



<b>HHSC UNIFORM MANAGED CARE MANUAL</b>  <b>Medicare-Medicaid Plan (MMP) Flexible Benefits Template Instructions</b>	CHAPTER	PAGE
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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 “Medicare-Medicaid Plan (MMP) Flexible Benefits Template Instructions.”  Version 2.0 applies to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.

<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represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions.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 (MMPs) Physical and Behavioral Health Flexible Benefits 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.

The Medicare-Medicaid Plan (MMPs) Physical and Behavioral Health Flexible Benefits Template must be submitted to the Contract Management Team (CMT), consisting of HHSC and CMS, annually on April 1<sup>st</sup> for review.

### **III. General**

Flexible Benefits are defined in Section 1.66 of the three-way contract.

### **IV. Flexible Benefits Template**

The template (UMCM Chapter 4.8, "The Medicare-Medicaid Plan (MMPs) Physical and Behavioral Health Flexible Benefits Template") must be completed according to the instructions provided by HHSC in this chapter.

HHSC will provide the Flexible Benefits 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 Flexible Benefits as defined by the three-way contract (i.e., non-Medicare and non-Medicaid benefits).



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## Medicare-Medicaid Plan (MMP) Flexible Benefits Template Instructions

- 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 Flexible Benefit submitted and identify the General Category (see Appendix A for a list of general categories under Physical and Behavioral Health and Dental Health categories).
- MMPs may copy and paste additional Flexible Benefits tables as needed, but the integrity of the table must not be changed.
- If an MMP proposes to provide multiple Flexible Benefits that fall under one general category, the MMP should complete a table for each separate Flexible Benefit that falls under that category.
- MMPs must enter “N/A” if it does not offer the Flexible Benefit from a general category listed in Appendix A.
- MMPs may not create additional general category descriptions and must only use the ones in Appendix A or list "NA."

### 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 Flexible Benefits are applicable.

MMP Contact Name: MMP contact that can respond to any questions regarding information included in the Flexible Benefits 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 Flexible Benefits proposals--to do so, copy the applicable Flexible Benefits tables as many times as needed in each document. MMPs must ensure the header remains on each page in order to identify page number.

#### 2) Flexible Benefits Tables



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Please follow the instructions below for the following table:

- **Flexible Benefits**

- a) **General Category**

The General Category column describes general categories used in the program comparison charts for Enrollees. MMPs must fit their proposed Flexible Benefit into one of the general categories in Appendix A. MMPs may submit multiple Flexible Benefits submissions for each general category as long as a new table is created for each Flexible Benefit. 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.

- b) **Description of Flexible Benefit and Enrollees Eligible to Receive the Services**

The Description column includes a detailed description of the Flexible Benefit offered.

- c) **Applicable Programs**

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

- Medicare-Medicaid Plan – Enrollees in a Nursing Facility
- Medicare-Medicaid Plan – Enrollees 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 Flexible Benefits applies.

- e) **Limitations or Restrictions**

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



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- Age, for ages please specify whether it applies to a specific age group. If the Flexible Benefit 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 Flexible Benefit applies to Enrollees 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 Enrollees

**f) Proposed Comparison Chart Language**

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

**g) Is this a new or previously approved Flexible Benefit?**

The MMP should describe whether or not the proposed Flexible Benefit 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 Flexible Benefit 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 Flexible Benefit in administrative data (Encounter Data).**

This row should include information on how the MMP will identify the Flexible Benefit in administrative data (encounter data), as well as the applicable financial arrangement



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code and description. The information should include Healthcare Procedure Coding System Codes (HCPCS) if applicable. If the Flexible Benefit is not identified 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 managed care contract, Texas Medicaid Provider Procedures Manual (TMPPM), or the Medicare Benefit Coverage Manual?**

Describe whether or not the Flexible Benefit 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 (such as the Medicare Benefit Coverage Manual). MMPs should respond “yes” if the Flexible Benefit is the same or similar to a service in one of the above mentioned locations. Otherwise, mark “no.”

**k) If so, how is the Flexible Benefit different than the covered benefit?**

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

**l) What do you estimate the total annual expenditures (on a full twelve-month basis) for this specific Flexible Benefit will be??**

Provide an estimate of expenses for this particular benefit.

**m) Are any of the costs incurred by the MMP (i.e. the amounts that would show up in the FSR) to provide this Flexible Benefit associated in any way with any sort of Affiliate transaction or Affiliate entity, directly or indirectly?**

Provide a Yes or No response. If Yes, please provide the name of Affiliate.

**n) Please provide some sort of per usage, per user, per transaction, or other relevant unit cost with regard to this Flexible Benefit.**



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Provide a cost per Enrollee as indicated.

**o) Provider Responsible for Providing this Service**

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

**p) How and when will Providers be notified about the availability of Flexible Benefit**

Describe how and when providers will be notified about the availability of the Flexible Benefit.

**q) How and when will Enrollees be notified about the availability of Flexible Benefit?**

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

**r) How may an Enrollee obtain or access the Flexible Benefit?**

Describe how an Enrollee may obtain or access the Flexible Benefit. 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 Flexible Benefit needs to be provided to an Enrollee?
- Describe when the Enrollee will receive the Flexible Benefit.
  - Does the Enrollee need to submit a voucher to obtain the Flexible Benefit?
- How long after the request will an Enrollee receive a Flexible Benefit?
  - Can the Enrollee receive a Flexible Benefit if he or she meets all conditions in one month, but is disenrolled from the plan the next month?



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## **APPENDIX A: General Categories and Examples**

### Physical and Behavioral Health Categories

- Alzheimer's Care
- Behavioral Health
- Behavioral Health – Inpatient Follow-up Incentive Program
- Behavioral Health – Online Mental Health Resources
- Behavioral Health – Off-site Services
- Disease Management
- Drug Store Services/Over-the-Counter Benefits
- Emergency Response Services (ERS)
- Extra Dental Services for Adults (age 21 and older) and Pregnant Women
- Extra Foot Doctor (Podiatry) Services
- Extra Help for Pregnant Women
- Extra Help Getting a Ride (when state services are not available)
- Extra Vision Services
- Health and Wellness Services
- Health Play and Exercise Programs
- Help for Enrollees with Asthma
- Home Visits
- Pest Control
- Short-term Phone Help

### Dental Categories

- Dental care kit