



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: May 15, 2018

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
Director, Models, Demonstrations, and Analysis Group

SUBJECT: Medicare-Medicaid Plan Guidance on the Uniformity Requirement and Primarily Health Related Supplemental Benefits for Contract Year (CY) 2019 Submissions

The purpose of this memorandum is to provide Medicare-Medicaid Plans (MMPs) with guidance regarding submission of benefits related to reinterpretation of the uniformity requirement at 42 CFR § 422.100(d) and the “primarily health related” supplemental benefit definition in Section 1852(a)(3) of the Social Security Act. Guidance in this memorandum augments guidance provided in the April 27, 2018 HPMS memoranda, “Reinterpretation of the Uniformity Requirement” and “Reinterpretation of ‘Primarily Health Related’ for Supplemental Benefits” and indicates differences for MMP submission of these benefits. Unless specifically addressed in this memorandum, guidance in the April 27, 2018 memoranda applies to MMPs.

The following clarifications are applicable to MMPs:

- Reduced cost sharing is an option for MMPs in Section B-19, Value Based Insurance Design (VBID)/Medicare Advantage (MA) Uniformity Flexibility, of the CY 2019 Plan Benefit Package (PBP) software, but it is expected to be used infrequently given the general lack of cost sharing for supplemental benefits in capitated model demonstrations under the Financial Alignment Initiative.
- Screens have been added in Section B-19 of the PBP software to allow MMP data entry for reduced cost sharing and/or additional benefits for MMP-specific benefit categories (i.e., B-6, Home Health; B-7c, Occupational Therapy Services; B-7i, PT and SP Services; B-11a, Durable Medical Equipment (DME); B-11b, Prosthetics/Medical Supplies; and B-13h, Additional Services).
- Beyond Section B-13d, Other 1; 13e, Other 2; and 13f, Other 3, MMPs continue to have options in the PBP software in Section B-13h, Additional Services, for how and where they can enter primarily health related supplemental benefits such as adult day care services, home-based palliative care, in-home support services, support for caregivers, medically-approved non-opioid pain management, stand-alone memory fitness, and home and bathroom safety devices and modifications.

- MMPs must submit all supplemental benefits, including any benefits entered in Section B-19, consistent with CMS and state requirements and guidance related to plan-covered supplemental benefits.
- Organization determinations for all supplemental benefits offered by MMPs continue to be subject to the Medicare appeals process. Coverage determinations for benefits covered by Medicaid are subject to the Medicaid appeals process.

Please direct any questions regarding the contents of this memorandum to the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov.