

HPMS E-Mail

Date: April 17, 2020

Subject: Draft Applicable Integrated Plan Coverage Decision Letter 30-day Comment Period

The Centers for Medicare & Medicaid Services (CMS) is announcing an opportunity for Medicare Advantage Dual Eligible Special Needs Plans (D-SNPs) and other stakeholders to comment on the proposed Applicable Integrated Plan Coverage Decision Letter.

The Bipartisan Budget Act (BBA) of 2018 directed the establishment of procedures to unify Medicare and Medicaid grievance and appeals procedures to the extent feasible for dual eligible special needs plans (D-SNPs) beginning in 2021. On April 16, 2019, CMS finalized rules to implement these new statutory provisions. As a result of these regulations, starting in 2021, only a subset of D-SNPs will need to unify and update appeals and grievance procedures, including how enrollees are notified of their appeal rights, and provide notices that are written in plain English and accessible to enrollees.

The rules implementing unified grievances and appeals apply only to fully integrated dual eligible special needs plans (FIDE SNPs) and highly integrated dual eligible special needs plans (HIDE SNPs) with exclusively aligned enrollment, where state policy limits the D-SNP's membership to enrollees in a Medicaid managed care plan offered by the same organization. These plans are called "applicable integrated plans." Currently, the following states and territories have contracts with D-SNPs that we believe meet the criteria of FIDE SNPs and HIDE SNPs with exclusively aligned enrollment: California (select programs), Florida, Idaho, Massachusetts, Minnesota, New Jersey, New York (select programs), Puerto Rico, and Wisconsin (select programs). However, plans in other states may also meet the criteria for an applicable integrated plan for CY 2021 and may contact CMS with any questions at MMCO_DSNPOperations@cms.hhs.gov.

The Applicable Integrated Plan Coverage Decision Letter will be issued as a result of an integrated organization determination under 42 CFR 422.631, when an applicable integrated plan reduces, stops, suspends, or denies, in whole or in part, a request for a service/item (including a Part B drug) or a request for payment of a service/item (including a Part B drug) the member has already received. These plans will issue the coverage decision letter starting in Contract Year 2021 in place of the Notice of Denial of Medical Coverage (or Payment) (NDMCP) form (CMS-10003) as part of requirements to unify appeals and grievance processes.

The 30-day notice for the proposed Applicable Integrated Plan Coverage Decision Letter (CMS-10716; OMB control number: 0938-New) is published at: <https://www.govinfo.gov/content/pkg/FR-2020-04-15/pdf/2020-07884.pdf>. Comments must be received by May 15, 2020, per the instructions in the notice. The supporting statement and related forms for the proposed collection summarized in this notice are available at <https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing.html> under CMS Form Number CMS-10716.