Disenrollment Script for Medicare-Medicaid Plan (MMP) Enrollment Brokers Assisting Individuals with CARA Lock-In Indicators[*]

The Comprehensive Addiction and Recovery Act of 2016 (CARA) included provisions that give Medicare Prescription Drug Plans and Medicare Advantage plans (including Medicare-Medicaid Plans (MMPs)) tools to address opioid overutilization. To implement this law, the Centers for Medicare & Medicaid Services (CMS) adopted a regulation that allows Medicare plans that provide prescription drug coverage (including MMPs) to implement drug management programs that limit access to certain controlled substances determined to be "frequently abused drugs" for members who are considered to be at-risk for prescription drug abuse. These programs are currently optional for 2020 and 2021 but will be mandatory beginning in 2022 as a result of the SUPPORT Act of 2018.[1] MMP members in such drug management programs must meet criteria for a Medicare Enrollment Period or Medicare Special Election Period (SEP) to enroll in, disenroll from, or change plans. Additional information on Medicare Enrollment Periods and SEPs is available in an accompanying reference table, available at: available at: https://www.integratedcareresourcecenter.com/resource/medicare-enrollment-periods-and-special-election-periods-dually-eligible-individuals.

To disenroll from an MMP, dually eligible individuals who have a CARA lock-in indicator must meet the criteria for a Medicare Enrollment Period or SEP.[2,3] This script was developed for use by state and Enrollment Broker call center representatives when assisting individuals who wish to disenroll from an MMP but have a CARA lock-in indicator. Questions that are written in blue and distinguished with parentheses can be verified without asking the beneficiary (for example, by checking Medicare and/or Medicaid eligibility data). Questions that **must** be asked of the beneficiary are written in purple and are distinguished with quotation marks.

1. (Is the current date between October 15 and December 7?)
   - If **YES**, verify Medicare and Medicaid entitlement and process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 1.3 in reference table for election period information.)*
   - If **NO**, proceed to question 2.

2. (Is the current date between January 1 and March 31?)
   - If **YES**, process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be

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[*] Applicable as of August 2020

automatically disenrolled from their MMP. *(See 1.4 in reference table for election period information.)*

- If **NO**, proceed to question 3.

3. (When the individual first became eligible for Medicare Parts A and B, did they enroll in their current MMP?)
     - If **YES**, proceed to question 4.
     - If **NO**, proceed to question 5.

4. (Is the current date within three months of the individual's initial date of entitlement for Parts A and B?)
     - If **YES**, process the disenrollment. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 1.4 in reference table for election period information.)*
     - If **NO**, proceed to question 5.

5. (If the individual became eligible for Medicare prior to their 65th birthday (due to a disability), did the individual recently turn 65, or are they turning 65 in the near future?)
     - If **YES**, determine the date the individual turned (or will turn) 65. Proceed to question 6.
     - If **NO**, proceed to question 7.

6. (Is the current date within the following time period: three months before, the month of, or three months after the individual's 65th birthday?)
     - If **YES**, verify Medicare and Medicaid entitlement and process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 1.1, 1.2, and 2.3 in reference table for election period information.)*
     - If **NO**, proceed to question 7.

7. "Have you recently moved to a new address, or will you be moving in the next two months?"
     - If **YES**, proceed to question 8.
     - If **NO**, proceed to question 10.

8. "Is your new address not served by your current plan, or do you have new plan options at your new address?"
     - If **YES**, proceed to question 9.
     - If **NO**, proceed to question 10.

9. "Would you like to disenroll from your current [insert state demonstration name] plan to enroll in a different plan that is offered at your new address ([insert state demonstration name] plan, MA plan, or Part D plan)?"
     - If **YES** and the beneficiary would like to switch to a new MMP, process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or

Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP.

- If **YES** and the beneficiary would like to switch to an MA or Part D plan, inform the beneficiary that they should contact the plan they wish to enroll in. Once the new plan processes the enrollment request, the beneficiary will be automatically disenrolled from their current plan. *(See 2.5 in reference table for election period information.)*
- If **NO**, proceed to question 10.

10. (According to state Medicaid eligibility data, is the member known to be residing in a long-term care facility or nursing home?)
    - If **YES**, verify Medicare and Medicaid entitlement and process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 1.5 in reference table for election period information.)*
    - IF **NO**, proceed to question 11.

11. "Are you currently living in, moving into, or moving out of a long-term care facility or nursing home? Did you move out of the facility within the past two months?"
    - If **YES**, verify Medicare and Medicaid entitlement and process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 1.5 in reference table for election period information.)*
    - If **NO**, proceed to question 12.

The scenarios referred to in the questions that follow occur in rare circumstances, but some beneficiaries may meet these criteria.

12. "Do you want to disenroll from your current [insert state demonstration name] plan to enroll in a PACE program?"
    - If **YES**, encourage the beneficiary to contact the PACE program they wish to enroll in. *(See 2.7 in reference table for election period information.)*
    - If **NO**, proceed to question 13.

13. "Do you want to disenroll from your current plan so you can enroll in or maintain coverage through the Veterans Administration (VA)?"[4]
    - If **YES**, verify Medicare and Medicaid entitlement and process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 2.12 in reference table for election period information.)*
    - If **NO**, proceed to question 14.

14. "Do you live in an area where FEMA or the federal, state, or local government has declared an emergency or major disaster?"
    - If **YES**, proceed to question 15.
    - If **NO**, proceed to question 18.

15. (Is there record of an event in the individual's area specified on the FEMA disaster declaration page (https://www.fema.gov/disasters) or in local, state or federal government documents?)
    - If **YES**, proceed to question 16.
    - If **NO**, proceed to question 18.

16. (Is today after the start date of the emergency declaration and within two months of the end date in the emergency declaration or within two months of the date that the end of the emergency declaration was announced (whichever was later)?)
    - If **YES**, proceed to question 17.
    - If **NO**, proceed to question 18.

17. "Were you eligible for a Medicare election period during the emergency and were unable to change your plan as a result of the emergency?"
    - If **YES**, verify Medicare and Medicaid entitlement and process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 2.13 in reference table for election period information.)*
    - If **NO**, proceed to question 18.

18. (Was the individual passively enrolled into their current MMP through a state-initiated passive enrollment process?)[5,6]
    - If **YES**, proceed to question 19.
    - If **NO**, proceed to question 20.

19. (Is the current date within three months of the effective date of the individual's passive enrollment plan assignment?)
    - If **YES**, verify Medicare and Medicaid entitlement and process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 2.1 in reference table for election period information.)*
    - If **NO**, proceed to question 20.

20. (Did the person enroll in their current MMP within the last 12 months?)[7]
    - If **YES**, proceed to question 21.
    - If **NO**, proceed to question 23.

21. "Have you ever been enrolled in a Medicare Advantage plan, prior to your enrollment in [name of current MMP]?"
    - If **YES**, proceed to question 22.
    - If **NO**, proceed to question 23.

22. "Did you drop a Medicare Supplemental Insurance (or Medigap) policy within the last 12 months to join your current plan (MMP)?"
    - If **YES**, verify Medicare and Medicaid entitlement and process the disenrollment request. Prior to processing the disenrollment, inform the beneficiary that they can alternatively contact 1-800-Medicare to enroll in a Medicare Prescription Drug or Medicare Advantage plan. By enrolling in a new plan, they will be automatically disenrolled from their MMP. *(See 2.4 in reference table for election period information.)*
    - If **NO**, proceed to question 23.

23. "Do you want to disenroll from your [insert state demonstration name] plan to enroll in a Medicare Advantage or Part D plan with a Plan Performance Rating of five stars?"
    - If **YES**, confirm that the plan is a 5-star plan by checking the most recent "Star Ratings Fact Sheet" at this link. Proceed to question 24.
    - If **NO**, proceed question 25.

24. (Is the current date between December 8 and November 30 of the year in which the plan has been granted a 5-star overall rating?)
    - If **YES**, inform the beneficiary that they should contact the plan they wish to enroll in. Once the new plan processes the enrollment request, the beneficiary will be automatically disenrolled from their current plan. *(See 2.11 in reference table for election period information.)*
    - If **NO**, proceed to question 25.

The scenarios referred to below occur in rare circumstances and some beneficiaries may meet these criteria, but enrollment broker staff will need to work with their state's contract management team (CMT) at CMS to process the enrollment.

25. "Did you receive a letter that Medicare has taken an official action (called a "sanction") because of a problem with your plan, and that you can change your plan as a result?"
    - If **YES**, contact your state's contract management team (CMT) and work with them to determine whether the beneficiary may qualify for a Special Enrollment Period and process the disenrollment request, if applicable. *(See 3.1 in reference table for election period information.)*
    - If **NO**, proceed to question 26.

26. "Have you experienced any of the following: a significant change in your plan's provider network; your plan was unable to provide requested information in an accessible format; you think that your plan may have violated its contract; or your plan was terminated?"
    - If **YES**, contact your state's contract management team (CMT) and work with them to process the disenrollment request. *(See 3.2, 3.3, 3.4, and 3.5 in reference table for election period information.)*
    - If **NO**, enrollee is unable to use a Medicare enrollment or special enrollment period to make an enrollment selection. They will not be able to make a change in their plan enrollment until the next annual election period (October 15-December 7) or until they qualify for one of the enrollment periods or special enrollment periods described in the reference table.

If the beneficiary explains a circumstance that may fit one of the following, contact your state's contract management team (CMT) and work with them to process the disenrollment request:

- Circumstances beyond the beneficiary's control that prevented them from submitting a timely request to enroll or disenroll from a plan during a valid election period (for example, a serious medical emergency, change in hospice status, or mailed enrollment or disenrollment requests returned as undeliverable on or after the last day of an enrollment period)
- Situations in which a beneficiary provides a verbal or written allegation that their enrollment in a MA or Part D plan was based on misleading or incorrect information provided by a plan representative or SHIP counselor

(See 3.6 in reference table for election period information.)

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**.

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[1] Section 2004 of the SUPPORT Act of 2018 (P.L. 115-271) requires mandatory implementation of the Medicare Part D Drug Management Programs created by CARA.

[2] This script reflects Medicare enrollment periods and SEPs as of April 2020. As changes are made to Medicare enrollment period and/or SEP criteria, the script will be updated accordingly.

[3] This script does not include questions referencing the SEP for individuals enrolled in State Pharmaceutical Assistance Programs (SPAPs) because most demonstration states do not operate an SPAP that serves the same population as their demonstration. If a state does operate an SPAP for same population as its demonstration, the state may want to adapt this script to reference the SPAP SEP, if applicable. For more information on this SEP, please see Section 2.2 in the accompanying reference table.

[4] This SEP applies when a beneficiary wishes to maintain access to any form of creditable coverage. However, in this script, we only reference Veterans Affairs coverage because other common forms of creditable coverage (for example, retiree coverage offered by an employer) typically drop a beneficiary once they are enrolled in a Medicare Part D or Medicare Advantage plan. Therefore, it is highly unlikely that a beneficiary would be enrolled in a Medicare plan long enough to have a CARA lock-in indicator and have still maintained other creditable coverage, other than Veterans benefits.

[5] States may not passively enroll individuals who have CARA lock-in indicators, so we expect this SEP would be used very rarely, as the individual would have needed to be passively enrolled by the state or CMS prior to placement of the CARA lock-in indicator on the beneficiary's record.

[6] To verify this information in the Medicare Advantage Prescription Drug (MARx) system, see the "Enrollment Source Code" field on screen M203. To verify this in the Medicare Modernization Act (MMA) or Batch Eligibility Query (BEQ) files, see the "Enrollment Type Code" field.

[7] This SEP is for individuals who dropped a Medigap policy when they enrolled for the first time in a Medicare Advantage Plan, and who are still in a "trial period." While this is an unlikely scenario for dually eligible beneficiaries, some beneficiaries may fall in this category.