



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: February 28, 2020

TO: Dual Eligible Special Needs Plans

FROM: Sharon Donovan
Director, Program Alignment Group

SUBJECT: Request for Comments on the Draft Models for Applicable Integrated Plans:
“Letter about Your Right to Make a Fast Complaint” and “Appeal Decision Letter”

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 draft models for Applicable Integrated Plans: “Letter about Your Right to Make a Fast Complaint” and “Appeal Decision Letter.”

The Bipartisan Budget Act of 2018 directed the establishment of procedures to unify Medicare and Medicaid grievance and appeals to the extent feasible for D-SNPs beginning in 2021. On April 16, 2019, CMS finalized rules to implement these new statutory provisions. The rules at 42 CFR 422.629-634 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.” As a result of these regulations, starting in 2021, this subset of D-SNPs and their partner Medicaid managed care plans will need to unify and update their appeals and grievance procedures, including the notices used to inform enrollees of their grievance and appeal rights.

On October 18, 2019, CMS released the 60-day notice for the proposed Applicable Integrated Plan Coverage Decision Letter (CMS-10716; OMB control number: 0938-New) and is currently making edits based on public comment for the 30-day notice. Starting in Contract Year (CY) 2021, applicable integrated plans will be required to send this Coverage Decision Letter as a result of an integrated organization determination not resolved fully in favor of the enrollee under 42 CFR 422.631.

Starting in CY 2021, applicable integrated plans will be required to send enrollees a notice as a result of an extension for an integrated organization determination or integrated reconsideration or issued as a result of a denial of a request for an expedited integrated organization determination or integrated reconsideration under 42 CFR 422.631 and 422.633. The draft “Letter about Your Right to Make a Fast Complaint” provides model language for this notice.

Under 42 CFR 422.633, applicable integrated plans will also be required to issue a notice following an integrated reconsideration not resolved fully in favor of the enrollee starting in CY 2021. This notice will need to explain the enrollee's further appeal rights under both Medicare and the state Medicaid program. The draft "Appeal Decision Letter" provides model language for this notice.

Please provide comments on the draft models, using the attached template, to the Medicare-Medicaid Coordination Office at MMCO_DSNPOperations@cms.hhs.gov by March 13, 2020. We will consider stakeholder feedback and issue final versions of these model materials following the comment period.