Enrollment 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 allowing 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] Members in drug management programs will need to meet the criteria for a Medicare Enrollment Period or Medicare Special Election Period (SEP) in order 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: https://www.integratedcareresourcecenter.com/resource/medicare-enrollment-periods-and-special-election-periods-dually-eligible-individuals.

To enroll in an MMP, dually eligible individuals who have a CARA lock-in indicator, but are otherwise eligible for the demonstration,[2] must meet the criteria for a Medicare Enrollment Period or SEP.[3,4] This script was developed for use by state and Enrollment Broker call center representatives when assisting individuals who wish to enroll in an MMP but have a CARA lock-in indicator. Questions that are written in blue and distinguished with parentheses can be verified via Medicare and/or Medicaid eligibility data. Questions that **must** be asked of the beneficiary requesting enrollment 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 enrollment request. *(See 1.3 in reference table for election period information.)*
   - If **NO**, proceed to question 2.

2. (Is the individual currently enrolled in a Medicare Advantage plan that is <u>not</u> a Medicare Savings Account plan or cost plan?)
   - If **YES**, proceed to question 3.
   - If **NO**, proceed to question 4.

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[*] Applicable as of August 2020

3. (Is the current date between January 1 and March 31?)
   - If **YES**, process the enrollment request. *(See 1.4 in reference table for election period information.)*
   - If **NO**, proceed to question 4.

4. (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 5.
   - If **NO**, proceed to question 6.

5. (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 enrollment request. *(See 1.1 and 1.2 in reference table for election period information.)*
   - If **NO**, proceed to question 6.

6. "Have you recently moved to a new address, or will you be moving in the next two months? This can include being released from prison."
   - If **YES**, proceed to question 7.
   - If **NO**, proceed to question 9.

7. "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 8.
   - If **NO**, proceed to question 9.

8. "Would you like to enroll in [insert state demonstration name] plan that is offered at your new address?"
   - If **YES**, verify Medicare and Medicaid entitlement and process the enrollment request. *(See 2.5 in reference table for election period information.)*
   - If **NO**, proceed to question 9.

9. (According to state Medicaid eligibility data, is the member known to be residing in a long-term care facility or nursing home and eligible to enroll in the MMP?)
   - If **YES**, verify Medicare and Medicaid entitlement and process the enrollment request. *(See 1.5 in reference table for election period information.)*
   - If **NO**, proceed to question 10.

10. "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 enrollment request. *(See 1.5 in reference table for election period information.)*
   - If **NO**, proceed to question 11.

11. (According to state Medicaid eligibility data, did the beneficiary gain Medicaid coverage within the last three months? "Gaining" Medicaid coverage could include changing from a partial-benefit Medicaid category, such as QMB, to a full-benefit category that allows the beneficiary to access full Medicaid benefits in the state.)
    - If **YES**, verify Medicare and Medicaid entitlement and process the enrollment request. *(See 2.8 in reference table for election period information.)*
    - If **NO**, proceed to question 12.

12. "Are you currently, or were you recently, enrolled in a Medicare Advantage Special Needs Plan designed specifically for people with certain chronic conditions or people who live in long-term care facilities?"[5]
    - If **YES**, proceed to question 13.
    - If **NO**, proceed to question 14.

13. "Did you lose your Medicare coverage in your Special Needs Plan within the past 3 months because you were no longer eligible for the plan?"
    - If **YES**, verify Medicare and Medicaid entitlement and process the enrollment request. *(See 2.9 and 2.10 in reference table for election period information.)*
    - If **NO**, proceed to question 14.

14. "Have you received a letter from your current Medicare plan or from Medicare saying that your plan is ending, or has it ended?"
    - If **YES** and the current date is between December 8 and the last day of February, verify Medicare and Medicaid entitlement and process the enrollment request. *(See 2.6 in reference table for election period information.)*
    - If **YES** and the current date is not between December 8 and the last day of February, proceed to question 15.
    - If **NO**, proceed to question 15.

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

15. "Did you receive a letter from Medicare within the last three months telling you that you're being assigned to a new (Medicare Advantage or Part D) plan? The letter may have been on yellow, blue or green paper."
    - If **YES**, verify Medicare and Medicaid entitlement and process the enrollment request. *(See 2.1 in reference table for election period information.)*
    - If **NO**, proceed to question 16.

16. "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 17.
    - If **NO**, proceed to question 20.

17. (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 18.
    - If **NO**, proceed to question 20.

18. (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 19.
    - If **NO**, proceed to question 20.

19. "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 enrollment request. *(See 2.13 in reference table for election period information.)*
    - If **NO**, proceed to question 20.

20. (Was the individual automatically enrolled in or reassigned to their current plan by Medicare or into their current MMP through a state-initiated passive enrollment process?)[6,7]
    - If **YES**, proceed to question 21.
    - If **NO**, proceed to question 22.

21. (Is the current date within three months of the effective date of the individual's automatic or passive enrollment plan assignment?)
    - If **YES**, verify Medicare and Medicaid entitlement and process the enrollment request. *(See 2.1 in reference table for election period information.)*
    - If **NO**, proceed to question 22.

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.

22. "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 enrollment request, if applicable. *(See 3.1 in reference table for election period information.)*
    - If **NO**, proceed to question 23.

23. "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 enrollment 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 enrollment 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] The questions in this script are designed specifically to assess beneficiary eligibility for Medicare enrollment periods and special enrollment periods (SEPs). However, enrollment broker staff should also be aware of state-specific demonstration eligibility requirements to ensure that ineligible beneficiaries are not enrolled in MMPs.

[3] This script reflects 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.

[4] 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. For more information on this SEP, please see Section 2.2 in the accompanying reference table.

[5] This SEP should only be used for beneficiaries who were previously enrolled in an Institutional Special Needs Plan (I-SNP) or a Chronic Condition Special Needs Plan (C-SNP). If your state operates a demonstration that restricts enrollment for beneficiaries residing in institutions or beneficiaries with chronic conditions, this SEP may not be applicable.

[6] In addition to state-initiated passive enrollments into MMPs, dually eligible beneficiaries may sometimes be passively enrolled into a Medicare plan by CMS, for example, to maintain enrollment in a benchmark premium plan for individuals with the Part D Low Income Subsidy. Individuals who have CARA lock-in indicators may not be passively enrolled, so we expect this SEP would be used very rarely, as the individual would have needed to be

automatically or passively enrolled by the state or CMS prior to placement of the CARA lock-in indicator on their record.

[7] 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.