Dear Senators HEIDER, Nuxoll, Bock, and
Representatives WOOD, Perry, Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of the Department of Health and Welfare - Medicare/Medicaid Coordinated Plan Benefits:

IDAPA 16.03.17 - Rules Pertaining To Medicare/Medicaid Coordinated Plan Benefits (Docket No. 16-0317-1401).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative Services. The final date to call a meeting on the enclosed rules is no later than 06/23/2014. If a meeting is called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis from Legislative Services. The final date to hold a meeting on the enclosed rules is 07/22/2014.

The germane joint subcommittee may request a statement of economic impact with respect to a proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement, and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has been held.

To notify Research and Legislation, call 334-4834, or send a written request to the address on the memorandum attached below.

Legislative Services Office
Idaho State Legislature

Jeff Youtz
Director

Serving Idaho's Citizen Legislature

MEMORANDUM

TO: Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

FROM: Senior Legislative Research Analyst - Ryan Bush

DATE: June 4, 2014

SUBJECT: Department of Health and Welfare - Medicare/Medicaid Coordinated Plan Benefits

IDAPA 16.03.17 - Rules Pertaining To Medicare/Medicaid Coordinated Plan Benefits (Docket No. 16-0317-1401)

The Department of Health and Welfare submits notice of temporary and proposed rulemaking at IDAPA 16.03.17 - Rules Pertaining To Medicare/Medicaid Coordinated Plan Benefits, effective July 1, 2014. The Department states that this rulemaking implements a managed care plan for participants who are dually eligible in accordance with House Bill 260 (2011), as codified in Section 56-263, Idaho Code. Specifically, this rulemaking expands Medicare-Medicaid Coordinated Plans (MMCP) to include additional benefits and updates the list of services covered by a Medicaid Advantage Organization (MAO). The additional benefits include Aged and Disabled Waiver services, prescribed drugs and home and community-based services, self-directed community supports and targeted service coordination for persons with developmental disabilities.

The Department states that negotiated rulemaking was conducted and that notice was posted in the April edition of the Idaho Administrative Bulletin. Public hearings are scheduled for June 17 in Boise and June 19 in Lewiston and Idaho Falls. There is no anticipated fiscal impact associated with this rulemaking.

The proposed rule appears to be within the statutory authority granted to the Department in Sections 56-202(b) and 56-263.

cc: Department of Health and Welfare - Medicare/Medicaid Coordinated Plan Benefits
Beverly Barr and Frank Powell

IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

16.03.17 - MEDICARE/MEDICAID COORDINATED PLAN BENEFITS

DOCKET NO. 16-0317-1401

NOTICE OF RULEMAKING - TEMPORARY AND PROPOSED RULE

EFFECTIVE DATE: The effective date of the temporary rule is July 1, 2014.

AUTHORITY: In compliance with Sections 67-5221(1) and 67-5226, Idaho Code, notice is hereby given that this agency has adopted a temporary rule, and proposed regular rulemaking procedures have been initiated. The action is authorized pursuant to Sections 56-202(b), 56-251(2)(c), 56-255(4), and 56-263, Idaho Code; Medicare Prescription Drug Improvement and Modernization Act of 2003, P.L. 108-173, Section 231; and Section 1937 of the Social Security Act.

PUBLIC HEARING SCHEDULE: Public hearings concerning this rulemaking will be held as follows:

Tuesday, June 17, 2014 10:00 a.m. (MDT)	Thursday, June 19, 2014 10:00 a.m. (PDT)	Thursday, June 19, 2014 2:00 p.m. (MDT)
Conf. Room D-East & West **3232 Elder Street** **Boise, ID 83705**	**3rd Floor Conf. Room** **1118 "F" Street** **Lewiston, ID 83501**	**2nd Floor Large Conf. Room** **150 Shoup Avenue** **Idaho Falls, ID 83402**

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

DESCRIPTIVE SUMMARY: The following is the required finding and concise statement of its supporting reasons for adopting a temporary rule and a nontechnical explanation of the substance and purpose of the proposed rulemaking:

This rulemaking is needed to implement a managed care plan for participants who are dually eligible, in accordance with the intent of House Bill 260 (2011), now codified under Section 56-263, Idaho Code. The changes in this rulemaking update the list of Medicaid-only services benefits to include Aged and Disabled Waiver services, prescribed drugs and home and community based services, self-directed community supports, and targeted service coordination for persons with developmental disabilities.

TEMPORARY RULE JUSTIFICATION: Pursuant to Section 67-5226(1)(c), Idaho Code, the Governor has found that temporary adoption of the rule is appropriate since the Medicare-Medicaid Coordinated Plan (MMCP), as described in this chapter, is being amended to include additional benefits. These benefits include Aged and Disabled Waiver services, prescribed drugs and home and community based services, self-directed community supports, and targeted service coordination for persons with developmental disabilities.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: NA

FISCAL IMPACT: The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars ($10,000) during the fiscal year as a result of this rulemaking:

Since the services are shifting from a fee-for-services to a capitation payment model, these rule changes are intended to be budget-neutral. Therefore, there is no anticipated fiscal impact to the state general fund.

NEGOTIATED RULEMAKING: Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the April 2, 2014, Idaho Administrative Bulletin, **Vol. 14-4, page 15**.

INCORPORATION BY REFERENCE: No materials are being incorporated by reference into these rules.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the temporary and proposed rule, contact Alexandra Fernandez at (208) 287-1156.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before June 25, 2014.

DATED this 19th day of May, 2014.

Tamara Prisock
DHW - Administrative Rules Unit
450 W. State Street - 10th Floor
P.O. Box 83720
Boise, ID 83720-0036
phone: (208) 334-5500; fax: (208) 334-6558
e-mail: **dhwrules@dhw.idaho.gov**

THE FOLLOWING IS THE TEMPORARY RULE AND THE PROPOSED TEXT OF DOCKET NO. 16-0317-1401
(Only those Sections being amended are shown.)

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 Medicaid Advantage Plan obligations, and explains the participant's rights and responsibilities.
~~(4-2-08)~~(7-1-14)T

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.
~~(4-2-08)~~(7-1-14)T

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*~~ a benefit package in its "Evidence of Coverage" approved by CMS. ~~*(4-2-08)*~~(7-1-14)T

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. ~~*(4-2-08)*~~(7-1-14)T

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)

(BREAK IN CONTINUITY OF SECTIONS)

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 ~~*listed under Section 301 of these rules*~~ in its "Evidence of Coverage." ~~*(4-2-08)*~~(7-1-14)T

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*~~ in the MAO's "Evidence of Coverage." ~~*(4-2-08)*~~(7-1-14)T

b. The participant must present his Medicaid card when seeking any of the Medicaid-covered services ~~*listed under Section 302 of these rules*~~ in IDAPA 16.03.09, "Medicaid Basic Plan Benefits," or IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits." ~~*(4-2-08)*~~(7-1-14)T

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~~ MAO CONTRACT REQUIREMENT
(Sections 200 Through 299)

200. ~~PROVIDER APPLICATION PROCESS~~ CONTRACT WITH MEDICAID.
~~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.~~ 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. ~~(4-2-08)~~(7-1-14)T

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 30~~3~~1)

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 ~~under Section 301 of these rules~~ 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. ~~(4-2-08)~~(7-1-14)T

b. Medicaid-Only Services. Services listed under ~~Section 302 of these rules~~ 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." ~~(4-2-08)~~(7-1-14)T

02. Services Excluded from the MMCP. Services not ~~listed under Sections 301 or 302 of these rules~~ 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. ~~(4-2-08)~~(7-1-14)T

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 Facilities for Persons with Intellectual Disabilities (ICF/ID)**. 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)~~

30~~3~~1. 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*~~ 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 ~~*under Section 301 of these rules*~~ in its "Evidence of Coverage. ~~*(4-2-08)*~~(7-1-14)T

30~~4~~2. -- 999. (RESERVED)