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."

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."

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare
Division of Medicaid – Consumer Directed Services
3232 West Elder Street
Boise, ID 83705

P.O. Box 83720
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 Developmental Disabilities Adult Care Management: BDDACM@dhw.idaho.gov
Webpages: Medicaid: http://medicaid.Idaho.gov and Self-Direction/MMCP:
https://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx

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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. These rules are titled 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.
This agency may have written statements that pertain to the interpretations of the rules of this chapter. (3-20-20)

003. -- 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, including services included in Medicare Parts A, B, and D. It also defines the Medicare Advantage Plan obligations, and explains the participant's rights and responsibilities. (4-11-15)

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, which include those services available under Medicare Parts A, B, and D, and who are Medicaid providers authorized to enroll participants in the Medicare/Medicaid Coordinated Plan. (4-11-15)

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 a benefit package in its "Evidence of Coverage" approved by CMS. (4-11-15)

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 Basic Plan or the Medicaid Enhanced Plan in accordance with these rules. (4-11-15)

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 100-199)

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 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, "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, "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 (MMCP): 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 (MMCP): 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 in its "Evidence of Coverage." (4-11-15)

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 their Medicare Advantage card when seeking any of the services listed in the MAO's "Evidence of Coverage." (4-11-15)

b. The participant must present their Medicaid card when seeking any of the Medicaid-covered services in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," or IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." (4-11-15)

04. **Termination of the Medicare/Medicaid Coordinated Plan**. The participant can terminate their 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)

MAO CONTRACT REQUIREMENT
(Sections 200-299)

200. CONTRACT WITH MEDICAID.
Any MAO seeking to offer MMCP services must have a contract with the State Medicaid agency. An MAO retains responsibility under the contract for providing benefits, or arranging for benefits to be provided, for individuals entitled to receive medical assistance under Title XIX. (4-11-15)

201. -- 299. (RESERVED)

COVERED SERVICES
(Sections 300-301)

300. MEDICARE/MEDICAID COORDINATED PLAN (MMCP): 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 in its "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. (4-11-15)

b. Medicaid-Only Services. Services listed 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." (4-11-15)

02. Services Excluded from the MMCP. Services not included in the MAO "Evidence of Coverage" or listed under the IDAPA 16.03.09, "Medicaid Basic Plan Benefits," or IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," are not covered under the MMCP. (4-11-15)

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. 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 MAO contract. 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 in its "Evidence of Coverage. (4-11-15)

302. -- 999. (RESERVED)

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