

107 - MEDICARE ADVANTAGE ORGANIZATION DUAL ELIGIBLE SPECIAL NEEDS PLANS - AHCCCS MEMBERS

EFFECTIVE DATES: 04/01/12, 10/01/13, 09/01/14, 10/01/15, 07/01/16, 10/01/18¹

REVISION DATES: 06/06/13, 08/27/14, 05/14/15, 08/20/15, 03/14/16, 11/02/17²

~~STAFF RESPONSIBLE FOR POLICY: DHCM OPERATIONS~~³

I. PURPOSE

This Policy applies to ~~Acute Care~~ AHCCCS Complete Care (ACC), ALTCS/EPD, and RBHA Contractors. This Policy applies to Medicare Advantage Organizations that currently have a contract, or will be pursuing a contract, with the Centers for Medicare and Medicaid (CMS) to offer operate as a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP). D-SNPs are a type of Medicare Advantage plan which limit enrollment to Medicare beneficiaries who are also receiving Medicaid benefits. The purpose of this Policy is to maximize care coordination for ACC members, ALTCS/EPD members, and members enrolled in a RBHA who are dually eligible for both Medicare and Medicaid.

II. DEFINITIONS

~~ACUTE CARE DUAL ELIGIBLES~~⁴ ~~AHCCCS beneficiaries who are determined eligible for AHCCCS acute care benefits, including but not limited to AHCCCS members eligible under 1931, SSI MAO, and AHCCCS Care, who are enrolled in Medicare Part A and/or Part B.~~

AFFILIATED ORGANIZATION⁵ A party that, directly or indirectly through one or more intermediaries, controls, is controlled by, or is under common control with or of an entity. Synonymous with term “corporate affiliate.”

~~ALTCS DUAL ELIGIBLES~~⁶ ~~Persons who have been determined eligible for the ALTCS/EPD or DD Program because they require an institutional level of care and meet financial and other eligibility~~

¹ Date changes are effective

² Date published to RFP Bidders' Library

³ Removing adds no substance to Policy

⁴ Removed term not used in revised policy language

⁵ Adding definition of Affiliated Organization as from second Integrated Contractors RFI and YH19-0001 Request for Proposal Major Decisions of 7/25/2017. Replaces definition of Equity Partner.

⁶ Removed term not used in revised policy language

~~criteria for Title XIX eligibility and who are also enrolled in Medicare Part A and/or Part B.~~

BENEFITS⁷

Health care services that are intended to maintain or improve the health status of dual eligible members, for which the Medicare Advantage Organization (MAO) incurs a cost or liability under an MA plan (not solely an administrative processing cost).

DUAL ELIGIBLE SPECIAL NEEDS PLAN (D-SNP)

~~A Dual Eligible Special Needs Plan (D-SNP) is a type of Medicare Advantage plan offered by an MAO that limits its enrollment to those enrolls beneficiaries who are entitled to benefits under both Medicare (Title XVIII) and Medicaid Medical Assistance from a State Plan under (Title XIX) programs. (Medicaid), and offers the opportunity of enhanced benefits by combining those available through Medicare and Medicaid.~~⁸

EQUITY PARTNER

~~Sponsoring organizations or parent companies of the managed care organization that share in the returns generated by the organization, both profits and liabilities, consistent with the partnership agreement.~~⁹

MEDICARE ADVANTAGE ORGANIZATION (MAO)

A public or private entity organized and licensed by a State as a risk-bearing entity (with the exception of provider-sponsored organizations receiving waivers) that is certified by CMS as meeting the Medicare Advantage contract requirements.

MEDICARE ADVANTAGE¹⁰

Health benefits coverage offered under a policy or contract by a Medicare Advantage Organization (MAO) that includes a specific set of health benefits offered at a uniform premium and uniform level of cost-sharing to all Medicare beneficiaries residing in the service area. A D-SNP is defined type of Medicare Advantage plan.

⁷ Added definition as per 42 CFR 422.2

⁸ Clarification of the definition

⁹ Removed – Replaced by definition of Affiliated Organization.

¹⁰ Added definition of Medicare Advantage Plan as per 42 CFR 422.2: Definitions

**MEDICARE
IMPROVEMENTS FOR
PATIENTS AND
PROVIDERS ACT
(MIPPA) AGREEMENT**

A formal written¹¹ Agreement entered into by AHCCCS and a Contractor's companion MAO to coordinate care for individuals in Arizona who are entitled to enrolled in Medicare and receiving medical assistance under Medicaid. The MIPPA Agreement outlines requirements which aim to improve care coordination and timely information sharing by both parties for dual eligible members enrolled in a MAO's Medicare Advantage offered Dual Eligible Special Needs Health Plan consistent with 42 CFR 422.107, Section 164 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) and Section 3205 of the Affordable Care Act.

~~**REGIONAL BEHAVIORAL
HEALTH AUTHORITY
(RBHA)**~~¹²~~A Managed Care Organization that has a contract with the administration, the primary purpose of which is to coordinate the delivery of comprehensive mental health services to all eligible persons assigned by the administration to the managed care organization. Additionally the Managed Care Organization shall coordinate the delivery of comprehensive physical health services to all eligible persons with a serious mental illness enrolled by the administration to the managed care organization.~~**III. POLICY**¹³~~Beginning January 1, 2013, Federal regulations required that all D-SNPs have a contract in place with the State Medicaid Agency which outlines the specific dual eligible population the D-SNP will serve as well as care coordination and cost sharing obligations (MIPPA Agreements) as described in 42 CFR 422.107.~~~~**A. ACUTE CARE DUALS**~~~~In spring 2013, AHCCCS awarded Acute Care contracts to successful bidders of the Request for Proposal (RFP) process for provision of acute care services beginning October 1, 2013. As a requirement of this contract, all Contractors are required to operate a D-SNP beginning January 1, 2014 in all counties in which they were awarded a contract.~~~~Beginning January 1, 2014, in order to align more dual members in the same plan for both programs, AHCCCS will not contract with any D-SNPs operating in counties in which they do not *also* have an Acute Care contract. Alignment of dual eligible members in the same plan for both Medicare and Medicaid services provides members with one entity that coordinates all aspects of care, thus decreasing fragmentation of care and reducing confusion for members, providers, and Contractors related to service delivery.~~

¹¹ Conform to definition at 42 CFR 422.107(a)

¹² Removed – refer to Manual Introduction for Definitions of Lines of Business

¹³ Removed Previous Section III and replaced with below new language

~~Beginning October 1, 2015, Acute Care Contractors are responsible for the provision and coordination of general mental health and substance abuse behavioral health services for adult members in any Medicare arrangement who are age 18 and older.~~

~~ALTCS/EPD DUALS~~

~~In May 2011, AHCCCS awarded new contracts for the ALTCS/EPD Program covering the time period of October 1, 2011 through September 30, 2014, with the possibility for two 1-year contract extensions. As a requirement of this contract, all Contractors are required to operate a D-SNP beginning January 1, 2014 in all counties in which they were awarded a contract.~~

~~Beginning January 1, 2014, in order to align more dual members in the same plan for both programs, AHCCCS will not contract with any D-SNPs operating in counties in which they do not *also* have an ALTCS/EPD contract. Alignment of dual eligible members in the same plan for both Medicare and Medicaid services provides members with one entity that coordinates all aspects of care, thus decreasing fragmentation of care and reducing confusion for members, providers, and Contractors related to service delivery.~~

~~B. ALTCS/DD DUALS~~

~~ALTCS services for members who have a Developmental Disability (DD) are provided by the Department of Economic Security (DES), Division of Developmental Disabilities (DDD) as specified in State Law. Therefore, D-SNPs do not have contracts directly with AHCCCS for serving DD members and there are no requirements for D-SNP participation. However, the MIPPA agreements signed with AHCCCS Contractors permits enrolling DD members if the plan includes them as a covered population.~~

~~C. RBHAs~~

~~The RBHAs are required to contract with CMS for a Medicare Advantage Dual Eligible Special Needs Plan (D-SNP) product (companion D-SNP) or offer a D-SNP through one of the equity partners (equity D-SNP) in the organization, due to market viability concerns.~~

~~The RBHA's companion D-SNP or equity D-SNP is required to be the sole organization that manages the provision of Medicare benefits to dual eligible members determined to be SMI and who are enrolled with the RBHA and may not delegate or subcontract with another entity.~~

~~The RBHA's companion D-SNP or equity D-SNP must meet all Medicare Advantage requirements to remain in compliance and continue operating as a D-SNP in order to provide Medicare services to eligible individuals.~~

~~The RBHAs must establish branding for its companion D-SNP that ensures it is easily identifiable to members and providers as an integrated plan for both Medicare and Medicaid.~~

~~AHCCCS will sign MIPPA Agreements as necessary with the RBHAs to meet CMS requirements.~~

~~D. DATA SHARING~~

~~Claims data for Medicare beneficiaries enrolled with a D-SNP is not currently available to AHCCCS. Therefore, AHCCCS requires that all current AHCCCS Contractors operating D-SNPs submit Medicare claims to AHCCCS. Medicare Parts A/B and D data are currently available for beneficiaries in Fee for Service Medicare and shall be provided to Contractors by AHCCCS. This data will be used by AHCCCS and Contractors for care coordination and other operational activities related to dual-eligible members.~~

~~E. CARE COORDINATION~~

~~All D-SNPs must ensure timely coordination of care with the member's Medicaid Contractor. Detailed requirements are outlined in the MIPPA Agreement.~~

~~F. PROCESS~~

~~AHCCCS has developed a MIPPA agreement template for use by each D-SNP, per CMS regulations 42 CFR 422.107 and Chapter 16-B, Section 40.5.1 of the Medicare Managed Care Manual. All contracts must describe the following:~~

- ~~1. The D-SNP organization's responsibility, including financial obligations, to provide or arrange for Medicaid benefits;~~
- ~~2. The category(ies) of eligibility for dual-eligible beneficiaries to be enrolled under the D-SNP, as described under by the Social Security Act at sections 1902(a), 1902(f), 1902(p), and 1905;~~
- ~~3. The Medicaid benefits covered under the D-SNP;~~
- ~~4. The cost-sharing protections covered under the D-SNP;~~
- ~~5. The identification and sharing of information on Medicaid provider participation;~~
- ~~6. The verification of enrollee's eligibility for both Medicare and Medicaid;~~
- ~~7. The service area covered by the D-SNP; and~~
- ~~8. The contract period for the D-SNP.~~

~~The AHCCCS Medicare Specialist will coordinate with each D-SNP representative to facilitate the MIPPA agreement process in advance of the CMS deadlines. D-SNPs are required to submit their MIPPA Agreement to CMS by July 1st of each year. To ensure that AHCCCS has adequate time to review the agreements, executed agreements must be received by AHCCCS no later than June 15th. AHCCCS may choose to sign a multi-year agreement with D-SNPs to cover multiple CMS contract years.¹⁴~~

IV. REFERENCES¹⁵

- Acute Care Contract, Section D
 - ALTCS/EPD Contract, Section D
 - RBHA Contract, Scope of Work
 - Section 164 of the Medicare Improvement for Patients and Providers Act of 2008
 - Section 3205 of the Affordable Care Act
 - 42 CFR 422.107
 - Chapter 16 B, Section 40.5.1 of the Medicare Managed Care Manual
 - Social Security Act Sections 1902(a), 1902(f), 1902(p), and 1905
 - Medicare Improvements for Patients and Providers Act (MIPPA) Agreement
- ~~**OBJECTIVES POLICY**~~

To coordinate timely benefits on behalf of dual eligible members, AHCCCS collaborates with State-contracted MAOs to offer D-SNPs that fully align dual eligible members in the same Affiliated Organization entity to achieve the following objectives:

1. Receive integrated Medicare and Medicaid services,
2. Promote dual eligible member engagement and participation in their health care decisions,
3. Improve navigation by dual eligible members within the health care delivery system, and
4. Decrease fragmentation of health care service delivery across participating providers and stakeholders.

A. AHCCCS REQUIREMENTS FOR MAOs

To execute a MIPPA Agreement with AHCCCS, each Contractor's companion MAO offering a D-SNP to AHCCCS dual eligible members shall meet the following AHCCCS minimum requirements, as applicable:

¹⁴ Removing section and replacing with a reorganized section below

¹⁵ Removed reference list- applicable references are included in the policy

1. Contractor's companion MAO offered D-SNP shall meet all Medicare Advantage requirements to remain in compliance and- to continue operating in good standing with CMS.
2. The Contractor shall offer a CMS-approved companion MAO D-SNP at the beginning of each calendar year for each county in an AHCCCS Geographic Service Area (GSA) as awarded through an AHCCCS Complete Care Contractor, ALTCS E/PD or RBHA Contract.
3. AHCCCS will only contract with a Contractor's or Affiliated Organization's MAO to offer a D-SNP for each county in an AHCCCS GSA as awarded through an AHCCCS Complete Care Contractor, ALTCS E/PD or RBHA Contract
4. ALTCS services for members who have a Developmental Disability (DD) are provided by the Department of Economic Security/Division of Developmental Disabilities (DES/DDD) as specified in State Law. Therefore, MAOs offering D-SNPs do not have contracts directly with AHCCCS for serving members in the DDD program. MIPPA Agreements executed with AHCCCS Contractor's companion MAOs permit enrolling dual eligible DDD members if a MAO's offered D-SNP includes them as a covered population.
5. The Contractor's companion MAO offered D-SNP shall obtain separate CMS approval to perform Seamless Conversion Enrollment activities as authorized by section 1851(c)(3) of the Social Security Act and outlined in guidance as promulgated by Section 40.1.4, Chapter 2 of the Medicare Managed Care Manual.

B. MIPPA AGREEMENT REQUIREMENTS

Federal regulations require MAOs seeking to offer a D-SNP to dual eligible members to have a contract with the State Medicaid Agency. For AHCCCS, such contract and terms is represented by an executed MIPPA Agreement with a participating MAO. Under the MIPPA Agreement, the MAO is responsible for providing benefits, or arranging for benefits to be provided, for individuals entitled to receive benefits under Title XIX. Such benefits include ALTCS services consistent with the AHCCCS State Plan.

Executed MIPPA Agreements with participating MAOs must include the following minimum requirements:

1. The MAO's responsibility, including financial obligations, to provide or arrange for Medicaid benefits.
2. The category(ies) of eligibility for dual eligible members to be enrolled under the D-SNP (to include AHCCCS Contractor line[s] of business).

3. The Medicaid benefits covered under the D-SNP.
4. The cost sharing protections covered under the D-SNP.
5. The identification and sharing of information on Medicaid provider participation.
6. The verification of the member's eligibility for both Medicare and Medicaid.
7. The service area covered by the D-SNP.
8. The contract period of the MIPPA Agreement.

MIPPA Agreements will be executed annually in conformance with the Medicare Advantage annual contracting process and timelines.

C. MIPPA AGREEMENT PROCESS

CMS requires that MAO applicants submit executed MIPPA Agreements with State Medicaid Agencies by July 1st of each year as part of the MAO contracting process.

To facilitate MAO submissions of executed MIPPA Agreements, the AHCCCS Operations Compliance Officer for Medicare will coordinate the following annual activities (including but not limited to) to execute MIPPA Agreements with MAOs meeting AHCCCS' requirements:

1. Coordinate with designated MAO representative(s) regarding potential changes to the standard MIPPA Agreement resulting from, but not limited to, CMS or AHCCCS required changes, or MAO proposed changes.
2. Obtain necessary approvals of the MIPPA Agreement template for the following year from CMS Region IX State Medicaid Agency Contracting unit (SMAC).
3. Execute MIPPA Agreements with participating MAOs, and
4. Forward executed MIPPA Agreements to designated MAO representative(s).

Prior to the beginning of the annual Medicare Advantage open enrollment period, the AHCCCS Operations Compliance Officer- for Medicare shall post the executed MIPPA Agreements for the following year to the AHCCCS website.

D. DATA SHARING

Claims data for dual eligible members enrolled with a D-SNP is not currently available to AHCCCS. Therefore, AHCCCS requires that all current AHCCCS Contractors' companion as MAOs offering D-SNPs submit Medicare claims data to AHCCCS according to the AHCCCS Encounter Manual.

Medicare Parts A/B and D claims data are available for dual eligible members participating in Fee-for-Service Medicare, and shall be provided to Contractors by AHCCCS as available through AHCCCS Online.

A Contractor and its companion MAO offered D-SNP shall use available Medicare claims data for care coordination and other operational activities related to dual eligible members.¹⁶

BFP VIII-0001

¹⁶ Reorganizes content regarding MAO D-SNPs and MIPPA contracting process, while removing historical and other extraneous information that does not assist Contractors in meeting contract requirements.