

IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Medicaid

16.03.17 – Medicare/Medicaid Coordinated Plan Benefits

Who does this rule apply to?

For those seeking medical assistance under the Medicare/Medicaid Coordinated Plan and for Medicaid providers who provide services under this plan.

What is the purpose of this rule?

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.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statute passed by the Idaho Legislature:

Public Assistance and Welfare -

Public Assistance Law:

- [Section 56-202\(b\), Idaho Code](#) – Duties of Director of State Department of Health & Welfare

Where can I find information on Administrative Appeals?

Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.” Appeals and grievances arising from MMCP services provided by participating Medicare Advantage Organizations (MAOs) must be filed with the MAO that enrolled the participant in the MMCP.

How do I request public records?

Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, “Use and Disclosure of Department Records.” This specifically includes (1) a provider’s reimbursement records, and (2) an individual’s records covered by these rules.

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare

Division of Medicaid – Medicare/Medicaid Coordinated Plan Benefits

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Boise, ID 83702

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Boise, ID 83720-0036

Phone: (208) 334-5747, 1-877-200-5441 (toll free), or 1-866-702-5212 (toll free)

Fax: (208) 364-1811

Email: Medicaid.Rules@dhw.idaho.gov

Bureau of Long Term Care, IdahoDuals@dhw.idaho.gov

Email: Medicaid.Rules@dhw.idaho.gov

Policy: MCPT@dhw.idaho.gov

Medicaid Webpages: <https://medicaid.idaho.gov> and

MMCP: <https://mmcp.dhw.idaho.gov>

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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. (4-6-23)

001. SCOPE.

These rules cover the Medicaid benefit plan option that coordinates and integrates health plan benefits for individuals eligible for and enrolled in both Medicare and Medicaid, referred to as the Medicare/Medicaid Coordinated Plan (MMCP). (4-6-23)

002. -- 009. (RESERVED)

010. DEFINITIONS.

01. **Department.** The Idaho Department of Health and Welfare or designee. (4-6-23)

02. **Dual-Eligible.** Individuals meeting eligibility requirements under Section 100 of these rules. (4-6-23)

03. **Fully Integrated Dual-Eligible Special Needs Plan (FIDE-SNP).** A health plan fully integrating care for dual-eligible participants under a single MAO. (4-6-23)

04. **Idaho Medicaid Plus (IMPlus).** A health plan option for certain dual-eligible participants where Medicaid covered services are provided under a managed care organization, under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 076 through 079. (4-6-23)

05. **Evidence of Coverage.** The Medicare Advantage Plan contract between the MAO and the participant that explains the covered services, including services under Medicare Parts A, B, and D. (4-6-23)

06. **Medicare Advantage Organizations (MAOs).** Insurance companies approved by the Centers for Medicare/Medicaid Services (CMS) to offer Medicare Advantage Plans. (4-6-23)

07. **Medicare Advantage Plan.** A private health plan approved by and contracted with CMS to provide Medicare Parts A, B, and D benefits as described in its "Evidence of Coverage." (4-6-23)

08. **Medicare/Medicaid Coordinated Plan (MMCP).** FIDE-SNP for certain dual-eligible participants integrating Medicare and Medicaid covered services under one (1) managed care organization. (4-6-23)

011. -- 099. (RESERVED)

GENERAL PARTICIPANT PROVISIONS (Sections 100-199)

100. MMCP: PARTICIPANT ELIGIBILITY.

To be eligible to select the MMCP, the participant must meet the following criteria. (4-6-23)

01. **Medicare Eligibility.** Be eligible for and enrolled in both Medicare Parts A and B. (4-6-23)

02. **Medicaid Eligibility.** Be eligible for medical assistance under IDAPA 16.03.05, "Eligibility for Aid to the Aged, Blind, and Disabled (AABD)." Eligibility must not be based solely on IDAPA 16.03.05, "Eligibility for Aid to the Aged, Blind, and Disabled (AABD)," Section 802. (4-6-23)

03. **Age.** Be age twenty-one (21) or older. (4-6-23)

101. MMCP: PARTICIPANT ENROLLMENT.

To receive services under the MMCP, participants must contact a participating managed care organization and request to enroll in the MMCP. Participation in the MMCP begins the month after the participant signs the application for the Medicare Advantage Plan and MMCP. (4-6-23)

102. MMCP: PARTICIPANT RESPONSIBILITIES.

Participants who select the MMCP are required to do the following: (4-6-23)

01. Compliance with MAO Requirements. Comply with all requirements under the MAO's "Evidence of Coverage." (4-6-23)

02. Provider Notification. Present their: (4-6-23)

a. MAO-issued card when seeking Medicare-covered services. (4-6-23)

b. Medicaid card when seeking any Medicaid-covered services under Subsection 300.01 of these rules. (4-6-23)

03. MMCP Termination. Participants can terminate their MMCP at any time. Coverage continues until the end of the month as determined by Medicare disenrollment requirements. Once disenrolled, participants are automatically reenrolled in fee-for-service Medicaid or the IMPlus plan. (4-6-23)

103. -- 199. (RESERVED)

MAO CONTRACT REQUIREMENT
(Sections 200-299)

200. CONTRACT REQUIREMENT.

Any MAO seeking to offer MMCP services must operate a FIDE-SNP as approved by CMS and contracted with the Department. (4-6-23)

201. MAO REIMBURSEMENT.

Each MAO is paid a per member per month rate as defined in the MAO contract. (4-6-23)

202. -- 299. (RESERVED)

COVERED SERVICES
(Sections 300-301)

300. MMCP: COVERAGE AND LIMITATIONS.

An MMCP is subject to applicable federal managed care requirements. (4-6-23)

01. MMCP-Covered Services. Include: (4-6-23)

a. MAO-Covered Services. Under the "Evidence of Coverage," the MAO may limit or expand the scope of services as defined in the "Evidence of Coverage." MAO-covered services, including Medicare Parts A, B, and D benefits, are detailed in the MMCP contract. (4-6-23)

b. Medicaid-Only Services. Under IDAPA 16.03.09, "Medicaid Basic Plan Benefits," or IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," provided by Medicaid providers that are not MAOs. Medicaid may cover additional services that are not included in the MAO's "Evidence of Coverage." (4-6-23)

c. Supplemental services unavailable on Medicare or Medicaid. (4-6-23)

02. Services Excluded from the MMCP. Services not included in the MAO's "Evidence of Coverage" or listed under Subsection 300.01 of this rule are not covered under the MMCP. (4-6-23)

03. Premiums and Cost-Sharing. Participants will not pay any premiums or cost-sharing when covered under the MMCP, except as described in an approved MMCP contract. (4-6-23)

301. MMCP BENEFITS: PROVIDER REIMBURSEMENT.

01. Medicaid-Only Service Providers. Providers who only offer Medicaid services must be approved

for the MMCP before receiving reimbursement and are subject to the General Provider Provisions under IDAPA 16.03.09, "Medicaid Basic Plan Benefits." Approved providers are reimbursed under the methodology in IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," related to the Medicaid-only service. (4-6-23)

02. Medicare Service Providers. Medicare service providers are reimbursed under the methodologies established by the MAO and approved by CMS. MAOs are responsible for participant Medicare cost-sharing as described in the approved MMCP contract. (4-6-23)

302. -- 999. (RESERVED)