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**IDAPA 16  
TITLE 03  
CHAPTER 17**

**16.03.17 - MEDICARE/MEDICAID COORDINATED PLAN BENEFITS**

**000. LEGAL AUTHORITY.**

The Department is authorized to promulgate these rules under Sections 56-202(b), 56-251(2)(c), and 56-255(4), Idaho Code, the Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173, Section 231, and Section 1937 of the Social Security Act. (4-2-08)

**001. TITLE AND SCOPE.**

**01. Title.** The title of these rules is IDAPA 16.03.17, "Medicare/Medicaid Coordinated Plan Benefits." (4-2-08)

**02. Scope.** These rules cover the Medicaid benefit plan option that coordinates and integrates health plan benefits for individuals who are eligible for and enrolled in both Medicare and Medicaid. This package of benefits is referred to as the Medicare/Medicaid Coordinated Plan (MMCP). These rules cover eligibility, participant responsibility, general provider requirements, and the range of services covered under the MMCP. (4-2-08)

**002. WRITTEN INTERPRETATIONS.**

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements that pertain to the interpretations of the rules of this chapter. These documents are available for public inspection at the location identified under Subsection 005.06 of these rules and in accordance with Section 006 of these rules. (4-2-08)

**003. ADMINISTRATIVE APPEALS.**

**01. Administrative Appeals for Medicaid-Only Services.** Administrative appeals to Medicaid are governed by provisions of IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (4-2-08)

**02. Medicare Advantage Organization Appeals and Grievance Processes.** Appeals and grievances arising from MMCP services provided by participating MAOs must be filed with the Medicare Advantage Organization that enrolled the participant in the MMCP. (4-2-08)

**004. INCORPORATION BY REFERENCE.**

No documents have been incorporated by reference in these rules. (4-2-08)

**005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- INTERNET WEBSITE.**

**01. Office Hours.** Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the State of Idaho. (4-2-08)

**02. Mailing Address.** The mailing address for the business office is Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho 83720-0036. (4-2-08)

**03. Street Address.** The business office of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho 83702. (4-2-08)

**04. Telephone.** (208) 334-5500. (4-2-08)

**05. Internet Website Address.** The website address is: <http://www.healthandwelfare.idaho.gov>. (4-2-08)

**06. Division of Medicaid.** The Division of Medicaid is located at 3232 Elder Street, Boise, Idaho 83705; Phone: (208) 334-5747. (4-2-08)

**006. CONFIDENTIALITY OF RECORDS AND PUBLIC RECORDS REQUEST.**

**01. Confidentiality of Records.** Information received by the Department is subject to the provisions of IDAPA 16.05.01, "Use and Disclosure of Department Records," for the following records:(4-2-08)

- a. A provider's reimbursement records; and(4-2-08)
- b. An individual's records covered by these rules. (4-2-08)

**02. Public Records.** The Department will comply with Sections 9-337 through 9-350, Idaho Code, when requests for the examination and copying of public records are made. Unless otherwise exempted, all public records in the custody of the Department are subject to disclosure. (4-2-08)

**007. (RESERVED).**

**008. AUDIT, INVESTIGATION AND ENFORCEMENT.**

In addition to any actions specified in these rules, the Department may audit, investigate, and take enforcement action under the provisions of IDAPA 16.05.07, "The Investigation and Enforcement of Fraud, Abuse, and Misconduct." (4-2-08)

**009. (RESERVED).**

**010. DEFINITIONS.**

For the purposes of this chapter of rules, the following definitions are used: (4-2-08)

**01. Capitated Payment.** The amount paid to a Medicare Advantage Organization for Medicare/Medicaid Coordinated Plan services as expressed in a per member per month amount. (4-2-08)

**02. Department.** The Idaho Department of Health and Welfare or a person authorized to act on behalf of the Department. (4-2-08)

**03. Dual-Eligible.** Individuals who meet all the eligibility requirements under Section 100 of these rules. (4-2-08)

**04. Evidence of Coverage.** The Medicare Advantage Plan contract the MAO has with the participant. This document explains the covered services, defines the Medicaid Advantage Plan obligations, and explains the participant's rights and responsibilities. (4-2-08)

**05. Medicare.** Medicare is a federal health insurance program for people age sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease. It has three (3) types of coverage: Part A Hospital Insurance, Part B Medical Insurance, and Prescription Drug Coverage. It is administered under Title XVIII of the Social Security Act. (4-2-08)

**06. Medicare Advantage Organizations (MAOs).** Insurance companies approved by the Centers for Medicare/Medicaid Services to offer Medicare Advantage Plans in accordance with Title XVIII, Part C, of the Social Security Act and 42 CFR, Part 422, and who are Medicaid providers authorized to enroll participants in the Medicare/Medicaid Coordinated Plan. (4-2-08)

**07. Medicare Advantage Plan.** A health plan approved by Medicare but offered by a private company that contracts with Medicare to provide Medicare Part A, Part B, and Part D benefits. The Medicare Advantage Plan under this chapter is a special integrated plan offered by participating MAOs that includes the services listed under Section 301 of these rules. (4-2-08)

**08. Medicare/Medicaid Coordinated Plan (MMCP).** Medical assistance in which Medicaid purchases services from an MAO and provides other Medicaid-only services covered under the Medicaid Enhanced Plan in accordance with these rules. (4-2-08)

- 09. Medicaid.** Idaho's Medical Assistance program administered under Title XIX of the Social Security Act. (4-2-08)
- 10. Medicaid Basic Plan.** The medical assistance benefits included under IDAPA 16.03.09, "Medicaid Basic Plan Benefits." (4-2-08)
- 11. Medicaid Enhanced Plan.** The medical assistance benefits included under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." (4-2-08)
- 12. Medical Assistance.** Payments made by Medicaid. (4-2-08)
- 011. - 099. (RESERVED).**

**GENERAL PARTICIPANT PROVISIONS**  
**(Sections 100 Through 199)**

- 100. MEDICARE/MEDICAID COORDINATED PLAN (MMCP) - PARTICIPANT ELIGIBILITY.**  
To be eligible to select the MMCP, the participant must meet the following criteria. (4-2-08)
- 01. Medicare Eligibility.** The participant must be eligible for and enrolled in both Medicare Part A and Medicare Part B, and must not have Medicare eligibility due to End-Stage Renal Disease (ESRD).(4-2-08)
- 02. Medicaid Eligibility.** The participant must be eligible for medical assistance under IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD)." The individual's Medicaid eligibility must not be based solely on the requirements found under IDAPA 16.03.05, "Rules Governing Eligibility for Aid to the Aged, Blind and Disabled (AABD)," Section 802, "Women Diagnosed With Breast or Cervical Cancer." (4-2-08)
- 03. Age.** The participant must be age twenty-one (21) or older. (4-2-08)
- 101. MEDICARE/MEDICAID COORDINATED PLAN - PARTICIPANT ENROLLMENT.**  
To receive services under the MMCP, the participant must select and enroll with an MAO. (4-2-08)
- 102. MEDICARE/MEDICAID COORDINATED PLAN - PARTICIPANT RESPONSIBILITIES.**  
Participants who select the MMCP must comply with the following requirements: (4-2-08)
- 01. Selecting the Medicare/Medicaid Coordinated Plan.** The participant must contact a participating MAO and request to sign up for the MMCP. Participation in the MMCP begins the month following the month the participant signs an application for the Medicare Advantage Plan that includes MAO-covered services listed under Section 301 of these rules. (4-2-08)
- 02. Compliance with Medicare Advantage Organization Requirements.** The participant must comply with all of the requirements of the participating MAO, including the requirement to pay for services provided by out-of-network providers. Out-of-network providers are those who do not have a contract with the MAO with which the participant is enrolled. (4-2-08)
- 03. Notification to the Provider.** (4-2-08)
- a.** The participant must present his Medicare Advantage card when seeking any of the services listed under Section 301 of these rules. (4-2-08)
- b.** The participant must present his Medicaid card when seeking any of the Medicaid-covered services listed under Section 302 of these rules. (4-2-08)

**04. Termination of the Medicare/Medicaid Coordinated Plan.** The participant can terminate his MMCP at any time. Coverage will continue until the end of the month in which the termination date falls. The participant will subsequently be automatically reenrolled in the Medicaid benefit plan, either Basic or Enhanced, in which they were initially enrolled. (4-2-08)

**103. -- 199. (RESERVED).**

**GENERAL PROVIDER PROVISIONS**  
**(Sections 200 Through 299)**

**200. PROVIDER APPLICATION PROCESS.**

A prospective provider may apply for a provider number with the Department as described in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 200. (4-2-08)

**201. -- 204. (RESERVED).**

**205. AGREEMENTS WITH PROVIDERS.**

All provisions of IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 205, apply to providers of services under the MMCP. (4-2-08)

**206. -- 209. (RESERVED).**

**210. CONDITIONS FOR PAYMENT.**

All provisions of IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Section 210, apply to providers of services under the MMCP. (4-2-08)

**211. -- 299. (RESERVED).**

**COVERED SERVICES**  
**(Sections 300 Through 303)**

**300. MEDICARE/MEDICAID COORDINATED PLAN - COVERAGE AND LIMITATIONS.**

Medicare Advantage Plans and Medicaid are subject to applicable federal managed care requirements that provide participant protections regarding acceptable marketing activities, information regarding cost sharing, quality assurance, grievance systems, and participant rights.(4-2-08)

**01. MMCP-Covered Services.** The MMCP-covered services include the following: (4-2-08)

**a. MAO-Covered Services.** Services covered by the MAO as listed under Section 301 of these rules. The MAO may limit or expand the scope of services as defined in the "Evidence of Coverage." (4-2-08)

**b. Medicaid-Only Services.** Services listed under Section 302 of these rules provided by Medicaid providers that are not MAOs. (4-2-08)

**02. Services Excluded from the MMCP.** Services not listed under Sections 301 or 302 of these rules are not covered under the MMCP.(4-2-08)

**03. Premiums and Cost-Sharing.** The participant will not pay for any premiums or cost-sharing when covered under the MMCP, except as provided under Subsection 102.02 of these rules. (4-2-08)

**301. MAO-COVERED SERVICES.**

Under the MMCP, an MAO must cover, at a minimum, the following services: (4-2-08)

- 01. Inpatient Hospital Services. (4-2-08)
- 02. Outpatient Hospital Services. (4-2-08)
- 03. Emergency Room Services. (4-2-08)
- 04. Ambulatory Surgical Center Services. (4-2-08)
- 05. Physician Services. (4-2-08)
- 06. Other Practitioner Services (Nurse Practitioner, Nurse Midwife, Chiropractor, Podiatrist, Physician Assistant). (4-2-08)
- 07. Prevention Services (Adult Physicals, Screening Services). (4-2-08)
- 08. Laboratory and Radiological Services. (4-2-08)
- 09. Prescribed Drugs (Medicare-Covered Drugs). (4-2-08)
- 10. Family Planning Services. (4-2-08)
- 11. Inpatient Psychiatric Services. (4-2-08)
- 12. Outpatient Mental Health Services. (4-2-08)
- 13. Home Health Care. (4-2-08)
- 14. Therapy Services. (4-2-08)
- 15. Speech, Hearing, and Language Services. (4-2-08)
- 16. Medical Equipment and Supplies. (4-2-08)
- 17. Prosthetic Devices. (4-2-08)
- 18. Vision Services. (4-2-08)
- 19. Dental Services. (4-2-08)
- 20. Primary Care Case Management. (4-2-08)
- 21. Prevention and Health Assistance Benefits. (4-2-08)
- 22. Medicare Part D Excluded Drugs Covered by Medicaid. (4-2-08)
- 23. Specialized Medical Equipment and Supplies. (4-2-08)
- 24. Dentures. (4-2-08)
- 25. Rural Health Clinic Services. (4-2-08)
- 26. Federally Qualified Health Center (FQHC) Services. (4-2-08)
- 27. Indian Health Clinic Services. (4-2-08)
- 302. MEDICAID-ONLY SERVICES.

Medicaid will cover the following services only if the MAO's "Evidence of Coverage" does not cover them: (4-2-08)

**01. Psychosocial Rehabilitation (PSR).** IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 123 through 146. (4-2-08)

**02. Nursing Facility Services.** IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 220 through 296. (4-2-08)

**03. Personal Care Services (PCS).** IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 300 through 308. (4-2-08)

**04. Non-Emergency Transportation Services.** IDAPA 16.03.09, "Medicaid Basic Plan Benefits," Sections 870 through 875. (4-2-08)

**05. Home and Community Based (HCBS) Waiver Services.** IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 326 and 703. (4-2-08)

**06. Intermediate Care Facility Services for the Mentally Retarded (ICF/MR).** IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 581 through 632. (4-2-08)

**07. Developmental Disability Agency (DDA) Services.** IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 650 through 656. (4-2-08)

**303. MEDICARE/MEDICAID COORDINATED PLAN BENEFITS - PROVIDER REIMBURSEMENT.** Each provider must apply for and be approved as a Medicaid provider under the MMCP before it can be reimbursed. (4-2-08)

**01. Medicaid-Only Service Providers.** Medicaid-only service providers are reimbursed according to the reimbursement methodology in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," related to the Medicaid-only service. Medicaid-only service providers are also subject to the General Provider Provisions under IDAPA 16.03.09, "Medicaid Basic Plan Benefits." (4-2-08)

**02. Medicare Advantage Organizations.** Each MAO will be paid a monthly per member per month (PMPM) rate that is defined in the Medicaid Provider Agreement. The MAO is responsible for submitting a monthly invoice to the Department in the Department-specified electronic format. This invoice must include the name of the Medicaid participant, the Medicaid ID number, and the time frame of coverage. The PMPM rate paid to the MAO includes the participant's Medicare premium, any cost-sharing required by the MAO, and the services listed under Section 301 of these rules. (4-2-08)

**304. -- 999. (RESERVED).**

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