



CENTER FOR DRUG AND HEALTH PLAN CHOICE

MEMORANDUM

DATE: July 21, 2009

TO: Medicare Advantage Organizations Offering Dual-eligible Special Needs Plans

FROM: Teresa DeCaro, Acting Director /s/
Medicare Drug and Health Plan Contract Administration Group

SUBJECT: MIPPA Requirement of Medicaid Benefits in the Comprehensive Written Statement

CMS is issuing this memorandum to clarify the requirements of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) with regard to the coordination of Medicaid and Medicare benefits. More specifically, MIPPA, at Section 164(c)(3)(C), requires dual-eligible (DE) Special Needs Plans (SNP) (DESNP) to provide a comprehensive written statement to each prospective enrollee prior to enrollment, and to all existing enrollees through the combined Annual Notice of Change (ANOC) and Evidence of Coverage (EOC) that describes:

- The benefits that the individual is entitled to under Title XIX – Medicaid ,
- The cost sharing protections that the individual is entitled to under Title XIX, and
- Which of those benefits and cost sharing protections are covered under the specific SNP for dually eligible individuals.

SNP plans should include the required comprehensive written statement in Section 4 of the Summary of Benefits (SB) when submitting it to CMS for review. Please note, the SB continues to be considered a model document, thus subject to a 10–day review, when Section 4 is used. A template is available on HPMS for plans to use. Technical guidance on the Summary of Benefits can be found in Appendix 1. SNPs are responsible for ensuring the accuracy of Medicaid benefits displayed in the SB. The Regional Office reviewer is not responsible for review of Medicaid benefits.

All Medicare Advantage Organizations (MAOs) offering a DESNP must contact the State Medicaid agency and accurately identify and list, in marketing materials, the Medicaid benefits authorized by the respective State. MIPPA mandated that, beginning in January 2010, Medicare Advantage organizations offering SNPs which target dually eligible special needs individuals must contact State Medicaid agencies to establish a partnership with

interested States, and contract to provide coordinated Medicaid and Medicare services. This contractual relationship would enable MAOs to streamline access to service and benefits for eligible beneficiaries, and create cost and administrative efficiencies that would benefit both State and Federal sponsors.

If State-sanctioned Medicaid benefits cannot be verified in time for the SB document final approval, a statement must be included indicating that the information supplied is a summary and that an addendum will be sent out with new enrollee information. This requires that the MAO develop a comprehensive addendum accurately listing the State-sanctioned Medicaid benefits. This document must be verified with the State for accuracy by December 31, 2009. Plans that do not complete this review will be out of compliance.

CMS believes that strengthening the collaboration between State Medicaid agencies and MAOs is a very important endeavor that will enhance the coordination of Medicaid and Medicare benefits to better serve dually eligible beneficiaries. Please feel free to contact your Regional Office Account Manager if you have any questions or concerns.