

Identifying Newly Eligible Medicare-Medicaid Individuals for Enrollment in Capitated Financial Alignment Demonstrations: Frequently Asked Questions (FAQs)

This document answers questions that states have asked about improving the processes they use to regularly identify prospective Medicare-Medicaid individuals for potential enrollment into their capitated financial alignment demonstrations. The FAQs in this document supplement a webinar the Integrated Care Resource Center (ICRC) presented on this subject in November 2016.¹ In addition, the Centers for Medicare & Medicaid Services' (CMS) Medicare-Medicaid Coordination Office (MMCO), Infocrossing,² and ICRC are available to answer states' questions. Please submit your questions to ICRC@chcs.org.

1. What is meant by a “new Medicare-Medicaid individual”?

New Medicare-Medicaid individuals include people who are: (1) already covered by Medicaid (i.e., “Medicaid-first”) and become eligible for Medicare when they turn age 65 or complete a 24-month Social Security Disability Insurance waiting period;³ or (2) already covered by Medicare (i.e., “Medicare-first”) and have applied for Medicaid based on limited income, resources, and assets.⁴

2. Why should states consider prospective identification of new Medicare-Medicaid individuals for enrollment in their demonstrations?

Prospective identification of individuals who are likely to become dually eligible for Medicare and Medicaid gives states an opportunity to notify them about their coverage options in advance of their eligibility effective dates. Early notification lets individuals make informed decisions about their care. It also can give them an opportunity to receive coordinated care as early as possible. Prospective identification further offers states a chance to coordinate eligibility with passive enrollment processes and steadily grow enrollment in their demonstrations. This FAQ document is intended to help states maximize the number of Medicare-Medicaid individuals they identify for enrollment into capitated financial alignment demonstrations.

3. How many people become newly eligible for both Medicaid and Medicare each month?

Each month more than 100,000 individuals nationally become eligible for both Medicare and Medicaid. Not all of them will be eligible for enrollment in capitated model demonstrations, which operate only in some states. The actual number who are newly dually eligible in any state depends on the specific demonstration eligibility criteria a state uses, including permanent residence in selected counties or membership in certain demographic groups (e.g., individuals age 65+). Individuals enrolled in the Program of All-Inclusive Care for the Elderly (PACE) are not generally eligible for passive enrollment into capitated financial alignment demonstrations. In some states, however, they may opt into demonstrations after first disenrolling from PACE.

4. Don't states and CMS already identify newly demonstration-eligible Medicare-Medicaid individuals?

Several states already regularly identify new demonstration-eligible individuals. They review data from CMS to find individuals who recently moved into a Medicare-Medicaid Plan's (MMP) service area, or became eligible based on information from an enrollment broker.

Some states query their Medicaid Management Information System (MMIS) to identify potential new dually eligible Medicare-Medicaid individuals. States add these individuals to the Medicare Modernization Act (MMA) file they regularly submit to CMS. These individuals are identified with the code "PRO" for "prospective" in the Record Identifier field. CMS then compares the list of state-identified prospective eligibles against its Medicare eligibility information housed in the CMS Medicare Beneficiary Database (MBD). CMS confirms for the state the individuals it deems dually eligible for the Medicaid and Medicare programs.

Infocrossing then creates the Prospective Dual File from "PRO" records found in each state's MMA file. The Prospective Dual File include individuals who are currently eligible for full Medicaid and those who are likely to qualify for Medicare in the near future (in six months or less).

5. Why should states consider investing more time and resources into this process?

Although the process states currently use identifies *some* individuals who potentially qualify for a demonstration, it does not identify *all* of them. The absolute number of individuals that states fail to identify varies by state and month, and could be a substantial.

States that choose to take the additional steps described below could significantly increase the number of individuals contacted for possible inclusion in demonstrations and, through enrollment, increase the number of individuals who could benefit from coordinated care.

6. What additional steps could states take to improve the quality and completeness of the list of prospective Medicare-Medicaid individuals?

First, states can do additional upfront work to improve the quality and completeness of the data they submit to CMS. They can do this by supplementing the information they already have on their MMA file with information from several Social Security Administration (SSA) data exchanges. For example, states can query the SSA's Beneficiary and Earnings Data Exchange (BENDEX), State Data Exchange (SDX), State Verification & Exchange System (SVES) / State On-line Query (SOLQ) etc., to verify income eligibility for Medicaid. Such additional steps could enable CMS to produce a higher quality, validated list of prospective Medicare and Medicaid individuals from the PRO records the state agency already submits.

Second, states can identify new eligibles earlier and update CMS data more frequently. This would allow for a more comprehensive list of prospective dually eligible individuals to be available through the Prospective Dual File, with effective dates that are farther in the future (i.e., five to six months). States can even use the Prospective Dual File to identify Medicaid-first beneficiaries who qualified based on the modified adjusted gross income (MAGI) categories and who will be Medicare-eligible, when they turn 65, within the next six months.

Third, states can take advantage of the Prospective Dual File available through Infocrossing's web portal to generate more robust lists of individuals who are likely to become eligible for both programs in the near future. (See Question 7 for more detail about the Prospective Dual File.)

7. What is the Prospective Dual File?

The Prospective Dual File provides states with a list of individuals who have been deemed Medicare eligible by CMS. It includes information about an individual's Medicare Part A and B entitlement three to four months (and sometimes five to six months) before their Medicare effective date. It reduces the need for states to send CMS individual queries to verify Medicare eligibility. The list of individuals provided in the Prospective Dual File can be streamed into the state-designated, secure server location or can be manually downloaded by the state end user. This can help to increase ongoing passive enrollments in demonstrations. The resulting increase supports states' efforts to improve care coordination for demonstration enrollees and encourages greater MMP participation in the demonstrations.

The Prospective Dual File includes three key data elements for states to successfully implement monthly passive enrollment:

- Medicare Part A start date;
- Medicare Part B start date; and
- Enrollment source code.

On a bi-weekly basis, individuals who meet all of the following criteria are selected for inclusion in the Prospective Dual File:

- Already entitled to or will be entitled to both Medicare parts A and B in next six months;
- Residing in a state that participates in the capitated financial alignment initiative;
- Deemed eligible for Low-Income Subsidy for Medicare prescription drug coverage (deemed LIS status);
- Alive;
- Not incarcerated; and
- Lawfully present in the United States.

The Prospective Dual File is available on Infocrossing's web portal on the second and sixteenth day of every month. States can download the Prospective Dual File from the Infocrossing web portal or have Infocrossing push it to them via a secure server.⁵

8. How often would a state typically use the Prospective Dual File?

States may choose to identify prospective Medicare-Medicaid individuals on an ongoing basis such as monthly, quarterly, or annually. States may elect to coordinate this process with their Medicare Annual Enrollment Period in the fall, effective January 1 of the following year.

Once it receives the Prospective Dual File from Infocrossing, the state should then double-check that the selected individuals are still eligible to enroll in a MMP before submitting enrollment transactions. The state should also check to see if the initial Prospective Dual File missed any individuals. If individuals are missing, the state can include them as "PRO" records in the next MMA submission to CMS. If it chooses, a state can then use an intelligent assignment method to assign individuals to an appropriate plan. It can also send outreach materials to prospective enrollees as early as possible to encourage eligible individuals to opt-in to the MMP.

Endnotes

- ¹ Integrated Care Resource Center. “Identifying Newly Eligible Medicare-Medicaid Enrollees for Enrollment in Capitated Financial Alignment Demonstrations.” November 17, 2016. Available at: <https://chcs.webex.com/chcs/lr.php?RCID=e8c251583f5c4c3db3c46ea845420e68>.
- ² Infocrossing (IFOX), a WIPRO company, helps state agencies participating in CMS’ financial alignment demonstration to establish Medicare eligibility for their dually eligible beneficiaries and facilitate enrollment data communications with CMS. IFOX uses its data center, enrollment and eligibility software, Help Desk, and other technical staff to give state organizations and MCOs the support they need to effectively complete the Medicare eligibility validation process and subsequently validate the enrollment transactions for these beneficiaries.
- ³ Medicaid-first individuals must meet all other requirements for Medicare entitlement.
- ⁴ Medicare-first individuals may apply and qualify for Medicaid. Categorical eligibility requirements relate to the age or other characteristics of an individual. People age 65 and over and certain persons with disabilities are among the categories of individuals who may qualify. The financial eligibility requirements established for state Medicaid programs place limits on the amount of income and resources or assets individuals may possess and still be eligible. The specific income and asset limitations that apply to each eligibility group in a state are set through a combination of federal parameters and state definitions.
- ⁵ For more information on the Prospective Dual File, see the Infocrossing web portal at: <http://www.medicare-solution.com>.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The **Integrated Care Resource Center** is a national technical assistance 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 Policy Research and the Center for Health Care Strategies. For more information, visit www.integratedcareresourcecenter.com.