



Identifying Newly Eligible Medicare-Medicaid Enrollees for Enrollment in Capitated Financial Alignment Demonstrations

November 17, 2016

1:00 – 2:00 pm ET

Participants

- Gimán Kim, Medicare-Medicaid Coordination Office
- Michael Kettaneh, Infocrossing
- Malinda Ellwood, MassHealth
- Lida Momeni, Michigan Department of Human Services

Agenda

- Welcome, Introductions, and Roll Call
- Early Identification of Prospective Medicare-Medicaid Enrollees for Enrollment
- Opportunity to Access the Prospective Dual File
- State Perspectives
- Questions and Discussion

Early Identification of Prospective Medicare-Medicaid individuals for Enrollment

- Gimán Kim, Medicare-Medicaid Coordination Office

Purpose and Goal

- Discuss the benefits of early identification of newly eligible Medicare-Medicaid individuals for enrollment into an MMP under the capitated financial alignment model
- Walk through how States can get a more complete list of prospective Medicare-Medicaid individuals for a given time period

Newly Eligible Medicare-Medicaid Individuals

- Newly eligible Medicare-Medicaid individuals fall into two groups:
 - Individuals who have Medicaid first, who age into Medicare at 65, or reach the end of their Medicare 24-month disability waiting period
 - Individuals who have Medicare first with current Medicare eligibility, who apply and qualify for Medicaid
- Each month, over 100,000 individuals nationally become eligible for both Medicare and Medicaid

Potential Benefits of Early Identification before *Day One* of Eligibility

- Benefits for early identification of newly eligible Medicare-Medicaid individuals:
 - Offers an opportunity to coordinate eligibility with passive enrollment to steadily grow membership in demonstrations
 - Provides an opportunity to receive coordinated care as early as possible

Identification of Individuals Who Have Medicaid-First: State Role

- Current challenge for States to identify those Medicaid recipients who will have Medicare Parts A/B within 4–6 months:
 - Requires additional coordination among offices within the State Medicaid agency to have IT staff regularly extract Medicare eligibility data from CMS or SSA data exchanges.
- CMS and Infocrossing (CMS enrollment vendor) designed a Prospective Dual File to provide states an opportunity to generate a more complete list of newly eligible Medicare-Medicaid individuals

State Medicaid Agencies to Query Medicare Part A/B Entitlement Data

- Step 1: State queries Medicaid data (e.g., MMIS) to identify potential Medicare eligibles:
 - Turning 65 years old within 6 months; or
 - Aged, Blind, Disabled (ABD) adults and children who could potentially meet Medicare Parts A and B entitlement requirements.

State Compiles List of Newly Eligible Medicare-Medicaid Individuals Eligibles and Sends to CMS

- Step 2: State creates a consolidated list of Potentially Newly Eligible Medicare-Medicaid Individuals and adds it to the MMA (Medicare Modernization Act) file for PRO record submissions to CMS.

State Agency can take the following steps to Submit a Full List of individuals who have Medicaid-First to CMS

Step 1:

Identifies those who currently receive Medicaid and may have potential Medicare eligibility using state's Medicaid data^a

Step 2:

Adds consolidated list of prospective dual-eligible individuals to MMA file for PRO record submissions to CMS.

^aProspective Medicaid-first Medicare-Medicaid Enrollees are recipients of Medicaid who are turning 65 and/or nearing the end of their 24-month Social Security Disability Insurance.

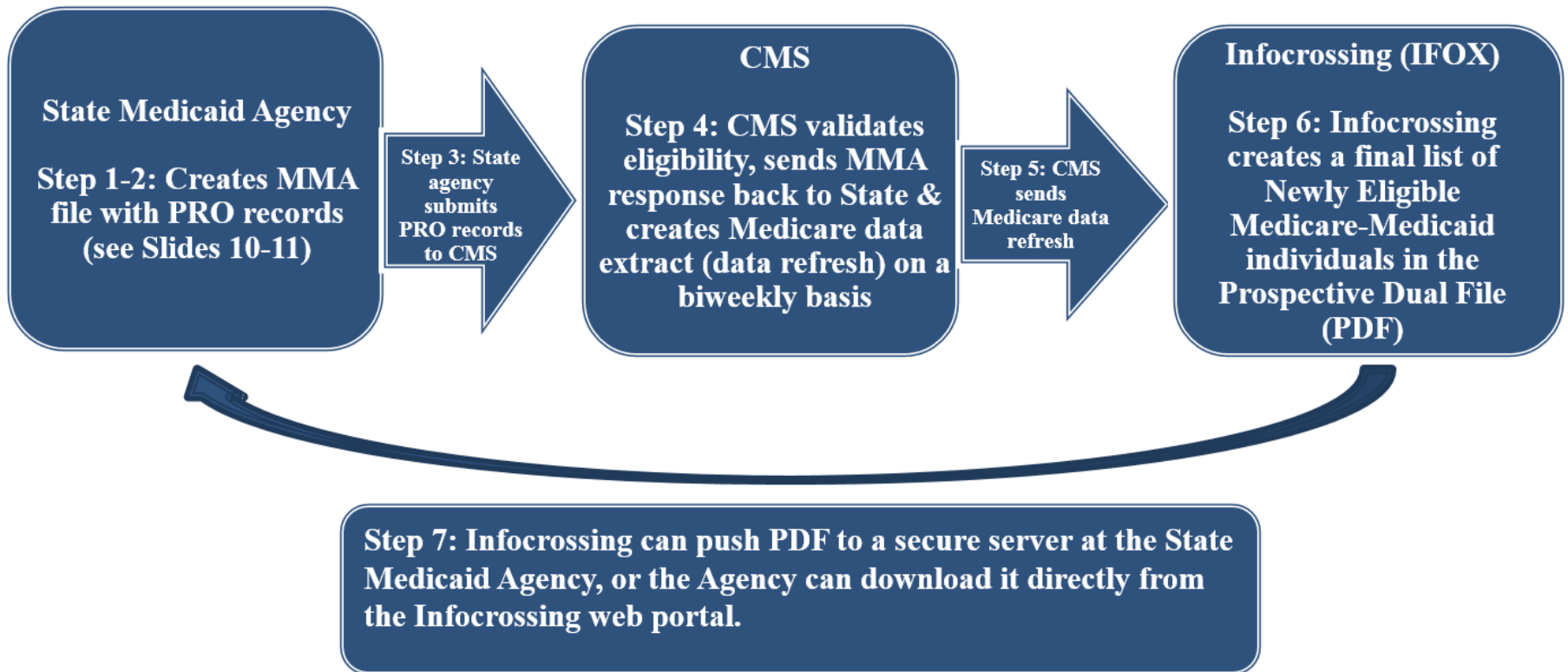
The Prospective Dual File (PDF)

- File recently developed by CMS that is produced twice each month, on the 2nd and 16th.
- Designed to provide biweekly list of new Medicare-Medicaid individuals for a given state.
- Provides Medicare Parts A and B entitlement information 3-4 months in advance of individual's Medicare start date (some times as early as 5-6 months).
- Available on the Infocrossing web portal.
- State can download the file or Infocrossing can push it to the State.

Uses for Prospective Dual File (PDF)

- The PDF can be used for outreach and education to demonstration eligible individuals.
- The PDF can be used to target individuals for passive enrollment 3-4 months before Medicare effective date (with some as early as 5-6 months before Medicare effective date).
- The state would then further screen to determine if an individual qualifies for passive enrollment.

Steps for Creation of Prospective Dual File (PDF) from State Medicare Modernization Act (MMA) File



Identifying Individuals Who Have Medicare-First through Prospective Dual File (PDF)

- PDF also selects records of Newly Eligible Medicare-Medicaid individuals individuals who already chose and enrolled in a Medicare Part D prescription drug plan or Medicare Advantage organization that offers Part D prescription drug coverage
- Required action to passively enroll individuals who have Medicare-first -
 - State must send passive enrollment notice 60 days before the target effective date and another reminder notice 30 days before the effective date.
 - Person retains right to opt out or choose another MMP or Medicare health or drug plan before the effective date.
 - Passive enrollment file must be submitted to CMS' MARx system no later than 60 days before the effective date.
 - State must coordinate with CMS activities on passive enrollment actions taken on behalf of beneficiary, so beneficiaries are moved only once in a calendar year.

Working with the Prospective Dual File (PDF) from Infocrossing

- Once State accesses the Prospective Dual File from Infocrossing, State should have enough time to:
 - Check if the individual is eligible to enroll in an MMP;
 - Compare to see if they have missed any eligible individual or a need to include in the individual record in the next MMA “PRO” records submission to CMS;
 - Review a beneficiary’s claims history for intelligent assignment (e.g., appropriate assignment to an MMP based on network);
 - Send required notices and passively enroll eligible individuals to MMPs on an ongoing basis; or
 - Conduct outreach.

State Agency Selects Beneficiaries from Prospective Dual File for Passive Enrollment & Intelligent Assignment

**Step 8:
Receives Prospective
Dual File from
Infocrossing**

**Step 9:
Compares PDF to
State's Data and
verifies
Medicare/Medicaid
eligibility**

**Step 10:
Intelligently Assigns
Prospective Enrollees
to MMPs**

**Step 1:
Sends Notification
Letters to
Prospective Enrollees
at Least 60 Days
Prior to Enrollment**

Increasing the Number of Newly Eligible Medicare-Medicaid Individuals

- Increase PRO Record submissions

Table 1: # of Medicaid-first individuals from the Prospective Dual File (Individuals with both Medicare Part A/B entitlements who are deemed for Federal low-income subsidy (LIS))

MMP States	1-Dec-16	1-Jan-17	1-Feb-17	1-Mar-17	1-Apr-17	1-May-17	1-Jul-17	Total
California	161	5066	3933	21			17	9198
Illinois	97	732	593	9			7	1438
Massachusetts	12	553	479	6			3	1053
Michigan	172	232	84	4			1	493
New York	160	1550	1938	7			17	3672
Ohio	76	1592	576	8			2	2254
Rhode Island	15	70	54					139
South Carolina	117	324	267	2			2	712
Texas	512	1182	740	164			22	2620
Virginia	142	348	408	338			3	1239

Increasing the Number of Newly Eligible Medicare-Medicaid Individuals

Table 2: Month-to-Month PRO Record Submission Counts

(Dual Status Code Values of '02', '04', and '08' ; Full Duals-only)

MMP States	16-Jan	16-Feb	16-Mar	16-Apr	16-May	16-Jun	16-Jul	16-Aug	16-Sep
California	515257	516232	517176	516765	516714	517170	512950	512796	510209
Illinois	27167	27843	27873	27928	27978	28215	28092	28934	28977
Massachusetts	49510	48792	48851	48118	47882	47965	47631	47985	47795
Michigan	4640	4569	4586	4478	4883	6956	9778	4958	4812
New York	544197	547083	547269	544755	545421	543968	541502	546286	545453
Ohio	24545	24845	25382	25768	25908	26188	25874	26353	26648
Rhode Island	26740	26848	27035	27433	27679	27706	27930	28008	28044
South Carolina	59787	59913	60280	60099	60359	60270	60249	60291	60495
Texas	543070	1146233	606094	1146394	497524	686087	684560	539775	641493
Virginia	79149	79935	80198	80259	80366	80135	80194	80386	79843

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Benefits to the States

- Working with the Prospective Dual File (PDF) will eliminate the need for data mining by the State.
- State can more easily implement early outreach activities and ongoing passive enrollments to sustain enrollment.
- The resulting increase in the identification of Newly Eligible Medicare-Medicaid individuals will support efficiencies in coordinated care opportunities, program administration, and greater MMP participation.

Opportunity to Access the Prospective Dual File

- Michael Kettaneh, Infocrossing

State Perspectives - Massachusetts

- Malinda A. Ellwood, MassHealth

Enrolling New Dual Eligible Members into One Care

- MassHealth included new dually eligible members (Medicaid first) as part of the most recent passive enrollment round for an effective enrollment date of January 1, 2017.
- Passively enrolling new dually eligible members allows them to move from one managed care delivery system (Managed Care Organization (MCO) or /Primary Care Clinician (PCC) plan) into another (One Care), rather than into fee-for-service (FFS).
 - Without passive enrollment, when MassHealth members get Medicare, they are:
 - Disenrolled from their MassHealth MCO or the PCC Plan
 - Enrolled in MassHealth FFS, Original Medicare (FFS), and a Medicare Part D Plan

Providing Continuity and Supported Transition for Members Gaining Medicare

- One Care enrollment triggers outreach efforts from the plan, and an assessment and care planning process. This framework can support members as they move out of MassHealth managed care and into Medicare. These kinds of supports are not available in FFS.
 - Members enrolling in One Care may continue to see their prior providers during the **Continuity of Care (CoC)** period, which is at least 90 days, and until an assessment and care plan are complete
 - Members have access to **care coordination**, including:
 - a care coordinator to help coordinate their benefits and services
 - and, if the member chooses, a **long-term supports coordinator** to help them with access to long-term services and supports
 - One Care plan staff actively outreach to new enrollees:
 - Welcome to One Care; provide information about their coverage and supports
 - Build a **care team** that preserves existing provider relationships wherever possible
 - Engage the member in a **comprehensive assessment**
 - Work with the member and care team to create a **person-centered care plan** based on the member's goals and needs

Benefits as MassHealth Members Gain Medicare

Service	Enrolled in: MCO/PCC Plan	Enrolled in: MassHealth and Medicare Fee-for-Service	Enrolled in: One Care
Acute/Primary Medical Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prescription Drug Coverage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Behavioral Health (Inpatient/Outpatient)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Long-Term Services and Supports	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medically-Necessary Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Co-payments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	None
Diversionsary Behavioral Health Services (e.g. Community Crisis Support (CSS) or peer supports)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Non-Medical Transportation			<input checked="" type="checkbox"/>
Community Support Services			<input checked="" type="checkbox"/>
Enhanced Vision Services			<input checked="" type="checkbox"/>
Enhanced Dental Services (including but not limited to): <ul style="list-style-type: none"> • Crowns (including repairs); • Periodontic services (root canals) • Endodontic services (gum treatment) 			<input checked="" type="checkbox"/>
Care Coordinator			<input checked="" type="checkbox"/>
Comprehensive Assessment			<input checked="" type="checkbox"/>
Long-Term Supports Coordinator			<input checked="" type="checkbox"/>
Person-Centered Care Plan			<input checked="" type="checkbox"/>
Continuity of Care			<input checked="" type="checkbox"/>
Ombudsman			<input checked="" type="checkbox"/>



Enrollment and Matching for MassHealth Members Gaining Medicare

- Whenever possible, MassHealth will also enroll MassHealth members gaining Medicare (new dually eligible individuals) into One Care plans based on members' existing provider relationships from MassHealth managed care, prioritized as follows:
 1. Primary Care Provider (PCP) is available through a One Care plan (*e.g., members with a Commonwealth Community Care PCP would be enrolled into CCA*)
 2. Tufts' Managed Care Organization (MCO) members would be matched to Tufts Health Unify (as available in their service area)
 3. Other providers (*e.g., physicians, clinics, hospitals, behavioral health, or long-term services and support providers*)
- To better understand how often the providers that transitioning members see today through their MassHealth MCO or the PCC Plan may also be available in the One Care plans' networks, we looked at matching rates for members who will gain Medicare as of December 1, 2016 as a test. (These members will not be passively enrolled.)
 - Test Run: Of the 396 individuals becoming eligible for Medicare and One Care in December, 93% had an existing relationship with a provider in a One Care plan:
 - For 57% of members, their primary care provider is available in either CCA's or Tufts' One Care plan
 - another 9% were previously enrolled in a Tufts MCO
 - another 27% matched to either CCA or Tufts based on claims from other types of providers
 - We expect to see a similar level of existing relationships among the new dually eligible individuals who will be passively enrolled in January
- We are testing passive enrollment at the point MassHealth members gain Medicare with the goal of improving transitions for these members. We are also using this process to improve our operational capacity for passive enrollment.
 - We currently have two committed, experienced One Care plans who will be working to ensure a smooth transition for these members
 - We will be monitoring the experience of these members and evaluating their experience and whether they choose to stay in One Care after being passively enrolled
 - We will make adjustments to the process as needed

Contact Information

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State Perspectives - Michigan

- Lida Momeni, Michigan Department of Health & Human Services

State Perspectives - Michigan

- The Prospective Dual File allows a state the opportunity to identify which populations are missing from its PRO Record process (Medicaid expansion population, ALMB, SLMB, etc.)
- States can adjust the file to best fit their eligibility requirements (include certain county codes and limit age) to narrow down the file

State Perspectives - Michigan

- Through each monthly file, Michigan was able to determine that a noticeable portion of the missing population included beneficiaries enrolled in Healthy Michigan, Michigan's Medicaid expansion program
- Michigan is looking to improve its PRO Record submission process to include missing populations in order to allow seamless enrollment in managed care

Contact Information

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Note and Questions

NOTE: This slide deck may be updated based on topics discussed and next steps/action items that comes out during bi-weekly workgroup meetings.

QUESTIONS??

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