

# Medicare-Medicaid Plan (MMP) Enrollment Restrictions Resulting from the Comprehensive Addiction and Recovery Act of 2016 (CARA)\*

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The Comprehensive Addiction and Recovery Act of 2016 (CARA) included provisions that give Medicare Part D and Medicare Advantage plans (including Medicare-Medicaid Plans (MMPs)) tools to address opioid overutilization.<sup>1</sup> To implement this law, the Centers for Medicare & Medicaid Services (CMS) adopted a regulation allowing Medicare plans that provide prescription drug coverage (including MMPs) to use drug management programs to limit access to certain controlled substances determined to be “frequently abused drugs” for patients who are determined to be at-risk for prescription drug abuse.<sup>2</sup> These programs are currently optional for 2020 and 2021 but will be mandatory beginning in 2022 as a result of the SUPPORT Act.<sup>3</sup>

## How Plans Make At-Risk Determinations

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Once CMS designates specific opioids and benzodiazepines as “frequently abused drugs,” drug management programs enable plans to use clinical guidelines to determine if an individual is potentially “at-risk” for addiction to these substances, based on whether the individual is using frequently abused drugs from multiple prescribers and/or multiple pharmacies.<sup>4</sup> After the plan makes a “potentially at-risk” determination, the plan consults with prescribers to determine “at-risk” status or to determine whether the individual is exempt from participation in drug management programs. Exempt individuals include patients being treated for cancer-related pain, patients receiving palliative or end-of-life care, or patients in hospice or long-term care.<sup>5,6</sup>

## Limitations on Access to Coverage for Frequently Abused Drugs

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When a plan enrollee is determined to be “at-risk,” plans can: (1) limit the enrollee’s access to frequently abused drugs to *select* prescribers and/or pharmacies (thereby imposing a “lock-in”); and (2) use beneficiary-specific point-of-sale claim edits, which trigger pharmacist attention and action in specific circumstances.<sup>7</sup>

## Impact on Enrollment Processing for Dually Eligible Individuals Enrolling in (or Disenrolling from) MMPs

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Most dually eligible individuals who request plan enrollment changes can use the Dual-Eligible Individual or Other LIS-Eligible Individual Special Election Period (SEP)<sup>8</sup> once per calendar quarter for the first three quarters of the year.<sup>9</sup> However, if a dually eligible individual is in a drug management program authorized by CARA and has been identified as “potentially at-risk” or “at-risk,” they are unable to use this SEP. To enroll in a new plan or disenroll from their current plan, these individuals must meet the

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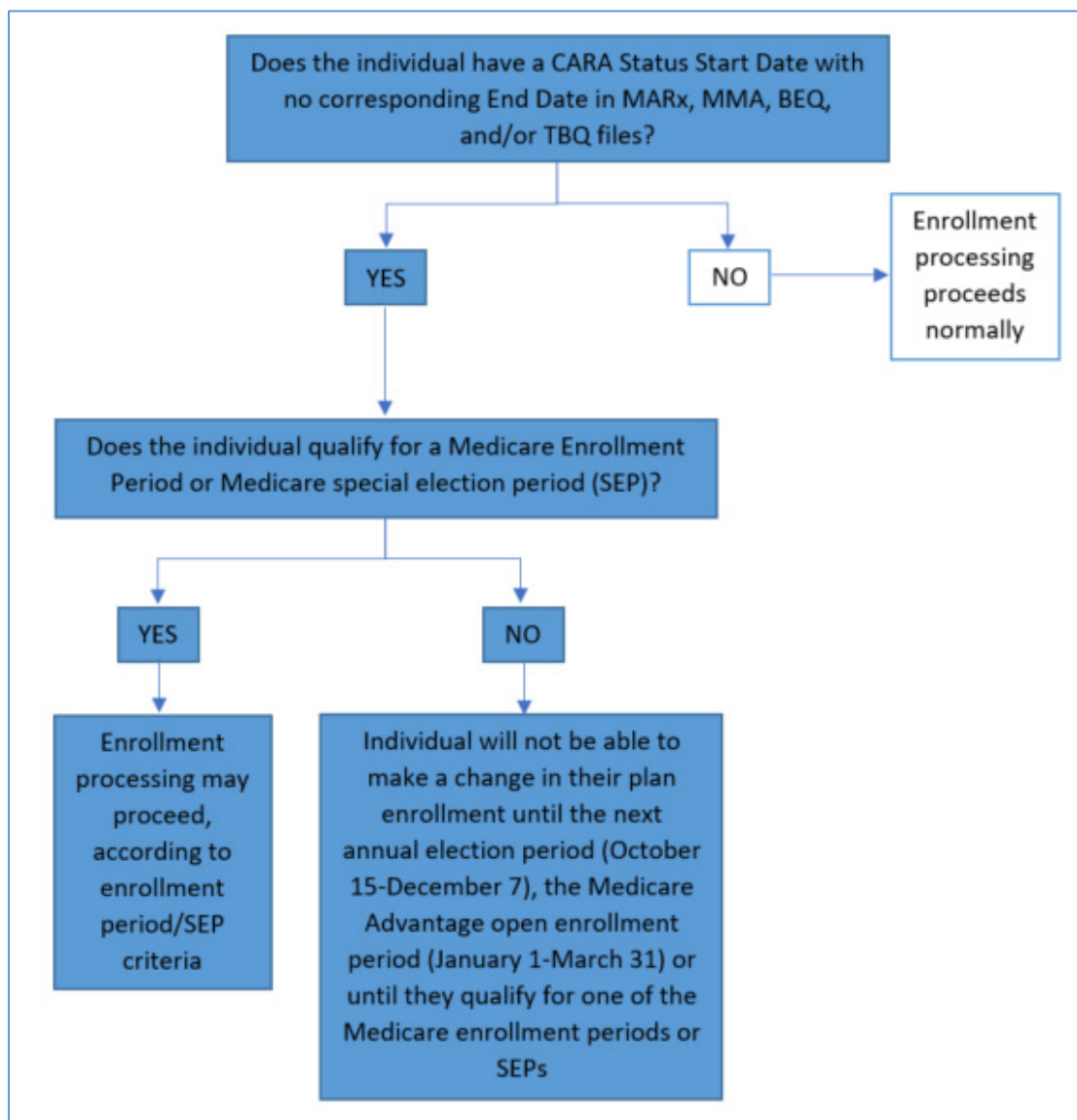
\* Applicable as of August 2020

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criteria for a Medicare Enrollment Period or another Medicare SEP.<sup>10</sup> This limitation begins on the date that the plan sends an initial notice to the potentially at-risk (or at-risk) individual and varies in duration.<sup>11</sup> Additionally, states cannot passively enroll potentially at-risk or at-risk individuals into MMPs unless their current plan is terminating.<sup>12</sup> Individuals experiencing this enrollment “lock-in” will have a CARA Status Start Date with no corresponding End Date indicated within a number of CMS files, including MMA, BEQ and TBQ response files.<sup>13</sup> CARA indicators will also be displayed in the CMS MARx system.

To enable MMP enrollment processing for individuals subject to these restrictions, demonstration states and Enrollment Brokers will need to develop processes to identify whether an enrollee has a CARA Status Start Date indicator when the enrollee requests an MMP enrollment change. For individuals who have such indicators, states/Enrollment Brokers will need to determine whether the enrollee qualifies for a Medicare Enrollment Period or SEP before allowing the individual to enroll in or disenroll from an MMP. CMS and the Integrated Care Resource Center (ICRC) have produced scripts that states and Enrollment Brokers can use to screen these individuals for Medicare Enrollment Period and SEP eligibility.

**Figure 1. Enrollment Processing for Dually Eligible Individuals**



## ABOUT THE INTEGRATED CARE RESOURCE CENTER

The *Integrated Care Resource Center* is a national initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the *Integrated Care Resource Center* are coordinated by [Mathematica](#) and the [Center for Health Care Strategies](#). For more information, visit [www.integratedcareresourcecenter.com](http://www.integratedcareresourcecenter.com).

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<sup>1</sup> Comprehensive Addiction and Recovery Act of 2016. Public Law 114-198, 114th Congress. §704(a)(5). July 22, 2016. Available at: <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>.

<sup>2</sup> Ibid.

<sup>3</sup> Section 2004 of the SUPPORT Act (P.L. 115-271) requires mandatory implementation of the Medicare Part D Drug Management Programs created by CARA.

<sup>4</sup> 42 CFR §423.153(f). April 16, 2018. Available at: <https://www.govinfo.gov/content/pkg/FR-2018-04-16/pdf/2018-07179.pdf>.

<sup>5</sup> Comprehensive Addiction and Recovery Act of 2016. Public Law 114-198, 114th Congress. §704(a)(5). July 22, 2016. Available at: <https://www.congress.gov/114/plaws/publ198/PLAW-114publ198.pdf>.

<sup>6</sup> 42 CFR §423.153(f). April 16, 2018. Available at: <https://www.govinfo.gov/content/pkg/FR-2018-04-16/pdf/2018-07179.pdf>.

<sup>7</sup> 42 CFR §423.153(f). April 16, 2018. Available at: <https://www.govinfo.gov/content/pkg/FR-2018-04-16/pdf/2018-07179.pdf>.

<sup>8</sup> This SEP is new as of 2019. States with Financial Alignment Initiative demonstrations have been given the opportunity to implement this SEP or to continue to allow dually eligible individuals to make MMP enrollment changes at any time. As of December 2019, all demonstration states have chosen to continue to allow dually eligible individuals to make MMP enrollment changes at any time. However, if an individual has a CARA indicator, they may not use this SEP, even in demonstration states.

<sup>9</sup> "Medicare Advantage Enrollment and Disenrollment Guidance." 2020. Available at: <https://www.cms.gov/files/document/cy2021-ma-enrollment-and-disenrollment-guidance.pdf>.

<sup>10</sup> CMS. "Medicare Advantage Enrollment and Disenrollment Guidance." 2020. Available at: <https://www.cms.gov/files/document/cy2021-ma-enrollment-and-disenrollment-guidance.pdf>.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid.

<sup>13</sup> "Medicare Advantage Prescription Drug State User Guide." 2018. Available at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/MAPD-State-User-Guide-Version-80.pdf>.