



# Technical Operation Considerations for Implementing Enrollment Periods for States Participating in the Capitated Model Financial Alignment Initiative

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Presented by: Medicare-Medicaid Coordination Office (MMCO)

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# Presenter

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# Technical Operation Considerations for Implementing Enrollment Periods



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*Medicare-Medicaid  
Coordination Office  
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# Agenda

- Review state requirements for implementing the “Duals/LIS SEP” waiver
  - FAI demonstration states with demonstration authority to “waive” the narrowing of the “Duals/LIS SEP” will continue to use the same enrollment transaction codes and processing
- Discuss the Medicare Advantage Prescription Drug (MARx) System enrollment-related transaction changes resulting from the finalized Medicare regulations impacting when beneficiaries can change Medicare plans (including Medicare-Medicaid Plans [MMPs])
  - Reminder on various enrollment periods (e.g., Annual Enrollment Period [AEP], Medicare Advantage Open Enrollment Period [MA OEP], etc.)
- Required updates to Enrollment Notices sent from the state to beneficiaries
- Review upcoming technical system changes for the Comprehensive Addiction and Recovery Act (CARA) “lock-in”
  - These changes are effective for calendar year 2019

# State “Duals/LIS SEP” Waiver

- The “Duals/LIS SEP” waiver is **limited** to enrolling into, switching among, or dis-enrolling from an MMP.
  - It will not provide dual eligible beneficiaries a continuous SEP to move monthly among other types of Medicare plans (MA, MA-PD, PDP, D-SNP, etc.).
- The “Duals/LIS SEP” waiver **does not** apply to beneficiaries identified as at-risk or potentially at-risk of opioid overuse/misuse under the Comprehensive Addiction and Recovery Act of 2016 (CARA).
  - States with a “Dual/LIS SEP” waiver must be able to determine if an at-risk or potentially at-risk beneficiary qualifies for another enrollment period in order to “opt-in” to an MMP.
- States will still need to make updates to the enrollment notices sent from the state to the beneficiary.
  - Enrollment notices that have been delegated by the state to the MMPs will also need to be updated by the MMPs.

# MMP Enrollment-Related Transactions

- The States/enrollment brokers submit an enrollment file to the CMS MARx system (via the demonstration enrollment vendor), containing enrollment-related transactions.
- The enrollment-related transaction layout and enrollment file processing for MMPs **will not change**.
- The transaction codes (TC), transaction reply codes (TRC), and disenrollment reason codes (DRC) remain the same.

# Examples of TC, TRC, DRC

TCs submitted by States/Enrollment Brokers include:

Transaction Code	Description
51	Disenrollment
61	Enrollment
81	Cancellation of Disenrollment
82	MMP Enrollment Cancellation
83	MMP Opt-Out Update

Example of TC/TRC Combinations:

TC	TRC	Initiated	Type	Definition	Action as necessary
61	011	State	Accepted	This TRC is a successful MMP enrollment Opt-in transaction.	The beneficiary is enrolled in coverage. No action necessary from the State.
51	013	State	Accepted	This TRC indicates a successful disenrollment transaction.	The beneficiary is disenrolled from coverage. No action is necessary from the State.

Example of DRCs submitted by States/Enrollment Brokers include:

Disenrollment Reason Code	Description
11	Voluntary Disenrollment
63	MMP Opt-Out After Enrolled – For use by MMPs only
64	Loss of Demonstration Eligibility – For use by MMPs only
92	Involuntary Disenrollment for a Move Out of Plan Service Area

# Election Type and Source Code

- The enrollment-related transactions in the file contain two fields that indicate the transaction is regarding an MMP:
  - Election type code, and
  - Enrollment source code.
- The codes for MMP enrollment-related transactions are NOT changing.
  - **Election Type Code = 'U'**
  - **Enrollment Source Code = 'J' State-submitted passive enrollment; OR  
= 'L' MMP beneficiary election**



# File Layout for Election Type and Source Code

Medicare & Medicaid Plan Eligibility & Enrollment Guide

06/22/2016

## Batch Enrollment/Disenrollment/Change/Cancellation transactions Detail Record

Data Element	Size	Format	Position	Remarks
Election Type	1	Char	47	'U'
Enrollment Source	1	Char	193	'J' – State submitted passive enrollment 'L' – MMP beneficiary election

# Enrollment Transaction Resources

- Guidance on how to submit transactions can be found in the MMP Enrollment Technical Guidance at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPEnrollmentTechnicalGuidance28.pdf>.
- The full list of all TCs and TRCs (including those that do not apply to MMPs) as well as transaction requirements, file layouts, and reports is available in the Medicare Advantage and Prescription Drug Plan Communications User Guide (PCUG) at: [http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan\\_Communications\\_User\\_Guide.html](http://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Plan_Communications_User_Guide.html).
- An Enrollment Reconciliation Toolkit is available that includes a TC/TRC mapping chart as well as a “cheat sheet” of common TR/TRC combinations for MMPs. The toolkit is available on the InfoCrossing website: <https://www.medicare-solution.com/mss/home/Index.jsp>.

# State Enrollment Notices

- States with the “Duals/LIS SEP” waiver **are required to make certain updates** to the notices sent by the state/enrollment broker to beneficiaries.
  - Please see the enrollment notice “cheat sheet” on next slide, which indicates which notices require updates, and what the new/updated language is regarding.
- States intending to submit passive enrollment notices for 1/1/2019 should submit the updates for the 60/30 day notices along with the cancellation notice to your MMCO enrollment lead for review and approval no later than **August 31, 2018**.
- All other enrollment notices should be submitted to your MMCO enrollment lead for review and approval no later than **November 9, 2018**.
- Please note, it is important to include the updated information regarding the enrollment periods available to beneficiaries.

# State Enrollment Notices “Cheat Sheet”

## MMCO Enrollment Notice “Cheat Sheet” for States with a “Duals/LIS SEP” Waiver

- Exhibit 1: Updated: MBI/Medicare Card, accessibility language
- Exhibit 2: Updated: MBI/Medicare Card, accessibility language
- Exhibit 4: Continuity of Care period language updated
- Exhibit 5: Passive SEP language included
- Exhibit 5a: Model has been updated to mirror updates in ANOCs and Member Handbooks (Chapter 1)
- Exhibit 5b: Model has been updated to mirror updates in ANOCs and Member Handbooks (Chapter 1)
- Exhibit 5c: Passive SEP language included
- Exhibit 13: Updated: MBI/Medicare Card
- Exhibit 19: Change of Residence SEP language added
- Exhibit 20: Change of Residence SEP language added
- Exhibit 21: Change in Dual/LIS Status SEP language added plus MA OEP information added and updated Extra help
- Exhibit 22: Change in Dual/LIS Status SEP language added plus MA OEP information added and updated Extra help
- Exhibit 28: Enrollment/SEP Language added (regardless if Dual/LIS SEP is Waived)
- Exhibit 31: Passive SEP language included
- Exhibit 32: Incarceration SEP language added
- Exhibit 33: Lawful Presence SEP language added

# System Changes per the Comprehensive Addiction and Recovery Act (CARA)

- Under the Comprehensive Addiction and Recovery Act of 2016 (CARA), Medicare beneficiaries may be identified as at-risk or potentially at-risk status for opioid overuse/misuse.
- The state/enrollment broker **may not** use either the “Duals/LIS SEP” waiver or the “Duals/LIS SEP” itself to enroll a beneficiary with an at-risk or potentially at-risk status into an MMP, among an MMP, or disenroll from an MMP.
- In addition, states may not passively enroll beneficiaries who are at-risk or potentially at-risk status into MMPs.

# Identifying CARA At-Risk or Potentially At-Risk Beneficiaries

- CARA limitation data (either “at-risk” or “potentially at-risk”), will be shared via the BEQ, TBQ, and via the MARx UI.
  - The data will also be available to capitated model FAI demonstration states through the InfoCrossing web portal <https://www.medicare-solution.com/mss/home/Index.jsp>
- States/enrollment brokers will also be notified on the Daily Transaction Reply Report (DTRR) using the Transaction Reply Code (TRC) of the beneficiary’s active CARA limitation.
- The CARA limitation data should be used to verify a beneficiary’s eligibility to enroll in, switch, or disenroll from a plan, including MMPs.
- CMS will provide additional HPMS guidance for an upcoming software release this fall that will contain the technical details to update your systems.

# Enrollment Periods for CARA At-Risk or Potentially At-Risk Beneficiaries

- Beneficiaries in an at-risk or potentially at-risk status may only “opt-in” to MMPs under the following conditions:
  - the beneficiary qualifies for an Special Enrollment Period (SEP) other than being a dual eligible/LIS individual (the “DUALS/LIS SEP” waiver **does not apply** for potential at-risk or at-risk status individuals);
  - during the Medicare Annual Enrollment Period (AEP) October 15- Dec 7;
  - during the Medicare Advantage Open Enrollment Period (MA OEP) January 1 – March 31 provided the beneficiary is meeting the eligibility for MA OEP; and
  - during the Initial Enrollment Period (IEP) such as when the beneficiary first gains Medicare or already has Medicare due to disability and turns 65.

# Refresher on SEPs

- A beneficiary with an at-risk or potentially at-risk status may qualify for one of the following Special Enrollment Periods (SEPs) to enroll in an MMP:

· 5-Stars plan SEP (Excludes MMPs)	· Plan non-renewal or terminations	· Loss of SNP eligibility	· Provider network changes
· PACE SEP	· Employer/Union Group Health Plan (EGHP)	· SPAP	· Providing Individuals who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions
· CMS/State Assignment SEP	· Medigap policy “Trial Period”	· Chronic Care SNP	· FEMA-Declared Weather Related Emergency or Major Disaster
· Change in Dual/LIS Status SEP	· Retroactive ESRD entitlement	· Other creditable drug coverage	· “Exceptional conditions” SEP
· Change in Residence SEP	· Retroactive Medicare entitlement	· Becoming lawfully present	
· Plan contract violation	· Coordinate Part D enrollment into MA-PD	· Beneficiaries Age 65	



# Further Information on Enrollment Periods

- More information on each SEP as well as additional information on the MA OEP, IEP, and AEP can be found in Section 30 - Election Periods and Effective Date of the Medicare Advantage Enrollment and Disenrollment Guidance:

[https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/Downloads/CY\\_2019\\_MA\\_Enrollment\\_and\\_Disenrollment\\_Guidance.pdf](https://www.cms.gov/Medicare/Eligibility-and-Enrollment/MedicareMangCareEligEnrol/Downloads/CY_2019_MA_Enrollment_and_Disenrollment_Guidance.pdf)

- For specifics on MMP enrollment and election periods, please see Section 20 - Elections and Effective Dates of the MMP National Guidance:

[https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/MMPEnrollmentGuidanceManual\\_CY2019\\_08022018.pdf](https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/MMPEnrollmentGuidanceManual_CY2019_08022018.pdf)

# Determining Eligibility for Enrollment Periods

- The state call center representatives should ask beneficiaries with an at-risk or potentially at-risk status questions to determine whether the beneficiaries are eligible for an enrollment period to enroll in, switch, or disenroll from an MMP.
  - At-risk or potentially at-risk status beneficiaries may not use the “Duals/LIS SEP” waiver or the quarterly “Duals/LIS SEP” itself.
- Suggested questions and further information on assessing eligibility for enrollment periods can be found in the June 26, 2018 webinar “Enrollment Periods for Dually Eligible Beneficiaries in Capitated Model Financial Alignment Initiative (FAI) Demonstrations” at:  
<https://www.integratedcareresourcecenter.com/technicalAssistance/studyHallCalls.aspx>.
- Additional sample questions and information on enrollment periods can be found in the CMS Understanding Medicare Part C & Part D Enrollment Periods (Revised December 2017) at:  
<https://www.medicare.gov/Pubs/pdf/11219-Understanding-Medicare-Part-C-D.pdf>.
  - NOTE: CMS will release an updated version of this document on enrollment periods containing the changes from the Part C & D final rule.

# Implementing the Dual/LIS SEP

- For states interested in implementing the quarterly “Duals/LIS SEP” in 2020 or beyond, MMCO will provide additional information on the MARx enrollment transaction updates.
- This includes the election type codes and enrollment source code combinations for each specific enrollment period as well as the various SEPs.

# Deeming and Updated Medicare SEP

- The Part C/D final rule has updated the SEP for “Individuals who Gain, Lose, or Have a Change in the Dual or LIS-Eligible Status.”
- Dual eligible beneficiaries who are no longer eligible for Title XIX benefits have one opportunity to make an election within three months of the change, or notification of such a change, whichever is later.
  - The SEP begins **either** the current month the beneficiary receives notice of the loss of eligibility, even if the loss of eligibility is determined retroactively by the state, **or** the current month the change in enrollment take effective, whichever is later.
  - The effective date of an enrollment request using this SEP would be the first of the month following receipt of an enrollment request.

# Examples: Deeming and Updated Medicare SEP

## Example

John Smith enters a deeming period as of May 1. The deeming period will last from May 1 through June 30. John Smith receives notification of the deeming period on April 25.

**Scenario 1:** John has a three month opportunity to elect a new Medicare plan starting April 25. If John elects a new Medicare plan, the SEP is considered “used”. John chooses to enroll in a new Medicare plan, and is disenrolled from the MMP. John’s deeming period with the MMP is no longer applicable.

**Scenario 2:** John has not used his three month opportunity to elect a new Medicare plan, and John regains his Medicaid eligibility by June 30. John remains in the MMP, and John’s SEP ends three months following his notification of entering the deeming period.

**Scenario 3:** John does not regain his Medicaid eligibility, and is disenrolled from the MMP as of the end of the deeming period. John still has the same SEP, only the three month opportunity to elect a new Medicare plan starts again July 1.

# About ICRC

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- Established by CMS to advance integrated care models for dually eligible beneficiaries
- 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 other ICRC questions to: [integratedcareresourcecenter@chcs.org](mailto:integratedcareresourcecenter@chcs.org)