rate and prevention); and (4) 30-day all-cause hospital readmissions. For more information, see CMS' April 21 memo on [PACE Quality Measure Testing](#).

### Continuity of Care Provisions in the Financial Alignment Demonstrations

For Medicare-Medicaid enrollees receiving services through the capitated financial alignment model demonstrations, continuity of care (CoC) provisions are a critical beneficiary protection. Key areas covered by CoC contract provisions include CoC requirements for specified provider and service types, special populations, out-of-network services, and notifications. ICRC is considering a TA brief and/or a webinar on state best practices in implementing CoC provisions, and welcomes input from states or other interested parties. If you would like to provide suggestions or best practices, please send to [integratedcareresourcecenter@chcs.org](mailto:integratedcareresourcecenter@chcs.org).

## May 2015 Enrollment in Medicare-Medicaid Plans

Total MMP enrollment across the nine states currently implementing capitated model financial alignment demonstrations (CA, IL, MA, MI, NY, OH, SC, TX, and VA) rose from 321,455 in April 2015 to 341,851 in May 2015, an increase of 6.3 percent. As shown in ICRC's [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, May 2014 to May 2015](#), most of this increase can be attributed to Texas, which began passive enrollment on April 1, and Michigan, which started passive enrollment on May 1.

## Reminder: July 1, 2015 Deadline for D-SNP Applicants to Submit State Medicaid Agency Contracts ("MIPPA Contracts") to CMS for 2016

D-SNPs must submit their MIPPA contracts with states to CMS by July 1, 2015 in order to be eligible to operate in calendar year 2016. D-SNPs requesting to be considered as Fully Integrated Dual-Eligible SNPs (FIDE SNPs) must also submit required information to CMS by this date.

## New Resources on the ICRC Website

- [Monthly Enrollment in Medicare-Medicaid Plans by Plan and by State, May 2014 to May 2015](#) (Integrated Care Resource Center/May 2015) Data on enrollment in health plans serving dually eligible individuals in capitated model financial alignment demonstrations.
- [State Use of Medicare Advantage Encounter Data](#) (Integrated Care Resource Center/May 2015) This webinar provided a brief overview of how states are obtaining and using Medicare Advantage encounter data, followed by a facilitated discussion of how Arizona and Tennessee are using both Medicaid and Medicare encounter data in their D-SNP programs. [Recording](#)
- [Working with Medicare: Medicare and Medicaid Nursing Facility Benefits and Integrated Care](#) (Integrated Care Resource Center/April 2015) Foundational training webinar on the long-term care services covered by Medicare and Medicaid, including benefits, payment methods, quality measurement, and incentives. [Recording](#)

## News and Key Upcoming Dates

### Recent Integrated Care News

<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 June 1.
<b>April 16</b>	Mid-year 2015 Medicare Star Ratings released.
<b>May 6</b>	Spring 2015 Medicare Past Performance results released to plans, including D-SNPs and MMPs.

### 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>Mid-June</b>	MedPAC and MACPAC reports to Congress released.
<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.