

Dear Senators MARTIN, Riggs, Stennett, and
Representatives WOOD, Vander Woude, Chew:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of
the Department of Health and Welfare:

IDAPA 16.03.17 - Medicare/Medicaid Coordinated Plan Benefits (ZBR Chapter Rewrite) - Proposed
Rule (Docket No. 16-0317-2201).

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 11/25/2022. 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 12/23/2022.

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 334-4854, or send a written request to the address on the
memorandum attached below.



Terri Kondoff
Director

Legislative Services Office

Idaho State Legislature

Serving Idaho's Citizen Legislature

MEMORANDUM

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

FROM: Principal Legislative Drafting Attorney - Elizabeth Bowen

DATE: November 08, 2022

SUBJECT: Department of Health and Welfare

IDAPA 16.03.17 - Medicare/Medicaid Coordinated Plan Benefits (ZBR Chapter Rewrite) - Proposed Rule
(Docket No. 16-0317-2201)

Summary and Stated Reasons for the Rule

This proposed rule rewrites the existing chapter of rules on Medicare/Medicaid coordinated plan benefits in order to simply and streamline the language and comply with Executive Order 2020-01.

Negotiated Rulemaking / Fiscal Impact

Negotiated rulemaking was conducted. There is no anticipated negative fiscal impact on the state general fund.

Statutory Authority

This rulemaking appears to be authorized pursuant to Section 56-202, Idaho Code.

cc: Department of Health and Welfare
Frank Powell and Trinette Middlebrook

***** PLEASE NOTE *****

Per the Idaho Constitution, all administrative rules may be reviewed by the Legislature during the next legislative session. The Legislature has 3 options with this rulemaking docket: **1)** Approve the docket in its entirety; **2)** Reject the docket in its entirety; or **3)** Reject the docket in part.

Paul Headlee, Deputy Director Legislative Services Office	Kristin Ford, Manager Research & Legislation	Keith Bybee, Manager Budget & Policy Analysis	April Renfro, Manager Legislative Audits	Glenn Harris, Manager Information Technology
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Statehouse, P.O. Box 83720
Boise, Idaho 83720-0054

Tel: 208-334-2475
legislature.idaho.gov

IDAPA 16 – DEPARTMENT OF HEALTH AND WELFARE
16.03.17 – MEDICARE/MEDICAID COORDINATED PLAN BENEFITS
DOCKET NO. 16-0317-2201 (ZBR CHAPTER REWRITE)
NOTICE OF RULEMAKING – PROPOSED RULE

AUTHORITY: In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Section 56-202(b), Idaho Code.

PUBLIC HEARING SCHEDULE: A public hearing concerning this rulemaking will be held as follows:

Virtual Public Hearing via WebEx
Thursday, October 13, 2022 1:00 p.m. to 3:00 p.m. (MT)
Join from the meeting link https://idhw.webex.com/idhw/j.php?MTID=m83d7ae567e6b4e7d4d36f26bef697c53
Join by meeting number Meeting number (access code): 2763 846 7533 Meeting password: rgHtUd9JW54 (74488395 from phones and video systems)
Tap to join from a mobile device (attendees only) +1-415-527-5035,,27638467533#74488395# United States Toll +1-303-498-7536,,27638467533#74488395# United States Toll (Denver) Some mobile devices may ask attendees to enter a numeric password.
Join by phone +1-415-527-5035 United States Toll +1-303-498-7536 United States Toll (Denver)

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 a nontechnical explanation of the substance and purpose of the proposed rulemaking:

Under [Executive Order 2020-01, Zero-Based Regulation](#), this chapter of rules is being rewritten. The intent is to prevent the accumulation of costly, ineffective, and outdated regulations and reduce regulatory burden to achieve a more efficient operation of government. These rule changes represent a comprehensive review and revision of this chapter, in collaboration with the public, to streamline and simplify this rule language.

FEE SUMMARY: The following is a specific description of the fee or charge imposed or increased: This chapter of administrative rule contains no fees.

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:

This rulemaking is not anticipated to have any fiscal impact on the State General Fund, or any other known funds.

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 March 2, 2022, Idaho Administrative Bulletin, ([Vol. 22-3, pp. 16-17](#)).

INCORPORATION BY REFERENCE: Pursuant to Section 67-5229(2)(a), Idaho Code, the following is a brief synopsis of why the materials cited are being incorporated by reference into this rule: There are no incorporations by reference contained in this chapter of administrative rule.

ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS: For assistance on technical questions concerning the proposed rule, contact Jennifer Pinkerton at (208) 287-1171.

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 October 26, 2022.

DATED this 29th day of August, 2022.

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 PROPOSED TEXT OF DOCKET NO. 16-0317-2201
(Zero Based Regulation (ZBR) Chapter Rewrite)**

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. ()

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). ()

002. -- 009. (RESERVED)

010. DEFINITIONS.

01. Department. The Idaho Department of Health and Welfare or designee. ()

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

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

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. ()

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. ()

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

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." ()

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. ()

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. ()

01. Medicare Eligibility. Be eligible for and enrolled in both Medicare Parts A and B. ()

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. ()

03. Age. Be age twenty-one (21) or older. ()

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. ()

102. MMCP: PARTICIPANT RESPONSIBILITIES.
Participants who select the MMCP are required to do the following: ()

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

02. Provider Notification. Present their: ()

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

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

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. ()

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. ()

201. MAO REIMBURSEMENT.

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

202. -- 299. (RESERVED)

COVERED SERVICES
(Sections 300-301)

300. MMCP: COVERAGE AND LIMITATIONS.

An MMCP is subject to applicable federal managed care requirements. ()

01. MMCP-Covered Services. Include: ()

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. ()

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." ()

c. Supplemental services unavailable on Medicare or Medicaid. ()

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. ()

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. ()

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. ()

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. ()

302. -- 999. (RESERVED)