Passive Enrollment of the Newly Medicare-Medicaid Eligible Population into Medicare-Medicaid Plans (MMPs)

April 15, 2015
2:00-3:00 PM Eastern
Relay Conference Captioning

- Study Hall Call: Passive Enrollment of the Newly Eligible
- Teleconference #: 1-800-273-7043
- Access Code: 596413
- Web Conference URL: https://chcs.webex.com/chcs/onstage/g.php?MTID=ea86e6479fbcc16b7b76546e0ffed7662
- Or http://www.fedrcc.us/ input event confirmation # 2600693
Participants

• Sharon Donovan, Medicare-Medicaid Coordination Office, CMS

• Giman Kim, Medicare-Medicaid Coordination Office, CMS
Agenda

• Overview of Passive Enrollment Opportunities
• Newly Dually Eligible
  • Medicaid-first
  • Medicare-first
• Those Who Become Newly Eligible for Passive Enrollment in New Calendar Year
• Case Study – How Virginia passively enrolls new Medicare-Medicaid eligibles who have Medicaid-first
• Questions and Discussion
Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
On-Going Passive Enrollment Opportunities into MMPs

Presented by:
Medicare-Medicaid Coordination Office

April 15, 2015
Introduction to New Medicare-Medicaid Eligible Individuals

• Each month over 100,000 individuals become newly Medicare-Medicaid eligible
• Passive enrollment connects them with integrated care from day one
• There are two groups of new Medicare-Medicaid eligible individuals:
  o Medicaid-first: Individuals with full Medicaid who:
    – age into Medicare (turning age 65) or
    – reach the end of their Medicare 24-month disability waiting period
  o Medicare-first: Individuals with current Medicare eligibility who apply and qualify for Medicaid
    – Comprise the majority of newly Medicare-Medicaid eligible
• Same principles as for passively enrolling existing Medicare-Medicaid beneficiaries:
  – Identify demonstration-eligible individuals, and carve out those excluded from passive enrollment
  – Submit passive transaction to CMS and send notice to beneficiary two months in advance of the effective date
  – State and CMS coordinate on enrollment actions we take on behalf of beneficiary, so we only move them once in a calendar year

• Some minor variations that may necessitate one-time changes to systems
Passively Enrolling Medicaid First – What to Know

• What’s the same
  – Send 60-day passive enrollment letter to beneficiary by day 60
  – Person retains right to opt-out

• What’s different
  – Effective date = Start date of Medicare A&B
  – Timing of passive transaction to CMS’ MARx enrollment system
    • 63 days or more in advance of effective date
      – Otherwise, passive enrollment will be trumped when CMS auto-enrolls person into PDP starting day 62
    • With application date of 12/1/2002
      – Note that 12/1/2002 date is used to make sure that state-submitted passive enrollment transactions are not inappropriately processed

Leverage existing early notification CMS provides States of new Medicare-Medicaid eligible individuals to identify and passively enroll individuals before CMS would auto-enroll them.

Early notification –
  – “PRO” records on MMA file, i.e., those not currently duals but who may be dually eligible
    • CMS returns any upcoming Medicare eligibility, usually 4-5 months in advance of start date
  – TBQ batch query
### Overview of the Passive Enrollment - Medicaid-first population

**Example: Target Passive Enrollment Effective Date – 8/1/2015**

<table>
<thead>
<tr>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1 – Identifying New Medicare-Medicaid Eligible Individuals</td>
<td>03/01/15 - 04/30/15</td>
<td>Phase 2 – PE Selection/ File Submission Window/ 60-day Notice Mailing</td>
<td>05/01/15 - 05/31/15</td>
<td>Phase 3 – Period when beneficiary can make changes</td>
<td>06/01/15 - 07/31/15</td>
</tr>
</tbody>
</table>

**PE File Submission Deadline – 5/28/15**

Note that this is 63rd day before the MMP passive enrollment effective date

**Medicare Part A and B starts on 8/1/15; MMP Passive Enrollment also begins on 8/1/15**
Phase 1 – Identifying New Medicare-Medicaid Eligible Individuals
(4-5 months before PE effective date)

- **SSA “Attainer” File** – SSA provides soon-to-be Medicare eligibles to CMS 4-5 months in advance

- **MMA ‘PRO’ record file submittal/response** – States can include PROspective individuals (*often referred to as ‘PRO’ records*) on the monthly MMA file to CMS. In return, CMS will provide their projected Medicare Part A/B coverage start date on the MMA response file.
Phase 1 – Identifying New Medicare-Medicaid Eligible Individuals (continued) – ‘PRO’ record submission

- The key to successfully identify individuals who are currently Medicaid-only but soon-to-be Medicare eligible, full Medicare-Medicaid eligible individuals, is the **timing** of the ‘PRO’ record submission to CMS. State should include the following individuals:
  - Full Medicaid eligibles age 64 and 7 months or more
  - Individuals eligible for Medicaid because of disability (since States usually do not have data to identify subset who are nearing the end of their Medicare 24 month disability waiting period)
- Identify those who are demonstration eligible (e.g., service area), and exclude those who need to be carved out of passive enrollment
- For detailed submission and processing of the ‘PRO’ records, see sections 2.2-2.6 in the 2014 MMA Data Dictionary, version 2.7, modified April 4, 2014
Phase 2 – Passive Enrollment Selection and Enrollment File Submission Window

- Once states have determined MMP eligibility, target the PE file enrollment submissions between 63-90 days in advance of the MMP enrollment effective date, **but no later than the 63rd day**
  - Need to beat the timing of CMS Part D auto-enrollment process, which begins on 62nd day
- Application date must be **December 1, 2002** for this PE file submission
• States send their 60-day passive notices 60 days in advance of the MMP Passive Enrollment Effective Date
Phase 3 – Period when beneficiary can opt out of passive enrollment

- Up until day before effective date -- beneficiary has these two months to learn about MMP and what benefits/services are offered to him or her. Beneficiaries can call state call centers, ombudsman, SHIP/ADRC to ask questions, discuss other plan choices and make changes (e.g., choose another MMP and choosing to opt out).
Passively Enrolling Medicare-First Population – General Requirements

• Same principles as for passively enrolling existing Medicaid-Medicaid eligible individuals:
  – Identify demonstration eligible individuals, and carve out those excluded from passive enrollment
  – Submit passive transaction to CMS and send notice to beneficiary two months in advance of the effective date
  – State and CMS coordinate on enrollment actions we take on behalf of beneficiary, so we only move them once in a calendar year

• Some minor variations that may necessitate one-time changes to systems
• What’s different
  – Opportunity here is for individuals who already chose and have been enrolled in a Part D plan (i.e., while Medicare-only)
    • This is because the timing of MMA file exchange is such that there is not the 60 day advance notice needed to do passive
      – Medicare will auto-enroll them immediately, so person cannot be passively enrolled that same calendar year
    • These individuals can be passively enrolled in the following year
Each month, identify those who already have a Part D plan *that they chose*

- Use MMA Response file or response to TBQ query
- Select those with enrollment source code = B, D, G, or I

### Data Field Details

<table>
<thead>
<tr>
<th>Data Field</th>
<th>Position</th>
<th>Length</th>
<th>Valid Values</th>
</tr>
</thead>
</table>
| Beneficiary Enrollment Type Code | 2425     | 1      | B – Beneficiary election  
D – System-generated enrollment (Rollover)  
G – Point of sale (POS) submitted enrollments  
I – Assigned to plan submitted transactions with enrollment source other than any of the following: B, E, F, G, H, and blank |

- Identify those who are demonstration eligible (e.g., service area), and exclude those who need to be carved out of passive enrollment
- Follow standard passive enrollment process of sending passive transaction to CMS and letter to beneficiary 60 days in advance of effective date
Other Populations Who May Become Newly Eligible for Passive Enrollment

• Existing dually eligible individuals who becomes newly demonstration eligible
  – Move into demonstration service area,
  – No longer in Medicaid spend-down, or
  – Regain MMP eligibility

• Individuals who becomes re-eligible for passive enrollment in new calendar year
  – Involuntarily disenrolled from MMP during previous calendar year, e.g., due to short term loss of Medicaid
  – Were reassigned by CMS in previous calendar year, but not current (look at reassignment list previously shared by CMS, or enrollment source code = H)
  – New dually eligible individual auto-enrolled by CMS in previous calendar year (look for enrollment source code = A, C, E, F, G)
Enrollment Clean-up

There are times when an Enrollment transaction was incorrectly submitted on the file or not submitted when it should have been. Now it’s time to clean up these type of occurrences. Otherwise, a lopsided, out-of-sync enrollment situation may occur where Medicaid enrollment may be active while Medicare is not or vice versa. This will impede the MMP’s ability to fully administer Medicare/Medicaid benefits to the dually eligible individual, which will ultimately impact their access to care, including drugs.
Common Enrollment File Reconciliations

- Failed transactions and rejected transactions
- Beneficiary had cancelled or opted out after the file was sent
- Beneficiary was inadvertently omitted from a passive enrollment file

States are encouraged to review their DTRRs to identify and resolve discrepancies between the State’s MMIS and CMS MARx systems. Also, States should review CMS monthly reports such as Monthly Full Enrollment Data File and Monthly Membership Summary Report (MMR) to continue reconciling enrollment records.
Case Study – Differences in Virginia Eligibility and Enrollment Process

- Monthly rolling eligibility/enrollment process
- Demo active in 5 regions of Virginia only
- Exclusions occur prior to eligibility and enrollment
- Enrollment timing is based on CMS enrollment requirement and mailing vendor needs for letter turnaround
Case Study – How Virginia Passively Enrolls New Medicare-Medicaid Eligible Individuals Who Have Medicaid-First

- Use MMA ‘Pro’ record file submittal/response
- Part A, B, & D data updated in system
- Dual Process is executed 10 days prior to end of month.
- Dates updated in system used to pull members for Dual Process
Case Study – Considerations for Prospective Enrollment

- HICN needs to be flagged as active
- Ensure you look at policy dates as well as coverage dates for members
- Enrollment when member has other Managed Care Program coverage
- Enrollment vendor instructions for Prospective Enrollment
  - Members cannot OPT-IN during last 5 days of month for next month effective date.
  - For Prospective eligible members, if they chose to OPT-OUT, but later wants to OPT-IN, Do Not allow effective date to be prior to Medicare effective date.
Send enrollment policy and procedure questions to CMS at:
MMCOEnrollment@cms.hhs.gov
Questions and Discussion
Questions?

To submit a question, please click the question mark icon located in the toolbar at the top of your screen.

Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
About ICRC

• Established by CMS to advance integrated care models for Medicare-Medicaid enrollees

• ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies

• Visit http://www.integratedcareresourcecenter.com to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges

• Send additional questions to: ICRC@chcs.org