



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: October 19, 2020
TO: Dual Eligible Special Needs Plans
FROM: Sharon Donovan
Director, Program Alignment Group
SUBJECT: CY 2021 Part C Reporting Updates for Applicable Integrated Plans and the Unified Appeals and Grievance Procedures

The Centers for Medicare & Medicaid Services (CMS) is issuing this memo to identify Part C reporting updates for Medicare Advantage (MA) Dual Eligible Special Needs Plans (D-SNPs) that are applicable integrated plans. Applicable integrated plans, as defined at 42 CFR 422.561, are fully integrated D-SNPs (FIDE SNPs) and highly integrated D-SNPs (HIDE SNPs) with exclusively aligned enrollment with a Medicaid managed care organization (MCO). Starting on January 1, 2021, organizations offering these plans are required to unify Medicare and Medicaid appeals and grievance procedures, described in 42 CFR 422.629 – 634 and 42 CFR 438.210 and 438.402.

CMS is providing technical assistance to states and MA organizations to help with implementation of these new appeals and grievances requirements (See the [October 7, 2019](#) and [January 17, 2020](#) memoranda). Additionally, we have participated in a number of calls with MA organizations and received public comment on the notices used for the unified procedures. Through these outreach efforts, we identified changes needed for the Part C Technical Specifications that accompany the Part C Reporting Requirements¹ (currently pending OMB approval for contract year (CY) 2021) for the Grievances and Organization Determinations & Reconsiderations reporting sections.

We are highlighting several changes included in the [CY 2021 Draft Part C Technical Specifications](#) to account for the unified appeals and grievance procedures so that D-SNPs that are applicable integrated plans may prepare for the 2021 reporting year. We will finalize the CY 2021 Part C Technical Specifications after OMB approval of the CY 2021 Part C Reporting Requirements.

Changes to the CY 2021 Draft Part C Technical Specifications

In the CY 2021 draft technical specifications for the Grievances reporting section, we included an instruction to D-SNPs not to report grievances for an item or service only covered under the D-SNP's affiliated Medicaid managed care organization (MCO) Medicaid benefits. Items and services are considered only covered by the Medicaid benefit if they are never covered by Medicare and not covered by the D-SNP as a supplemental Medicare benefit (such as Medicaid home and community-based long-term services and supports). Similar guidance is already

¹ See the 30-notice for the proposed Medicare Part C Reporting Requirements (CMS-10261 OMB control number 0938-1054) at <https://www.federalregister.gov/documents/2020/10/06/2020-22090/agency-information-collection-activities-submission-for-omb-review-comment-request>.

included in the technical specifications for the Organization Determinations & Reconsiderations reporting section.

In the CY 2021 draft technical specifications for the Organization Determinations & Reconsiderations reporting section, we included an additional instruction that applicable integrated plans should report a request for a Medicare item or service based on the outcome of applying both Medicare and Medicaid coverage criteria. In other words, D-SNPs that are applicable integrated plans would only report a denial of a Medicare request for coverage if the item or service is not covered in full by the Medicare or Medicaid benefit. For example, an applicable integrated plan would report a denial for an item of durable medical equipment that does not meet Medicare's medical necessity requirements and is not covered under Medicaid's broader definition of medical supplies, equipment and appliances that promote independent living outside of the home. In contrast, if the Medicaid benefit covers the DME item in full, the applicable integrated plan would not report the denial under the Medicare benefit.

We made this change because under 42 CFR 422.631, D-SNPs that are applicable integrated plans are only required to send a written integrated notice when the organization determination under the unified process is adverse to the enrollee. Unlike other MA plans, the appeals process is not triggered in cases where the applicable integrated plan's Medicaid benefit is covering an item or service fully.

Measuring Unified Appeals and Grievance Procedures

For the initial implementation of the new unified grievance and appeal processes, D-SNPs that are applicable integrated plans will not have additional reporting requirements beyond the Part C Reporting Requirements and any state-specific requirements. However, we are considering ways to measure how successfully applicable integrated plans unify appeals and grievance procedures for future reporting cycles.

We are seeking feedback from D-SNPs and other stakeholders on approaches to meaningfully measure success in unifying grievance and appeal processes without creating significant burden.

Please send comments to MMCO_DSNPOperations@cms.hhs.gov by November 2, 2020.