Centers for Medicare & Medicaid Services, HHS

§ 422.105

group of services as one optional supplemental benefit, offer services individually, or offer a combination of groups and individual services.

(e) **Supplemental benefits for certain dual special needs plans.** Subject to CMS approval, dual eligible special needs plans that meet a high standard of integration and minimum performance and quality-based standards may offer additional supplemental benefits, consistent with the requirements of this part, where CMS finds that the offering of such benefits could better integrate care for the dual eligible population provided that the special needs plan—

1. Operated in the MA contract year prior to the MA contract year for which it is submitting its bid; and

2. Offers its enrollees such benefits without cost-sharing or additional premium charges.

(65 FR 40320, June 29, 2000, as amended at 70 FR 4720, Jan. 28, 2005; 77 FR 22167, Apr. 12, 2012)

§ 422.103 Benefits under an MA MSA plan.

(a) **General rule.** An MA organization offering an MA MSA plan must make available to an enrollee, or provide reimbursement for, at least the services described in § 422.101 after the enrollee incurs countable expenses equal to the amount of the plan's annual deductible.

(b) **Countable expenses.** An MA organization offering an MA MSA plan must count toward the annual deductible at least all amounts that would be paid for the particular service under original Medicare, including amounts that would be paid by the enrollee as deductibles or coinsurance.

(c) **Services after the deductible.** For services received by the enrollee after the annual deductible is satisfied, an MA organization offering an MA MSA plan must pay, at a minimum, the lesser of the following amounts:

1. 100 percent of the expense of the services.

2. 100 percent of the amounts that would have been paid for the services under original Medicare, including amounts that would be paid by the enrollee as deductibles and coinsurance.

(d) **Annual deductible.** The annual deductible for an MA MSA plan—

1. For contract year 1999, may not exceed $6,000; and

2. For subsequent contract years may not exceed the deductible for the preceding contract year, increased by the national per capita growth percentage determined under § 422.306(a)(2).

3. Is pro-rated for enrollments occurring during a beneficiary’s initial coverage election period as described at § 422.62(a)(1) of this part or during any other enrollments occurring after January 1.

(e) **All MA organizations offering MSA plans must provide enrollees with available information on the cost and quality of services in their service area, and submit to CMS for approval a proposed approach to providing such information.**


§ 422.104 Special rules on supplemental benefits for MA MSA plans.

(a) An MA organization offering an MA MSA plan may not provide supplemental benefits that cover expenses that count towards the deductible specified in § 422.103(d).

(b) In applying the limitation of paragraph (a) of this section, the following kinds of policies are not considered as covering the deductible:

1. A policy that provides coverage (whether through insurance or otherwise) for accidents, disability, dental care, vision care, or long-term care.

2. A policy of insurance in which substantially all of the coverage relates to liabilities incurred under workers’ compensation laws, tort liabilities, liabilities relating to use or ownership of property, and any other similar liabilities that CMS may specify by regulation.

3. A policy of insurance that provides coverage for a specified disease or illness or pays a fixed amount per day (or other period) of hospitalization.

§ 422.105 Special rules for self-referral and point of service option.

(a) **Self-referral.** When an MA plan member receives an item or service of