


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>8-15-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000094</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>C. Hs. Fortner, Deps</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



Center for Medicaid and State Operations

SMDL #08-005

AUG 07 2008

Dear State Medicaid Director:

The Centers for Medicare & Medicaid Services (CMS) is releasing the new Integrated Medicare and Medicaid State Plan Preprint for States that want to integrate and coordinate Medicare and Medicaid services for dual eligible beneficiaries. Attached to this letter are the instructions and Preprint template for State use.

The State Plan Preprint for Integrated Care Programs was developed for States to use on a voluntary basis as a tool to demonstrate and explain the key features of their Integrated Care Programs. The Preprint allows States the ability to highlight the arrangements provided between a State and Medicare Advantage Special Needs Plans (SNPs) that are also providing Medicaid services. The Preprint also provides the opportunity for States to confirm that their integrated care model complies with both federal Medicaid statutory and regulatory requirements. SNPs will continue to be required to comply with all Medicare statutory and regulatory requirements, including how they apply for SNP status, submit Medicare bids, and enter into a contract with CMS to provide Medicare services.

It is important for States to understand that the Preprint does not replace the need for States to operate under the appropriate Medicaid statutory authorities and to be in compliance with both statutory and regulatory requirements. States will still need to follow the usual process for submitting Medicaid waiver applications and contracts required under federal law to the appropriate CMS Regional and Central Office components.

CMS hopes this Preprint will help facilitate States' efforts to move toward developing integrated delivery system of care for dual eligibles. The goal of providing the full array of Medicare and Medicaid benefits through a single health plan is to improve the quality of care for dual eligible beneficiaries with better care coordination and fewer administrative burdens.

The CMS contact for the State Plan Preprint for Integrated Care Programs is Ms. Gale Arden, Director, Disabled and Elderly Health Program Group, who may be reached at 410-786-6810.

Sincerely,

Herb B. Kuhn
Deputy Administrator
Acting Director, Center for Medicaid and State Operations



Enclosure

AUG 15 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
Division of Medicaid and Children's Health

Ann C. Kohler
NASMD Executive Director
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Barbara Levin
Director of Policy and Programs
Association of State and Territorial Health Officials

Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council

Debra Miller
Director of Health Policy
Council of State Governments

Integrated Medicare and Medicaid State Plan Preprint

Instructions

Purpose of the State Plan Preprint for Integrated Care Programs

CMS is supportive of programs that integrate and coordinate Medicaid and Medicare services. The State Plan Preprint for Integrated Care Programs was developed for States to use on a voluntary basis as a tool to demonstrate and explain the key features of the Integrated Care Programs.

This State Plan Preprint does not replace the need for States to operate under the appropriate Medicaid statutory authorities and to be in compliance with both statutory and regulatory requirements. States will still need to follow the usual process for submitting Medicaid waiver applications and contracts required under Federal law to the appropriate CMS Regional and Central Office components.

The Integrated Care Preprint is an optional tool for use by States to highlight the arrangements provided between a State and Medicare Advantage (MA) organizations offering MA Special Needs Plans (SNPs) that also contract with the State to provide Medicaid services to dual eligible individuals enrolled in the SNP. The Preprint also provides the opportunity for States to confirm that their integrated care model complies with both Federal Medicaid statutory and regulatory requirements.

The SNPs will continue to be required to comply with all Medicare statutory and regulatory requirements, including how they apply for SNP status, submit Medicare bids, and enter into a two-way contract with CMS to provide Medicare services.

Note: For additional information and resources related to integrated care programs please access the CMS website at the following URL: www.cms.hhs.gov/integratedcareintl/. There is also a mailbox address to respond to questions related to integrated care. Questions may be emailed to the following address: Integrated_Care@cms.hhs.gov.

Completion of Integrated Care Preprint

States should complete the optional State Plan Preprint for each individual Integrated Care Program and submit the Preprint to their CMS Regional Office for approval. States should complete the HCFA 179 Transmittal Form (Notice of State Plan Material) and attach to the Integrated Care Preprint. To complete the HCFA 179 form, States will need to identify the Federal Statute/Regulation Citation authorizing this program and indicate location in the State Plan (Section 3.7a). Also, States may add additional supplemental information as necessary to explain their program features.

Section A. Name and General Description of the Program:

Please include the name of the program and a general program description.

Section B through Section J:

For each section in the Preprint (B through J) please place a check mark for each item that applies.

Section K:

For section K, please place a check mark to confirm compliance with the provisions listed.

State Plan Preprint for Integrated Care Programs

New Section: Integration of Medicare and Medicaid through Two-way Contracts with Special Needs Plans (SNPs)

(Complete for each individual Integrated Care SNP Program.)

A. Name and General Description of the Program:

Please note that the State Medicaid contract will outline the operational details and Medicaid covered services provided in the integrated program.

B. Authority. The State is operating its integrated program under the following Medicaid authority (check all that apply):

<input type="checkbox"/>	1915(a)
<input type="checkbox"/>	1915(a)/(c)
<input type="checkbox"/>	1915(b)
<input type="checkbox"/>	1915(b)(1)
<input type="checkbox"/>	1915(b)(2)
<input type="checkbox"/>	1915(b)(3)
<input type="checkbox"/>	1915(b)(4)
<input type="checkbox"/>	1915(b)/(c)
<input type="checkbox"/>	1915(b)(1)
<input type="checkbox"/>	1915(b)(2)
<input type="checkbox"/>	1915(b)(3)
<input type="checkbox"/>	1915(b)(4)
<input type="checkbox"/>	1915(i) – Home and Community Based DRA
<input type="checkbox"/>	1932(a) State Plan Authority
<input type="checkbox"/>	1115
<input type="checkbox"/>	Section 6044 of the Deficit Reduction Act (Benchmark)
<input type="checkbox"/>	Other (please specify) _____

C. Scope of Services (check all that apply)

<input type="checkbox"/>	Acute
<input type="checkbox"/>	Long Term Care
<input type="checkbox"/>	Other (please specify) _____

D. Payment. Payment method to the contracting entity will be:

- _____ The State makes capitated payments to SNPs to provide ALL Medicaid benefits.
- _____ The State makes capitated payments to SNPs to provide all Medicaid benefits except long-term care services.
- _____ The State makes capitated payments to SNPs to provide some Medicaid benefits.
- _____ The State coordinates with SNPs to wrap ALL Medicaid benefits around the Medicare benefit package, and pays for those benefits on a fee-for-service basis.
- _____ The State coordinates with SNPs to wrap all Medicaid benefits except -

- _____ The State coordinates with SNPs to wrap some Medicaid benefits around the Medicare benefit package, and pays for those services on a fee-for-service basis.
- _____ Other (please specify)

E. Geographic Area

- _____ Statewide
- _____ Region (Specify) _____

F. Target Dual Eligible Population

- _____ All individuals who are Dual Eligible
- _____ Subset of individuals who are Dual Eligible (please specify category of dual as specified in the Medicare SNP Application)

G. Enrollment (Check all that apply)

(1) Enrollment Form

- _____ The Medicaid agency utilizes or intends to utilize an integrated enrollment form for managed care.
- _____ The Medicaid agency utilizes a separate enrollment form for managed care.

(2) Effective Date

- _____ The Medicaid and Medicare effective enrollment dates will match and comply with MA regulations in 42CFR 422.62, 422.66(a) and 422.68.
- _____ The State does not coordinate Medicaid managed care enrollment date with Medicare.

(3) Identification Card

- _____ The Medicaid agency has elected to use a single identification card for Medicaid, Medicare, and Part D eligibility/coverage.

(4) Continued Deemed Eligibility for Medicare Advantage Enrollment

_____ When an enrollee no longer meets the Medicaid eligibility criteria, but can reasonably be expected to again meet the criteria within a 6-month period, the State may agree with the SNP for it to provide continuous Medicare Advantage coverage for a minimum period of _____.

(5) Authorized Representative

_____ The Medicaid agency or its designee will allow an authorized representative to enroll Medicaid beneficiaries in a SNP.

(6) Enrollment Process

_____ The State would like to specify the enrollment process related to integrated SNP options as follows:

H. Marketing

Integrated Marketing Materials

_____ The Medicaid agency elects to utilize or intends to utilize integrated marketing materials and coordinate a joint review process with CMS.

I. Grievances and Appeals

_____ The Medicaid agency intends to utilize an integrated grievance and appeals process

J. Quality Assurance

Integrated Reporting

_____ The State Medicaid agency integrates its reporting requirements with the Medicare Advantage requirements. The State requires integrated SNPs to submit (check all that apply):

- _____ Healthcare Effectiveness Data and Information Set (HEDIS) – Plan level
- _____ Consumer Assessment of Healthcare Providers and Systems (CAHPS)
- _____ Health Outcome Survey– Plan level

Integrated Performance Improvement Projects

_____ The State integrates the Medicaid Performance Improvement Program requirements (42CFR 438.240) with the Medicare Quality Improvement Program requirements (42CFR 422.152).

_____ Other

K. Assurances

Place a check mark to confirm compliance with the following:

_____ The State assures compliance with all applicable Federal Medicaid laws and regulations governing the operation of their program; e.g., grievance and appeals, access, and beneficiary rights and protections.

_____ The State assures that evidence of State relationship with SNP will be provided to CMS as required in the Medicare SNP application and within the prescribed timeframes.

_____ The State assures contracts for services under the State plan will be submitted to CMS Regional Office for review consistent with CMS regulatory requirements and policy.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1047. The time required to complete this information collection is estimated to average (20 hours) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.