

## § 422.304

*APR* stands for the M+C plan's average per capita rates of payment. The *APR* is the average amount the M+C organization estimates HCFA will pay (without any needed offsets or reductions, such as, those required by § 422.250(a)(2)(ii) for M+C MSA plan enrollees) for the period covered by the *ACR* for all of the Medicare beneficiaries electing the M+C plan.

*M+C monthly basic beneficiary premium* means, with respect to an M+C coordinated care plan, the amount authorized to be charged under § 422.308(a)(1) for the plan, or, with respect to a M+C private fee-for-service plan, the amount filed under § 422.306(d)(1).

*M+C monthly supplemental beneficiary premium* means, with respect to an M+C coordinated care plan, the amount authorized to be charged under § 422.308(a)(2) for the M+C plan, or, with respect to an MSA or an M+C private fee-for-service plan, the amount filed under § 422.306(c)(2) or § 422.306(d)(2).

*M+C monthly MSA premium* means, with respect to an M+C plan, the amount of such premium filed under § 422.306(c)(1).

### § 422.304 Rules governing premiums and cost-sharing.

(a) *Monthly premiums.* The monthly premium charged to the beneficiary is—

(1) For an individual enrolled in an M+C plan (other than an M+C MSA plan) offered by an M+C organization, the sum of the M+C monthly basic beneficiary premium plus the M+C monthly supplemental beneficiary premium (if any); or

(2) For an individual enrolled in an M+C MSA plan offered by an M+C organization, the M+C monthly supplemental beneficiary premium (if any).

(b) *Uniformity.* The M+C monthly basic beneficiary premium, the M+C monthly supplemental beneficiary premiums, and the M+C monthly MSA premium of an M+C organization may not vary among individuals enrolled in the M+C plan. In addition, the M+C organization may not vary the level of copayments, coinsurance, or deductibles charged for basic benefits or supplemental benefits (if any), among individuals enrolled in the M+C plan.

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(c) *Timing of payments.* The M+C organization must permit payments of M+C monthly basic and supplemental beneficiary premium on a monthly basis and may not terminate coverage for failure to make timely payments except as provided in § 422.74(b)(1).

(d) *Monetary inducements prohibited.* An M+C organization may not provide for cash or other monetary rebates as an inducement for enrollment or for any other reason or purpose.

### § 422.306 Submission of proposed premiums and related information.

(a) *General rule.* (1) Not later than May 1 of each year, each M+C organization and any organization intending to contract as an M+C organization in the subsequent year must submit to HCFA, in the manner and form prescribed by HCFA, for each M+C plan it intends to offer in the following year—

(i) The information specified in paragraph (b), (c), or paragraph (d) of this section for the type of M+C plan involved; and

(ii) The service area and enrollment capacity (if any).

(2) If the submission is not complete, timely, or accurate, HCFA has the authority to impose sanctions under subpart O of this part or may choose not to renew the contract.

(b) *Information required for coordinated care plans—*(1) *Basic benefits.* For basic benefits, the following information is required:

(i) The *ACR* as specified in § 422.310.

(ii) The M+C monthly basic beneficiary premium.

(iii) A description of cost-sharing to be imposed under the plan, and its actuarial value.

(iv) A description of any additional benefits to be provided pursuant to § 422.312 and the actuarial value determined for those benefits.

(v) Amounts collected in the previous contract period for basic benefits.

(2) *Supplemental benefits.* For supplemental benefits, the following information is required:

(i) The *ACR*.

(ii) The M+C monthly supplemental beneficiary premium.

(iii) A description of supplemental benefits being offered, the cost sharing