

# **MMP Enrollment Processing Updates Resulting from the Comprehensive Addiction and Recovery Act of 2016 (CARA)**

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August 26, 2020

1:00-2:30 pm Eastern Time

# Agenda

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- CARA Rules Related to Medicare-Medicaid Plan (MMP) Enrollment
- ICRC Resources for Demonstration States and Enrollment Brokers
- Medicare Enrollment Periods and Examples of Special Election Periods
- Example Scenarios
- Questions and Answers

# Presenters

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- Alena Tourtellotte
  - Integrated Care Resource Center
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# CARA Rules Related to MMP Enrollment

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- Comprehensive legislation signed on July 22, 2016 to address opioid epidemic
- Included provisions that give Medicare Part D and Medicare Advantage (MA) plans (including MMPs) tools to address opioid overutilization
  - Among other tools, MA and Part D plans can now use **drug management programs** (DMPs) to limit access to “frequently abused drugs” for “at-risk” beneficiaries

**Source:** 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>.

# At-Risk Determinations

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1. CMS designates specific opioids and benzodiazepines as “frequently abused drugs”
2. Plans use clinical guidelines to determine if a beneficiary is potentially “at-risk” for addiction
3. Plans consult with prescribers to determine “at-risk” status
4. If a beneficiary is determined “at-risk,” the plan can:
  - **Prevent beneficiaries from making enrollment changes outside of standard Medicare enrollment periods, unless they qualify for a Special Election Period (SEP);**
  - Limit the beneficiary to select providers and/or pharmacies for the purpose of accessing frequently abused drugs (“lock-in”)
  - Use beneficiary-specific point-of-sale claim edits to alert the pharmacist and/or prompt pharmacist action

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

# Impact on MMP Enrollment Processing for Dually Eligible Individuals with a CARA Lock-In

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- Most dually eligible individuals can use an SEP to enroll in an MMP outside of standard Medicare enrollment periods
  - SEP for individuals who are dually eligible or who are enrolled in the Part D Low Income Subsidy (LIS) program
  - As of 2019, this SEP is quarterly, but demonstration states have opted to waive this SEP and continue to allow dually eligible beneficiaries to enroll in, disenroll from, or change MMPs at any time
- However, if a beneficiary is identified as “at-risk” or potentially “at-risk” through a DMP, they are unable to use this SEP
  - To enroll in a new Medicare plan or disenroll from their current plan, they must meet criteria for a Medicare Enrollment Period or another Medicare SEP

**Source:** “Medicare-Medicaid Plan Enrollment and Disenrollment Guidance.” 2019. Available at:

[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).

# Identifying Dually Eligible Individuals with CARA Lock-In

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- Beneficiaries experiencing a “lock-in” will have a CARA Status Start Date with no corresponding End Date within a number of CMS files, including:
  - Medicare Modernization Act (MMA) Response Files
  - Batch Eligibility Query (BEQ) Response Files
  - Territories and States Beneficiary Query (TBQ) Response Files

*Information on these files is available in the CMS Medicare Advantage and Prescription Drug State User Guide at <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/MAPD-State-User-Guide>*
- CARA indicators will also be displayed in the CMS Medicare Advantage Prescription Drug (MARx) system

**Source:** “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>.

# CARA Indicator in MARx System

The screenshot displays the Medicare Advantage Prescription Drug (MARx) system interface. At the top, the CMS logo is on the left, and the title "Medicare Advantage Prescription Drug (MARx)" is on the right. Below the title, there are navigation links: "Welcome", "Beneficiaries", "Transactions", "Payments", "Rates", and "Reports". A secondary set of navigation links includes "Find", "New Enrollment", "Eligibility", and "Opt-Out". The "Eligibility" link is highlighted in red. Below the navigation, a red box highlights the text "Beneficiary: Eligibility (M232)". To the right, it says "Role: CMS CENTRAL OFFICE USER Date: 5/14/2020".

Below the navigation, there are several fields for beneficiary information, each with a corresponding input field:

- Claim Number:
- MBI Number:
- Name:
- Birth Date:
- Date of Death:
- Sex:
- Address:
- Most recent State:
- Most recent County:

Below these fields is a table titled "Enrollment Information for 05/14/2020". The table has the following columns: Contract, PBP, Plan Type Code & Description, Start, End, and Drug Plan. There are two rows of data:

Contract	PBP	Plan Type Code & Description	Start	End	Drug Plan
H0927	001	48 - MEDICARE-MEDICAID PLAN HMO	07/01/2014		Y
85601	034	29 - MEDICARE PRESCRIPTION DRUG PLAN	06/01/2012	06/30/2014	Y

Below the enrollment table is a section titled "CARA Status" which is highlighted with a red box. It contains two columns: "Start Date" and "End Date". The values are "05/20/2019" and "06/20/2020" respectively.

Below the CARA Status section is a section titled "Election Type Code Usage" which contains the text: "There is no MA-OEP and QTR LIS SEP information for the beneficiary".

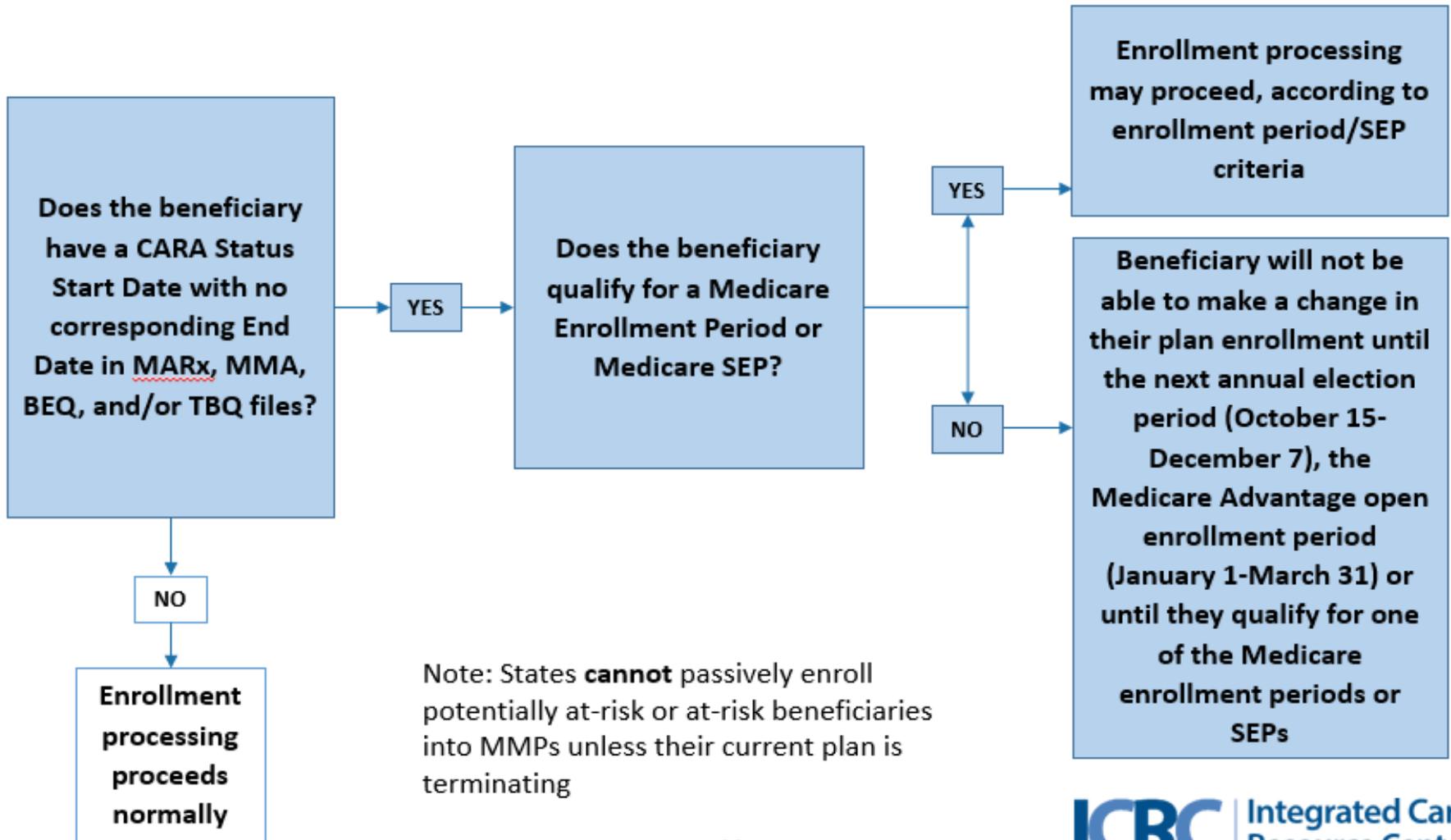
Note: Some content from MARx screen removed

# Updated Enrollment Process

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- To enable MMP enrollment processing for beneficiaries subject to these restrictions, demonstration states and enrollment brokers will need to:
  - Develop processes to identify dually eligible individuals experiencing CARA “lock-ins”
  - Determine whether these individuals qualify for a Medicare Enrollment Period or SEP before processing an enrollment request submitted on their behalf

# Enrollment Processing for Dually Eligible Beneficiaries



# ICRC Resources

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- Resources are available at the ICRC website:  
<https://www.integratedcareresourcecenter.com/resource/medicare-medicare-plan-mmp-enrollment-restrictions-resulting-comprehensive-addiction-and>
- CMS and ICRC have produced:
  - **Call scripts** that states and enrollment brokers can use to screen individuals with a CARA “lock-in” for Medicare Enrollment Period and SEP eligibility
    - Note that there are separate **enrollment, disenrollment, and switch** scripts
      - Medicare SEPs that enable enrollment in an MMP and disenrollment from an MMP are not exactly the same
      - If a dually eligible individual-wishes to switch from one MMP to another, use the switch call script
  - **Reference tables** that describe the specific criteria for each Medicare Enrollment Period and Medicare SEP currently available to Medicare beneficiaries, including dually eligible individuals
  - A **fact sheet** that reviews the impact of CARA for MMP enrollment processing

# Medicare Enrollment Periods and Examples of Medicare Special Election Periods

# Medicare Initial Enrollment Periods

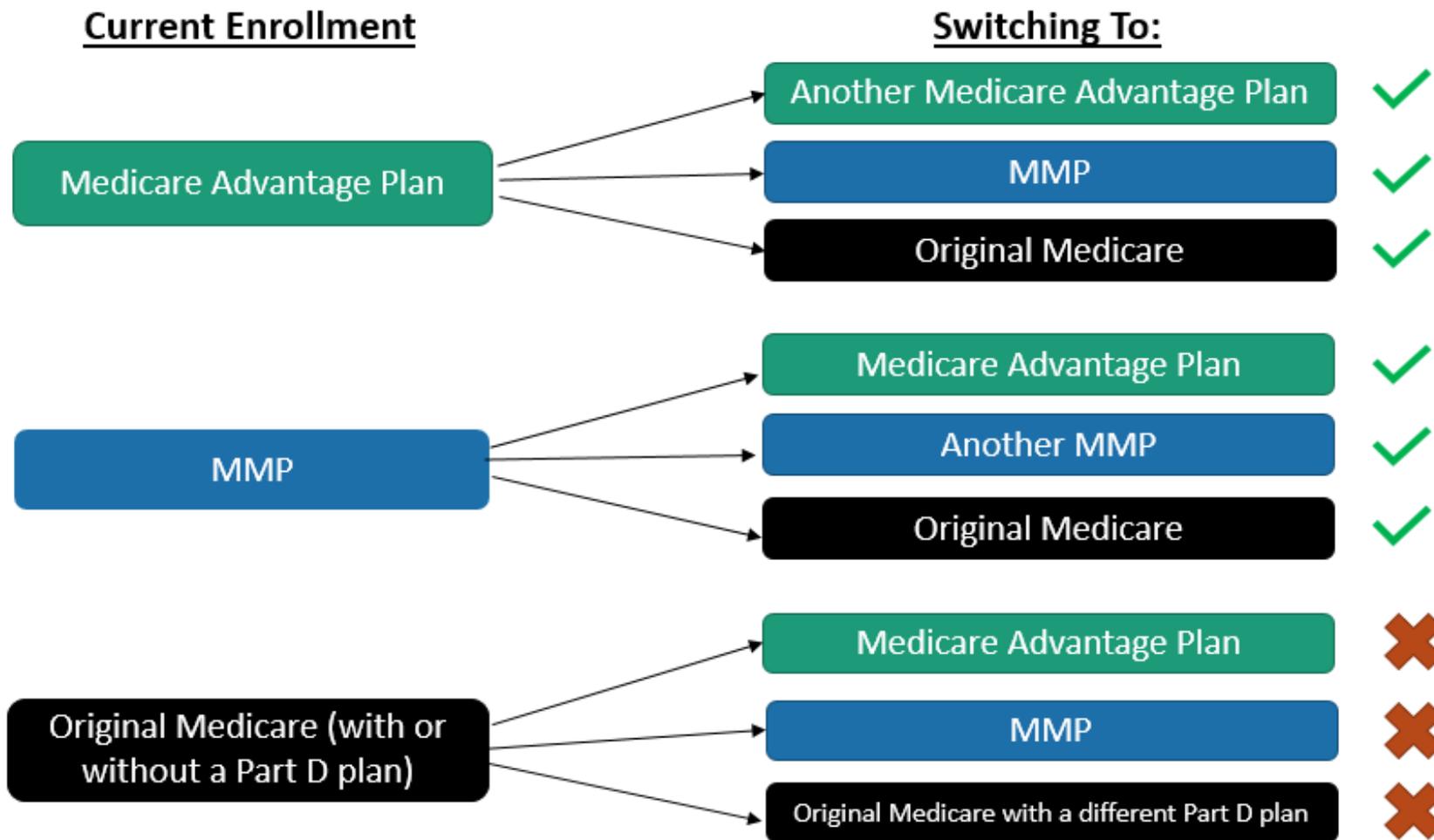
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- **Initial Coverage Election Period (ICEP)**
  - Three months before, the month of, and three months after an individual's initial Medicare Part A and B entitlement
- **Initial Enrollment Period for Part D**
  - Three months before, the month of, and three months after initial Medicare Part B entitlement
- Individuals who first become eligible for Medicare due to disability have another initial enrollment period for Part D upon turning 65

# **Annual Medicare Enrollment Periods**

- **Annual Election Period for Medicare Advantage and Part D**
  - October 15 – December 7 every year
  - New coverage begins January 1 of the following year
- **Medicare Advantage Open Enrollment Period (OEP)**
  - January 1 – March 31 every year
    - For new Medicare beneficiaries who are enrolled in an MA plan during their ICEP, the MA OEP is the month of entitlement to Part A and Part B through the last day of the third month of entitlement.
  - Individuals enrolled in MA plans (including MMPs) may switch from one MA plan to another or disenroll from their MA plan to go back to Original Medicare coverage (with or without a Part D plan)

# Medicare Advantage Open Enrollment Period (Jan 1 – Mar 31)



# Ongoing Medicare Enrollment Period

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- **Open Enrollment Period for Institutionalized Individuals**
  - May be used by an individual moving into, residing in, or moving out of an institution
    - These institutions include nursing homes, psychiatric hospitals, rehabilitation hospitals, long-term care hospitals and swing beds
  - Continuous as long as the individual resides in the institution (may make as many enrollment changes as desired)
  - Ends two months after the month the individual moves out of the institution

# Examples of Commonly Used Medicare SEPs

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*Note: This is not an exhaustive list; see ICRC enrollment period reference tables for more information.*

- **SEPs for changes in residence**
  - Apply to change in permanent residence that results in loss of eligibility for current plan or new plan options
    - Includes release from incarceration
- **SEP for gain, loss, or change in Medicaid coverage (dual eligibility status) or Part D Low-Income Subsidy status**
  - One opportunity to change Medicare plans within three months of any gain, loss or change in Medicaid or LIS
- **SEPs for non-renewing plans**
  - Individuals impacted when their plan does not renew its contract with CMS or reduces its service area have an SEP from December 8 until the end of February to enroll in a new plan

# Examples of Less Commonly Used Medicare SEPs

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*Note: This is not an exhaustive list; see ICRC enrollment period reference tables for more information.*

- **SEP for beneficiaries who enrolled in a MA plan (including an MMP) during their Initial Enrollment Period at age 65 (SEP65)**
  - Can disenroll from MA plan to switch to Original Medicare coverage within first 12 months of enrollment in the MA plan
- **SEP for beneficiaries who dropped a Medicare Supplement Plan to enroll in a MA plan**
  - Can disenroll from MA plan to go back to Original Medicare and purchase a Medicare Supplement plan

# Examples of Less Commonly Used Medicare SEPs (continued)

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*Note: This is not an exhaustive list; see ICRC enrollment period reference tables for more information.*

- **SEP for CMS or state-initiated enrollments**
  - One-time opportunity to change plans within three months of the effective date of plan assignment or notification of plan assignment, whichever is later
  - Dually eligible individuals passively enrolled into MMPs by states or automatically enrolled into Part D or MA plans by CMS
    - **States may not passively enroll individuals with CARA lock-in indicators into MMPs**, but an individual who is assigned a CARA lock-in indicator after being passively enrolled into an MMP may be eligible for this SEP

# Examples of Less Commonly Used Medicare SEPs (continued)

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*Note: This is not an exhaustive list; see ICRC enrollment period reference tables for more information.*

- **SEP for loss of MA Special Needs Status**

- Applicable to individuals enrolled in a MA Special Needs Plan (SNP) who loses eligibility for the SNP
- Three months to enroll in a different plan
- Three kinds of SNPs: Chronic condition SNPs (C-SNPs), Institutional SNPs (I-SNPs), and Dual Eligible SNPs (D-SNPs)
  - If an individual loses dual eligibility status, they will be automatically disenrolled from their MMP
  - Individuals who lose I-SNP eligibility (by moving out of an institution) or C-SNP eligibility (by no longer having a particular chronic condition) may be able to use this SEP to enroll in an MMP

# SEPs that Require Collaboration with CMS

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- SEP for Individuals who Disenroll in Connection with a CMS Sanction
- SEP for Significant Change in Provider Network
- SEP for Providing Individuals Who Requested Materials in Accessible Formats Equal Time to Make Enrollment Decisions
- SEP for Contract Violations (or Material Misrepresentation During Plan Marketing)
- SEP for Plan Terminations
- SEP for Exceptional Circumstances
  - For example, when an individual experiences a serious medical emergency that prevents use of an enrollment or special enrollment period, change in hospice status, or a mailed enrollment/disenrollment request returned as undeliverable

# Recently Updated SEP

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- SEP for individuals affected by a FEMA-declared weather-related emergency or major disaster is now known as the **SEP for government entity-declared disaster or other emergency**
  - Includes government-declared emergencies like the COVID-19 pandemic, in addition to weather-related incidents
- To be eligible for this SEP, an individual must have been eligible for a Medicare enrollment or special enrollment period at the time of the incident but did not make an election during that period due to the incident.
- SEP begins the earliest of: (1) the date the emergency declaration is made, (2) the start date of the incident, or (3) the start date identified in the emergency declaration.
- SEP ends two full calendar months after the end date in the declaration of the date on which the end of the incident is announced (whichever is later)

For information about this change, see the CY2021 Final Policy and Technical Changes to the Medicare Advantage and Part D Programs, available at <https://www.federalregister.gov/documents/2020/06/02/2020-11342/medicare-program-contract-year-2021-policy-and-technical-changes-to-the-medicare-advantage-program>

# NEW SEPs in 2021

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- **SEP for individuals enrolled in a plan placed in receivership**
  - Begins the month receivership is effective and continues until receivership is no longer in effect or the enrollee makes an election
  - When instructed by CMS, the plan placed in receivership must notify its enrollees of their eligibility for this SEP.
- **SEP for individuals enrolled in a plan that has been identified by CMS as a consistent poor performer**
  - For enrollees in plans with a low performing icon (see 42 CFR §422.166(h)(1)(ii) for information about the low performing icon)

For information about these new SEPs, see the CY2021 Final Policy and Technical Changes to the Medicare Advantage and Part D Programs, available at <https://www.federalregister.gov/documents/2020/06/02/2020-11342/medicare-program-contract-year-2021-policy-and-technical-changes-to-the-medicare-advantage-program>

# Example Scenarios

# Resources

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## ICRC

- Resources are available at the ICRC website:  
<https://www.integratedcareresourcecenter.com/resource/medicare-medicaid-plan-mmp-enrollment-restrictions-resulting-comprehensive-addiction-and>

## CMS

- **CMS. “CY2021 Final Policy and Technical Changes to the Medicare Advantage and Part D Programs.” June 2, 2020. Available at:** <https://www.federalregister.gov/documents/2020/06/02/2020-11342/medicare-program-contract-year-2021-policy-and-technical-changes-to-the-medicare-advantage-program>
- **CMS. “Medicare-Medicaid Plan Enrollment and Disenrollment Guidance.” January 1, 2019. Available at:** [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)
- **CMS. “Part D Drug Management Program Policy Guidance.” November 20, 2018. Available at:** <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/2019-Part-D-Drug-Management-Program-Policy-Guidance-Memo-November-20-2018-.pdf>
- **CMS. “Medicare Advantage Prescription Drug State User Guide.” November 30, 2018. Available at:** <https://www.cms.gov/Research-Statistics-Data-and-Systems/CMS-Information-Technology/mapdhelpdesk/Downloads/MAPD-State-User-Guide-Version-80.pdf>

# 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 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)