



Enrollment Periods for Dually Eligible Beneficiaries in Capitated Model Financial Alignment Initiative (FAI) Demonstrations

Presented by: Medicare-Medicaid Coordination Office (MMCO)

June 26, 2018

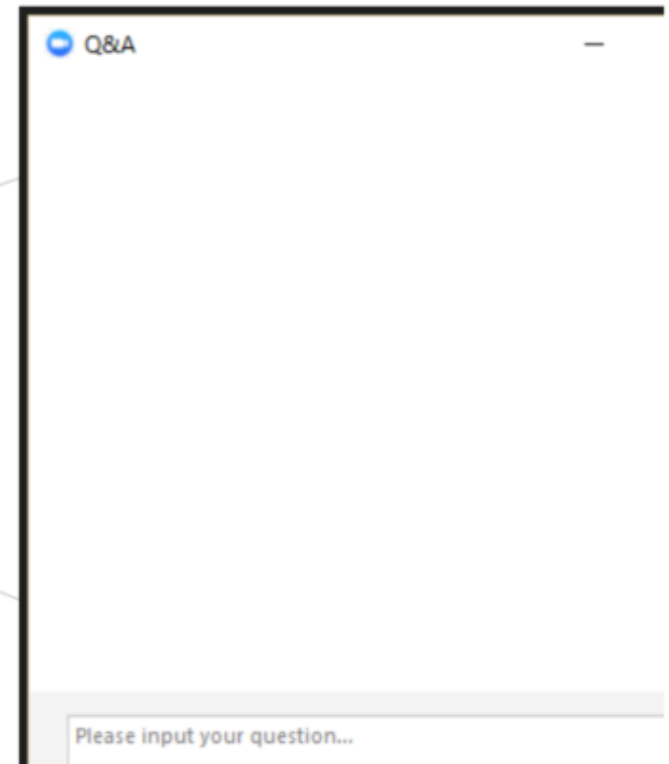
2:00-3:30 pm Eastern Time

Questions?

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Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.



Presenters

- Anne Gilbert, MMCO
- Paul Montebello, Mathematica Policy Research

Purpose of the Webinar

- Assist capitated model Financial Alignment Initiative (FAI) demonstration states to understand recently finalized Medicare regulations that impact when beneficiaries can change Medicare plans (including Medicare-Medicaid Plans [MMPs])
 - Medicare plans have already been operating under these requirements for non-dually eligible enrollees.
- Review the final regulations regarding policy changes to Medicare enrollment periods that are of special importance to dual eligible beneficiaries, including the narrowing of the “Duals/LIS Special Enrollment Period (SEP)”
 - These changes are effective for calendar year 2019.
- Review additional enrollment periods (e.g., the Initial Enrollment Period [IEP]) that also may be relevant to dual eligible beneficiaries
- Important for states to be able to explain enrollment periods even if the state is seeking demonstration authority to “waive” the narrowing of the “Duals/LIS SEP”
 - Beneficiaries will need to know their opportunity to change among non-MMPs is limited.

Subjects We Will Cover during the Webinar

- Review standard enrollment periods available to all Medicare beneficiaries
- Review a select set of special enrollment periods, including the amended “Dual/LIS SEP” for dual eligible and low-income subsidy (LIS) beneficiaries and the new SEP for CMS-/State-assigned beneficiaries
- Discuss eligibility criteria and time parameters associated with several enrollment periods
- Review questions states and enrollment brokers will need to understand and update in their call center scripts regarding available/appropriate enrollment periods

Additional Topics We Will Address during this Session

- The Comprehensive Addiction and Recovery Act (CARA) “lock-in”
- States seeking demonstration “waiver” of the amended “Dual/LIS SEP”
 - Will only apply to enrolling into/among/out of MMPs (not other Medicare plans)
- Upcoming webinar on Technical Operations for Implementing Enrollment Periods
 - Including changes to MARx enrollment transactions

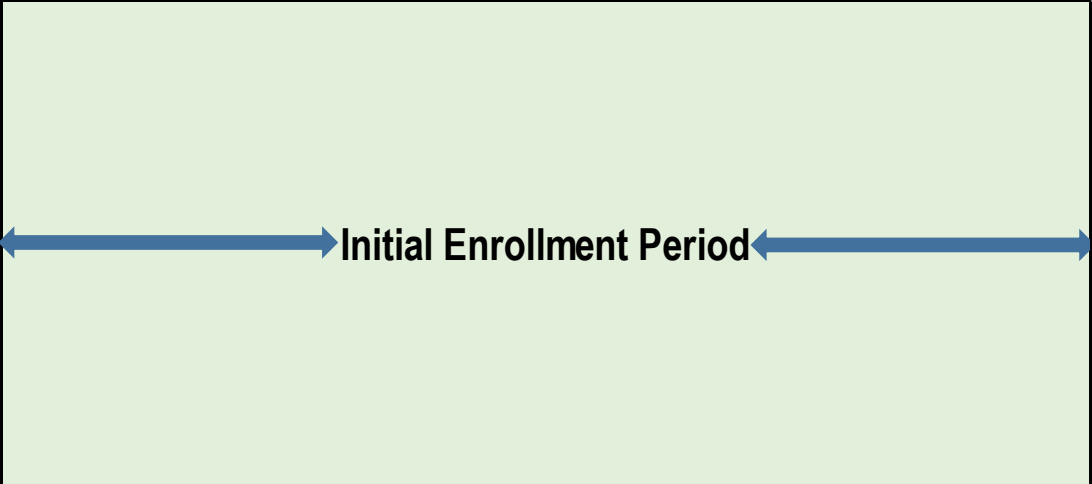
Enrollment Periods Fall Into Four General Categories

- Initial Enrollment Period (IEP)
 - During the Initial Enrollment Period (IEP), beneficiaries can enroll in Medicare for the first time. During this 7-month period, they can enroll in Medicare plans.
- Annual Enrollment Period (AEP)
 - During the Annual Enrollment Period (AEP), eligible beneficiaries may enroll in or disenroll from Medicare plans. This period runs from October 15 to December 7 each year.
- Medicare Advantage Open Enrollment Period (MA OEP)
 - During the new Medicare Advantage Open Enrollment Period (MA OEP) beneficiaries may enroll in or disenroll from a Medicare Advantage (MA) plan, a Medicare Advantage Prescription Drug (MA-PD) plan, or an MMP. This period runs from January 1 to March 31 each year.
- Special Enrollment Periods (SEP)
 - Beneficiaries can change their coverage outside of the general enrollment periods cited above, when certain “life-events” occur (e.g., they move from a plan’s coverage area), or when beneficiaries have certain characteristics (e.g., dual or LIS status).

General Eligibility Criteria for the Initial Enrollment Period (IEP)

- A beneficiary is eligible for the Initial Enrollment Period (IEP), when he/she:
 - Turns 65 years of age;
 - Is younger than 65 with a disability, and has received Social Security or Railroad Retirement Board (RRB) disability benefits;
 - Is already eligible for Medicare based on a disability and turns 65; or
 - Is younger than age 65 and has End-Stage Renal Disease (ESRD) or Amyotrophic Lateral Sclerosis (ALS).
- Once the enrollment takes effect, the IEP is considered used.

First-time Eligible for Medicare at Age 65

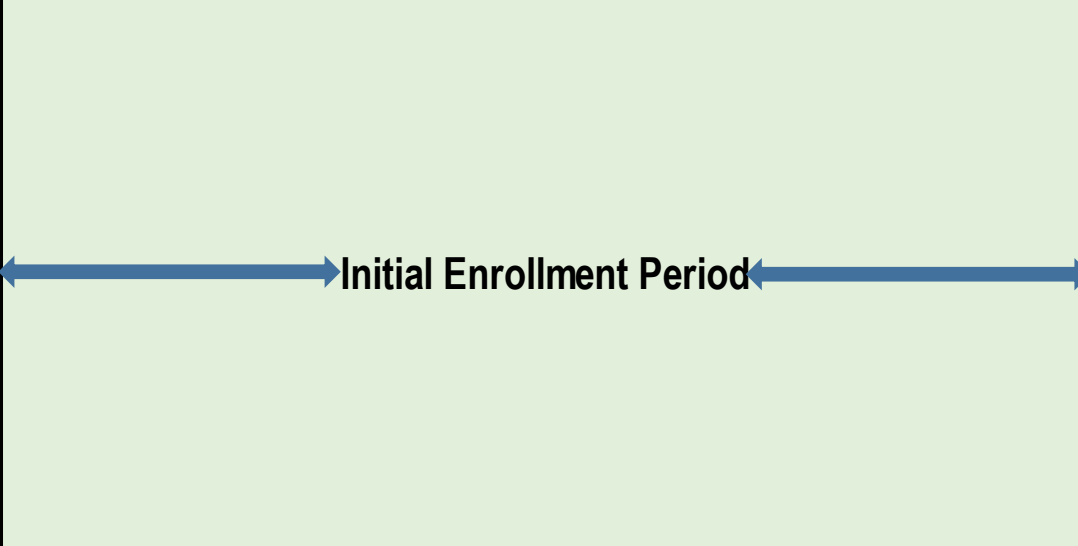
Beneficiary's Options	1 - 3 Months before Beneficiary Turns 65	Month Beneficiary Turns 65	1 - 3 Months after Beneficiary Turns 65
1) Enroll in Medicare Part A, Part B, or both 2) Enroll in Medicare Supplement ("Medigap") Plan 3) Enroll in a Medicare Advantage Plan, an MA-PD Plan, or a Medicare-Medicaid Plan (MMP) 4) Enroll in a stand-alone Medicare Part D Plan			

¹If a beneficiary signs up for a Medicare Advantage Plan during this period, he or she can drop that plan at any time during the next 12 months and return to Original Medicare.

Younger than 65 with Disability, and SS or RRB Disability Benefit

Beneficiary's Options	SS or RRB Benefit Start Month	SS or RRB Benefit Start Month plus 21 Months	SS or RRB Benefit Start Month plus 24 Months	SS or RRB Benefit Start Month plus 27 Months
1) Enroll in Original Medicare A and B 2) Enroll in a Medicare Advantage (including an MA-PD) Plan, a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP)	Social Security or Railroad Retirement Board Benefit Starts	Initial Enrollment Period Starts	Medicare Coverage Begins	Initial Enrollment Period Ends

Already Medicare-eligible Based on Disability, and Turning 65

Beneficiary's Options	1 - 3 Months before Beneficiary Turns 65	Month Beneficiary Turns 65	1 - 3 Months after Beneficiary Turns 65
1) Enroll in a Medicare Advantage Plan, an MA-PD Plan, a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP) 2) Switch from a Medicare Advantage Plan, an MA-PD Plan, a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP) to another one 3) Drop a Medicare Advantage Plan, an MA-PD Plan, a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP)			

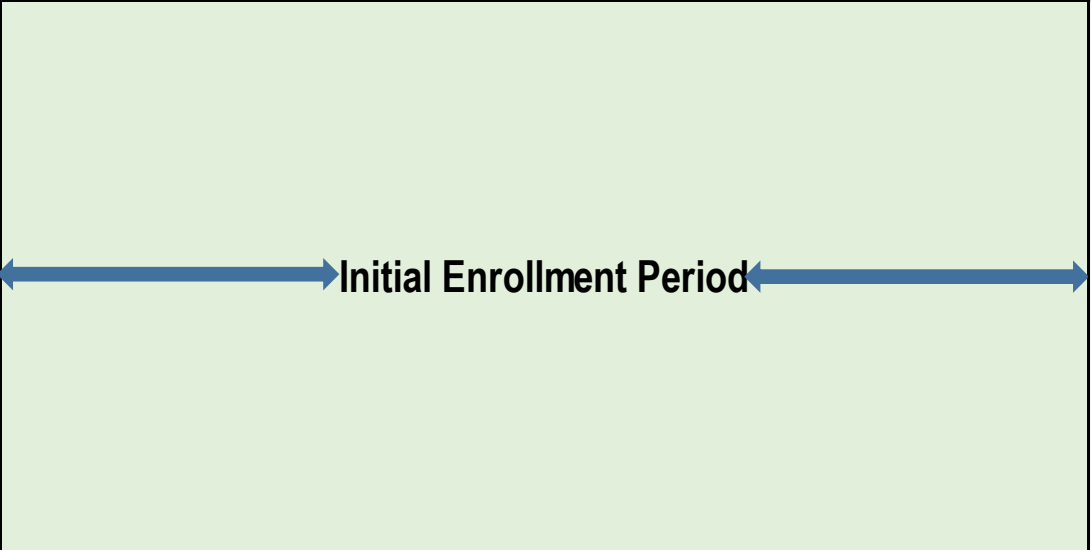
Medicare Part D Initial Enrollment Period (Part D IEP)

- Beneficiaries can enroll in Medicare Part D during the Part D Initial Enrollment Period (Part D IEP), which is generally the time during which they are first eligible for Part D.
- For most beneficiaries, their Part D IEP is the same as their IEP. It begins 3 months before they turn 65 and ends 3 months after.
 - Beneficiaries who were outside a Part D coverage area (e.g., were outside the country) have a Part D IEP that begins three months before they reside permanently in a Part D area.
- Coverage for beneficiaries who enroll in Part D begins on the first day of the month after the month they apply for coverage.
- Coverage for beneficiaries who enroll in Part D in one of the three months before they turn 65 begins on the first day of the month they turn 65.

General Eligibility Criteria for the Medicare Annual Enrollment Period (AEP)

- Medicare Annual Enrollment Period (AEP)
 - A beneficiary can change his or her coverage each year from October 15 to December 7 during the Medicare Annual Enrollment Period (AEP).
 - A beneficiary can make multiple enrollment selections during the AEP. CMS will consider the last recorded selection as the beneficiary's choice.
 - The beneficiary's coverage is effective on January 1.

Medicare Annual Enrollment Period (AEP)

Beneficiary's Options	1 - 3 Months before Beneficiary Turns 65	Month Beneficiary Turns 65	1 - 3 Months after Beneficiary Turns 65
1) Enroll in a Medicare Advantage Plan, an MA-PD Plan, a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP) 2) Switch from a Medicare Advantage Plan, an MA-PD Plan, a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP) to another one 3) Drop a Medicare Advantage Plan, an MA-PD Plan, a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP)			

General Eligibility Criteria for the Medicare Advantage Open Enrollment Period (MA OEP)

- Medicare Advantage Open Enrollment Period (MA OEP)
 - Once enrolled in an MA plan (including MMP), a beneficiary can change his or her coverage from January 1 to March 31 each year.
 - The MA OEP lets beneficiaries in an MA plan make a one-time choice to switch plans or to disenroll from an MA plan and return to Original Medicare.
 - The MA OEP also gives New Medicare Part A and Part B beneficiaries who enroll in an MA Plan, an opportunity to make a one-time choice to change MA plans or drop MA coverage and enroll in Original Medicare with or without Part D.
- For new Medicare Part A and Part B beneficiaries, the MA OEP occurs the month entitlement to Part A and Part B begins until the last day of the 3rd month of entitlement.

Medicare Advantage Open Enrollment Period (MA OEP)

Beneficiary Options during the Medicare Advantage Open Enrollment Period	January	February	March
1) Switch back to Original Medicare with or without a Medicare Part D Plan 2) Switch from one MA plan, including an MMP, to another MA plan 3) Switch from an MA Plan without Part D coverage to an MA-PD Plan 4) Switch from an MP-PD Plan to an MA Plan without Part D 5) Enroll in a Medicare Part D Plan 6) Keep a current plan	Medicare Advantage Open Enrollment Period (OEP)		

Special Enrollment Periods (SEPs)

Important to Dual Eligible Beneficiaries

- Amended “Dual/LIS SEP” for dual eligible and low-income subsidy (LIS) beneficiaries
- New SEP for CMS-/state-assigned beneficiaries
- SEP for beneficiaries who gain, lose, or have a change in the dual or LIS eligible status
- SEP for beneficiaries who change addresses
- SEP for beneficiaries who enter, live in, or leave an institutional facility
- SEP for beneficiaries who want to enroll in or disenroll from a PACE organization

Amended “Dual/LIS SEP” for Dual Eligible and LIS Beneficiaries

- Established under 42 CFR §423.38(c)(4)
 - To qualify, a beneficiary must be dual eligible or LIS eligible, as defined by 42 CFR §423.772
- The regulation narrows it starting January 2019
 - Beneficiary may enroll in, drop, or switch MA plans (including MA-PD), Part D plans, or MMPs once during each of the first 3 quarters of a calendar year
 - Effective Date is the 1st of the following month
 - Can use the Annual Enrollment Period (AEP) in the fourth quarter
- The “Dual/LIS SEP” is considered used as of the application date.
 - For example, an election made March 5th for an April 1st effective date then SEP is considered used as of March 5th and will count against the beneficiary’s Q1 “Dual/LIS SEP”.

Amended “Dual/LIS SEP”

Beneficiary's Options	Quarter 1	Quarter 2	Quarter 3	Quarter 4
1) Enroll in an MA Plan (including an MA-PD Plan), a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP) 2) Drop an MA Plan (including an MA-PD Plan), a Medicare Part D Plan, or a Medicare-Medicaid Plan (MMP) 3) Switch from one Medicare plan to another Medicare plan, including MA, MA-PD, Medicare Part D Plan, or Medicare-Medicaid Plan (MMP)	One-time Only	One-time Only	One-time Only	Annual Enrollment Period


Example of Amended “Dual/LIS SEP” for Dual Eligible and LIS Beneficiaries

April	May	June	July	August	September
Quarter 2 "Dual/LIS SEP"			Quarter 3 "Dual/LIS SEP"		
On April 1 st , a dual eligible beneficiary elects to enroll in an MMP and qualifies for the "Dual/LIS SEP"	The beneficiary's coverage in the MMP begins on May 1 st .	The beneficiary would like to switch MMPs (and qualifies for no other enrollment periods). The beneficiary must wait to make the request during the next calendar quarter to qualify for the "Dual/LIS SEP".	The beneficiary does not request any changes in July.	On August 1 st , the beneficiary elects to switch MMPs and the beneficiary qualifies for the "Dual/LIS SEP", as it is a new calendar quarter.	The beneficiary's coverage in the new MMP begins on September 1 st .

New SEP for CMS-assigned or State-assigned Beneficiaries

- Established under 42 CFR §423.38(c)(10)
- Includes beneficiaries passively enrolled, auto-enrolled, facilitated enrolled, or reassigned by CMS or the state
 - Includes dual eligible beneficiaries passively enrolled into MMPs
- Beneficiaries can use this SEP before their enrollment effective date or within 3 months of their effective date, whichever is later.
- An enrollment change under this SEP does not count against any other SEP opportunities.
 - For example, if a state passively enrolls a dual eligible beneficiary on February 1, for an effective date of April 1, he or she can use this SEP to opt out of his or her assigned plan before April 1 and choose a new plan.
 - He or she can also use his or her 2nd quarter “Dual/LIS SEP” to make one additional plan choice/change from April 1-June 30.

New CMS-/State- Assignment SEP

Beneficiary's Options	Before the Effective Date	Effective Date*	Effective Date Plus 3 Months
1) Opt out of an assigned plan and enroll in a different plan	 A light green rectangular box spanning the width of the three columns to its right. Inside the box, the text "Special Enrollment Period" is centered in bold black font. A blue double-headed arrow is positioned above the text, extending from the left edge of the box to the right edge, indicating the duration of the period. Special Enrollment Period		

Special Enrollment Period for Beneficiaries Who Gain, Lose, or Have a Change in their Dual or LIS Eligible Status

- This SEP can be used within three months of the beneficiary's change in status or notification of a change, whichever is later.
- This SEP is considered “used” upon the beneficiary's application date.
- During the Special Enrollment Period a beneficiary can:
 - Enroll in a MA plan, a MA-PD Plan, a Medicare Part D Plan, or an MMP
 - Drop an MA plan, an MA-PD plan, a Medicare Part D plan, or an MMP
 - Switch from one Medicare plan to another Medicare plan including an MA plan, an MA-PD plan, a Medicare Part D plan, or an MMP
- This SEP also applies to beneficiaries in a capitated model FAI demonstration states that offers a period of deemed continued eligibility due to loss of Medicaid.
 - The SEP begins either when the beneficiary receives notification of the deemed continued eligibility or when the beneficiary is disenrolled from the MMP.

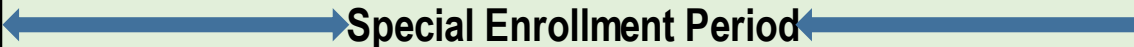
Special Enrollment Period for Beneficiaries Who Change Address

- Beneficiary moves outside of his/her current plan's service area
- Beneficiary moves within his/her current plan's service area with new plan options
- Beneficiary returns to the US from abroad

Special Enrollment Period for Beneficiaries Who Enter, Reside In, or Leave an Institutional Facility

- A beneficiary's opportunity to enroll in, switch, or drop coverage lasts as long as he/she lives in an institution or for two full months after the month he/she is discharged.

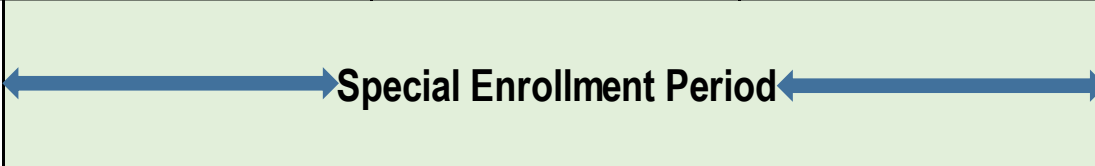
SEP for Institutional Facility

Beneficiary's Options	Month Beneficiary Enters an Institutional Facility	Period during which the Beneficiary is Institutionalized	Month Beneficiary is Discharged from a Facility	Month of Beneficiary Discharge plus 2 Months
1) Join a Medicare Advantage or Medicare Part D Plan 2) Switch from a current plan to another Medicare Advantage or Medicare Part D Plan 3) Drop a Medicare Advantage Plan and Return to Original Medicare 4) Drop a Medicare Part D Plan	 Special Enrollment Period			

Special Enrollment Period for Beneficiaries Who Enroll in or Drop Their PACE Coverage

- SEP is ongoing for enrollment into a PACE organization.
- SEP is also ongoing for a beneficiary to disenroll from a PACE organizations.
 - Lasts for two full months after the month the beneficiary dis-enrolls from his or her PACE organization, i.e., to choose another Medicare health or prescription drug plan.

SEP for PACE

Beneficiary's Options	Month Beneficiary Drops PACE	Month Beneficiary Drops PACE, plus 1 Month	Month Beneficiary Drops PACE, plus 2 Months
1) Enroll in a Medicare Advantage Plan, an MA-PD Plan, a Medicare Part D Plan, or a Medicare-Medicaid Plan	 Special Enrollment Period		

Special Enrollment Periods for All Other Circumstances

5-Star Plan	Retroactive Medicare Entitlement	Other Creditable Drug Coverage
Plan Contract Violation	Coordinate Part D Enrollment into MA-PD	Becoming Lawfully Present
Plan Non-renewal or Termination	Loss of SNP Eligibility	Provider Network Changes
Loss of Employer/Union Health Plan	State Pharmaceutical Assistance Program (SPAP)	"Exceptional Conditions"
Medigap Policy Trial Period	Chronic Care SNP	

Beneficiaries Who Qualify for More than One Enrollment Period

- If the beneficiary is eligible for multiple enrollment periods, the call center may need to determine which enrollment period would be most advantageous for the beneficiary and which enrollment period the beneficiary would like to use, especially if the enrollment periods would result in different enrollment effective dates.
- If a preferred date for enrollment periods with different effective dates is not indicated by the beneficiary or the state is unable to contact the beneficiary, the state must assign an effective date using the CMS ranking of election periods.
- The election period with the highest rank generally determines the effective date of enrollment.

Enrollment Period Hierarchy

- The general hierarchy of enrollment periods from the Part C/D final rule is:
 - IEP/Part D IEP
 - MA OEP
 - SEP
 - AEP
- The Part C & D final rule provides a table with a suggested hierarchy of enrollment periods from highest to lowest. Please note this is not a comprehensive list of enrollment periods.

Part C/D Final Rule Suggested Enrollment Period Hierarchy

Election period	Available	Considered “Used”
Part D IEP	Based on when first eligible for Part D	Upon effective date.
MA OEP (must meet OEP requirements)	Annually	Upon application date.
SEP—5-Star plans	Ongoing	Available as long as election is in 5-Star plan.
SEP—PACE	Ongoing for enrollment into PACE; two month window after disenrollment from PACE.	Available as long as election is in PACE plan; upon application date for election subsequent to PACE disenrollment.
SEP—Institutionalized	Ongoing if moving into/residing in facility; two month window after moving out of facility.	Available while in facility; upon application date for election subsequent to moving out of facility.
SEP—CMS/State Assignment	Within 3 months* of assignment or notification of assignment, whichever is later.	Upon application date.
SEP—Change in Dual/LIS Status	Within 3 months* of status change or notification of change, whichever is later.	Upon application date.
Dual SEP	Ongoing—One use per calendar quarter during the first nine months of the year.	Upon application date.
AEP	Annually	Multiple elections can be submitted during AEP, last rec'd will be considered the choice.

* As discussed below, the finalized SEPs will allow for a 3-month opportunity to change plans, not the 2-month window noted in the proposed rule.

Sample Questions to Determine Beneficiaries' Eligibility for Specific Enrollment Periods

- The following slides include sample questions that states or enrollment brokers might use to update call center scripts.
- The sample questions will help the call center representatives to determine whether beneficiaries are eligible to enroll in, switch, or disenroll from an MMP, and the specific enrollment periods to implement the desired change.
- Additional sample questions and further 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.

Sample Call Center Question:

Are you new to Medicare? If so, when did you first become eligible?

- If a beneficiary became eligible for Medicare during the last few months, he/she may be able to use Medicare's Initial Enrollment Period (IEP).

Sample Call Center Question:

Are you already on Medicare, but recently turned 65? Or are you already on Medicare and turning 65 soon?

- If a beneficiary already in Medicare turns 65 (or will turn 65), he/she can change plans during the three months before, the month of, and the three months after his/her 65th birthday.

Sample Call Center Question:

Are you planning to leave or have you recently left a Program of All-inclusive Care for the Elderly (PACE)?

- Beneficiaries dropping or losing PACE coverage can switch plans for two months after the month during which they drop or lose coverage.

Sample Call Center Question:

Are you currently residing in an institution (e.g., Skilled Nursing Facilities [SNF]), or did you just enter or leave one?

- If a beneficiary moves into or out of an institution, he/she can switch plans anytime during his/her stay and for two months after he/she leaves the facility.

Sample Call Center Question:

Have you recently lost other health coverage, or is your current coverage ending soon?

- If a beneficiary loses their employer/union coverage or “creditable” prescription drug coverage, he/she can enroll in a new plan for two full months after the month his/her coverage ends.

Sample Call Center Question:

Have you moved recently?

- If a beneficiary moves and becomes eligible for one or more new plans, he/she can switch for two full months after the month he/she moves.
- If a beneficiary moves out of his/her plan's service area, he/she can switch to a different plan during the month before he/she moves, the month of his/her move, and for two months afterwards.
- If a beneficiary returns to the US from abroad, he/she can switch plans for two months after the month he/she returns.

Sample Call Center Question:

Have you switched health plans in the last few months?

- If a beneficiary has not changed plans already during a quarter, he/she can switch using his/her “Dual/LIS SEP” once during each of a calendar year’s first three quarters.
- If a beneficiary has already switched plans during a quarter, and does not qualify for another enrollment period, he/she can change plans during the next quarter of the first three calendar quarters, or during the Annual Enrollment Period (AEP) from October 15-December 7.

The Comprehensive Addiction and Recovery Act (CARA) “lock-in”

- The Comprehensive Addiction and Recovery Act of 2016 (CARA) allows Medicare Part D plans (including MMPs) to establish a drug management program in Medicare Part D for enrollees potentially or at-risk of opioid overuse/misuse.
 - Provision goes into effect January 1, 2019
- A potentially at-risk or at-risk status beneficiary may not change plans using the “Dual/LIS SEP”.
- States should not passively enroll beneficiaries in a potential at-risk or at-risk status into MMPs unless his/her current plan is terminating or non-renewing.
- CMS will provide technical assistance on how to identify and exclude these beneficiaries from passive enrollment into an MMP.
- For more information on CARA limitations, please see 42 CFR §423.153(f)

States Seeking Demonstration Authority to Retain Continuous SEP

- This authority will be 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.
- It is important for states seeking demonstration “waiver” of the amended “Dual/LIS SEP” to be able to understand the changes to the enrollment periods as this effects dual eligible beneficiaries not enrolled in MMPs.
- States seeking demonstration “waiver” of the amended “Dual/LIS SEP” may still have to make changes to state systems, call center communications, and notices.
 - MMCO is working to provide states seeking demonstration “waiver” of the amended “Dual/LIS SEP” with a list of notices from the MMP Guidance that will need to be updated.

Upcoming Additional TA

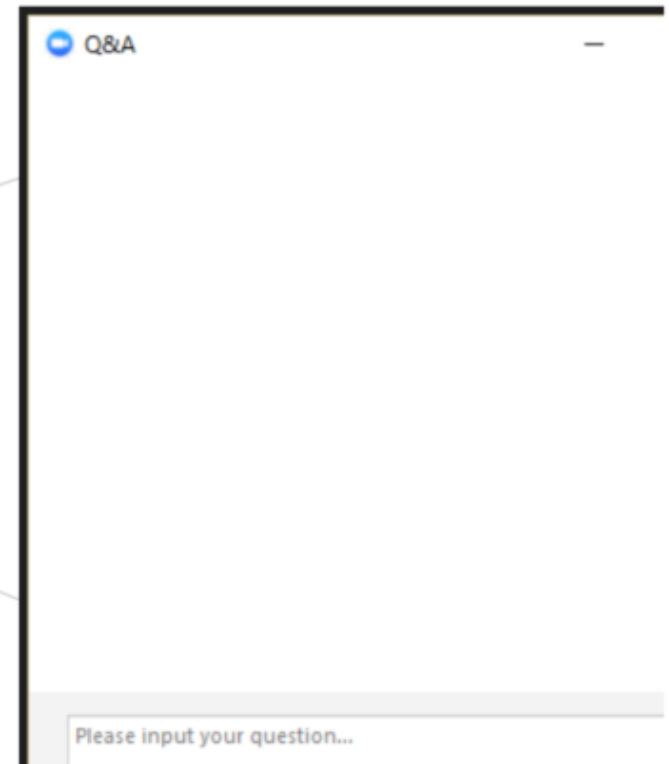
- Webinar in August on the “Technical Operations for Implementing Enrollment Periods”
- This will include operational updates for state systems, such as changes to MARx enrollment transactions

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About ICRC

- 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