

**106 - CERTIFICATION OF MEDICARE ADVANTAGE ORGANIZATIONS SERVING
DUAL ELIGIBLE MEMBERS**

EFFECTIVE DATES: 11/01/12, 06/01/15, 10/01/18, 10/01/21

APPROVAL DATES: 05/12/15, 06/07/18, 04/15/21

I. PURPOSE

This Policy applies to ACC, ALTCS E/PD, DES/DDD, and RBHA Contractors. This Policy outlines the steps necessary for a Contractor's affiliated Medicare Advantage Organization (MAO) to obtain state certification by AHCCCS.

II. DEFINITIONS

Definitions are located on the AHCCCS website at: [AHCCCS Contract and Policy Dictionary](#).

III. POLICY**A. CERTIFICATION REQUIREMENTS**

State certification is required as part of the Centers for Medicare and Medicaid Services (CMS) Medicare Advantage application. Under Arizona State Law, certification of Contractors serving persons who are eligible for Medicaid, including Dual Eligible Members, can be completed by AHCCCS or by the Arizona Department of Insurance and Financial Institutions (DIFI), except as listed below.

Contractors are required to obtain certification by DIFI when:

1. Also serving Medicare only beneficiaries in addition to Full Benefit Dual Eligible Members.
2. Applying to become a Medicare Part D stand-alone Prescription Drug Plan (PDP).

For Contractors having a State-contracted Medicare Advantage Organization (MAO) offering a Dual Eligible Special Needs Plan (D-SNP) that serves DES/DDD Full Benefit Dual Eligible Members, such certifications can be issued to include this population.

AHCCCS will only provide certification as specified in this Policy.

B. RESPONSIBILITIES FOR REQUESTING CERTIFICATION FROM AHCCCS

Contractors pursuing certification from AHCCCS as an MAO serving only Full Benefit Dual Eligible Members shall submit the CMS State Certification Request Form to the AHCCCS/Division of Health Care Management (AHCCCS/DHCM), Operations Compliance Officer for Medicare, no later than 30 calendar days prior to the date such certification form is required to be sent to CMS. The State Certification Request Form can be obtained from the annual Medicare Advantage application on the CMS website at www.cms.gov/medicare/medicare-advantage/medicareadvantageapps.

In addition to, and in the same request and at the same time as the request for completion of the State Certification Request Form, the Contractor shall submit a Specific Plan of Action to the AHCCCS/DHCM Operations Compliance Officer for Medicare for review that includes the following information in narrative form:

1. Timing of the MAO start-up (coincident with the first proposed Medicare Advantage Contract Year start date).
2. GSA(s) that certification is being requested for.
3. Projected MAO enrollment for each proposed D-SNP at the first proposed Medicare Advantage Contract Year start date, and at the end of the first proposed Medicare Advantage Contract Year, by GSA(s).
4. Projected amount of, and description of, how separate MAO line of business Equity per Member requirements will be met at the first proposed Medicare Advantage Contract Year start date, and ongoing, in accordance with ACOM Policy 305.
5. Projected amount of, and description of, how separate MAO line of business Performance Bond requirements will be met at the first proposed Medicare Advantage Contract Year start date, and ongoing, in accordance with ACOM Policy 305.
6. Statement of understanding regarding ongoing, separate financial viability, monitoring and reporting requirements to be met by the MAO for each D-SNP offered to Full Benefit Dual Eligible Members as outlined in the appropriate contract and AHCCCS Financial Reporting Guide for Contractors for the line of business to which the MAO is an Affiliated Organization.

C. AHCCCS RESPONSIBILITIES IN PROCESSING CERTIFICATION REQUESTS

1. Within two weeks of receipt of a State Certification Request Form AHCCCS/DHCM will notify the requesting Contractor or affiliated MAO of the specific financial viability requirements and/or determine if additional information is necessary to review and approve the request.
2. Prior to the approval, AHCCCS/DHCM will verify that the Contractor or affiliated MAO will be able to comply with specific Equity per Member and Performance Bond standards by obtaining a Specific Plan of Action narrative that includes information requested in Section B of this Policy.
3. Upon review and acceptance of the Contractor's proposed Specific Plan of Action, AHCCCS/DHCM will forward a recommendation, and the completed State Certification Request Form, to the AHCCCS Office of the Director for signature.
4. AHCCCS/DHCM shall promptly return the executed State Certification Request Form to the Contractor to be sent to CMS to continue as part of the Medicare Advantage application process.