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**DOCUMENT HISTORY LOG**

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	September 1, 2015	Initial version Uniform Managed Care Manual Chapter 4.9 “MMP Rewards and Incentives Template Instructions.” Version 2.0 applies to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.
Revision	2.1	April 1, 2016	Section IV is modified to remove the requirement to enter “N/A” if the MCO does not offer the Reward or Incentive from the general category list. Appendix A is modified to update the categories.
<sup>1</sup> Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions. <sup>2</sup> Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision. <sup>3</sup> Brief description of the changes to the document made in the revision.			



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## **I. Applicability of Chapter**

This chapter applies to Medicare-Medicaid Plans (MMPs) participating in the Dual Demonstration. In this chapter, references to “Medicare and Medicaid” or the “Medicaid Managed Care Program(s)” apply to the Dual Demonstration.

## **II. Objective**

MMPs contracting with the State of Texas and CMS to provide comprehensive health care services to qualified program recipients must submit the Medicare-Medicaid Plan (MMP) Rewards and Incentives Template in accordance with the three-way contract for Dual Demonstration services between HHSC, CMS, and the MMP, and in accordance with the instructions below. HHSC will use the data in the template for comparison charts for MMP Enrollees. Ad Hoc reports may be requested by HHSC and CMS as needed.

## **III. General**

MMPs have flexibility to provide rewards and incentives to current Enrollees consistent with section 70.2 of the Medicare Marketing Guidance (MMG) and all relevant CMS guidance. Rewards and Incentives are further defined in the three-way contract.

## **IV. Rewards and Incentives Template**

The template (UMCM Chapter 4.10 "Medicare-Medicaid Plan (MMP) Rewards and Incentives Template") must be completed according to the instructions provided by HHSC in this chapter.

HHSC will provide the template to the MMPs in Word format. Document integrity is critical to the automated compilation of this data.

MMPs must follow the instructions in the bullets below:

- MMPs must include only Reward and Incentives as defined by the three-way contract (i.e., non-Medicare and non-Medicaid benefits).
- Only one template is required for each MMP. MMPs should not submit individual templates for each Service Area.
- MMPs must fill out one table for each Reward or Incentive submitted and identify the General Category (see Appendix A for a list of general categories under Physical, Behavioral Health and Dental Health categories).
- MMPs may copy and paste additional Reward and Incentive tables as needed, but the integrity of the table must not be changed.



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- MMPs must add additional tables for general categories with more than one Reward or Incentive.
- If an MMP proposes to provide multiple Rewards or Incentives that fall under one general category, the MMP should complete a table for each separate Reward or Incentive that falls under that category.
- MMPs may not create additional general category descriptions and must only use the ones in Appendix A.

## V. Data Entry Instructions

Please follow the instructions for each section listed below.

### 1) MMP Information

MMPs must fill in the blank spaces under page 2.

MMP: MMP Name

Period Covered: Date the Reward and/or Incentives are applicable.

MMP Contact Name: MMP contact that can respond to any questions regarding information included in the template.

MMP Contact Email: Email address for MMP contact

MMP Contact Phone Number: Office number for MMP contact

Fill in the MMP's Name and Period covered in the footer of the Word document. MMPs can submit any number of Reward and Incentive proposals--to do so, copy the applicable Reward and Incentive tables as many times as needed in each document.

### 2) Rewards and Incentives Tables

Please follow the instructions below for the **Rewards and Incentives** table:

#### a) General Category

The General Category column describes general categories used in the program comparison charts for Enrollees. MMPs must fit their proposed Reward or Incentive into one of the general categories in Appendix A. MMPs may submit multiple Rewards and Incentives submissions for each general category as long as a new table is created for each Reward or Incentive. If a new table is created, the MMPs must include the General Category to which it belongs. This row will repeat at the top of each table for identification purposes.



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**b) Description of Reward or Incentive and Enrollees Eligible to Receive the Services**

The Description column includes a detailed description of the Reward or Incentive offered.

**c) Applicable Programs**

Identify which applicable comparison charts apply to the Reward or Incentive. MMPs will be required to provide a response to whether or not a Reward applies for each comparison chart listed by inserting “yes” or “no”.

- Medicare-Medicaid Plan – Members in a Nursing Facility
- Medicare-Medicaid Plan – Members in the Community

For items d) – h) and j) – k), please provide responses for all programs or type in “N/A” if not applicable.

**d) Applicable Service Areas**

List all service areas to which the Reward or Incentive applies.

**e) Limitations or Restrictions**

Please list any limitations/restrictions for each benefit including but not limited to:

- Age, for ages please specify whether it applies to a specific age group. If the Reward or Incentive applies to a range, please specify if it is up to a certain age by using this format, “age x through y”. HHSC and CMS will interpret this to mean that the Reward applies to Members until the last month of their y\_birthday. Do not use the terms “under” or “over” in your age limitations.
- Gender;
- Dollar amounts;
- Time limits;
- Visits;
- Program level restrictions including but not limited to:
  - STAR+PLUS waiver and non-waiver Members

**f) Proposed Comparison Chart Language**

Provide proposed comparison chart language that includes a description of the Reward or Incentive as well as limitations. The proposed language should be written at a sixth-grade reading level and should not exceed 170 characters including spaces.



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**g) Is this a new Reward or Incentive or previously approved Reward or Incentive?**

The MMP should describe whether or not the proposed Reward or Incentive was previously approved. If not, please insert “new”. If previously approved, please note whether or not there have been any changes made since approval. If no changes have been made, please insert “unchanged.” If changes have been made, please insert “changed” and describe changes.

**h) Date previously approved**

If this Reward or Incentive was previously approved, state the period (SFY) it was approved by HHSC and CMS staff. Please use the date the MMP received the approval email from HHSC or CMS staff.

**i) Describe how the MMP will identify the Reward or Incentive in administrative data (Encounter Data).**

This row should include information on how the MMP will identify the Reward or Incentive in administrative data (encounter data), as well as the applicable financial arrangement code and description. The information should include Healthcare Procedure Coding System Codes (HCPCS) if applicable. If the Reward/Incentive is not identified in in encounter data, please submit a description of how it will be accounted for in the financial statistical report (FSR).

**j) Are any of these codes in the Texas Medicaid Provider Procedures Manual (TMPPM) or the Medicare Benefit Coverage Manual?**

Describe whether or not the Reward or Incentive is included as a Medicaid/Medicare covered service or is similar to a Medicaid/Medicare covered service or benefit. Refer to the managed care contracts, Texas Medicaid Provider Procedures Manual, or Medicare Resources. MMPs should respond “yes” if the Reward or Incentive is the same or similar to a service in one of the above mentioned locations. Otherwise mark “no.”

**k) If so, how is the Reward or Incentive different than the covered benefit?**

If a MMP responded “yes” to j), describe how the Reward or Incentive goes above and beyond what is already covered, or if there are different prior authorization requirements that apply.



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**l) Entity Responsible for Providing this Service**

Describe which entity is responsible for providing this service including any subcontractors.

**m) How and when will Providers be notified about the availability of the Reward or Incentive**

Describe how and when providers will be notified about the availability of the Reward or Incentive.

**n) How and when will Enrollees be notified about the availability of the Reward or Incentive**

Describe how and when Enrollees will be notified about the availability of the reward.

**o) How may an Enrollee obtain or access the Reward or Incentive?**

Describe how an Enrollee may obtain or access the Reward or Incentive. Provide responses to the following questions:

- Is there a trigger (e.g., claim filed, Enrollee referral, or encounter data) that notifies the MMP that a Reward or Incentive needs to be provided to an Enrollee?
- Describe when the Enrollee will receive the Reward or Incentive.
  - Does the Enrollee need to submit a voucher to obtain the Reward or Incentive?
- How long after the request will an Enrollee receive a Reward or Incentive?



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## APPENDIX A: General Categories

Appendix A  
modified by  
Version 2.1

### Physical, Behavioral, and Dental Health Categories

- Gift Cards
- Gift Program