DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, Maryland 21244-1850



Medicare-Medicaid Coordination Office

DATE: September 2, 2016

TO: States and Medicare-Medicaid Plans (MMPs) Participating in the Capitated

Financial Alignment Model Demonstrations

FROM: Sharon Donovan

Director, Program Alignment Group

SUBJECT: 2017 National MMP Enrollment Guidance & Exhibits

The Medicare-Medicaid Coordination Office (MMCO) has completed and finalized updates to the Medicare-Medicaid Plan (MMP) National Enrollment Guidance & Exhibits. Attached to this memorandum is a final copy of the guidance and exhibits. Please note that the guidance will be effective January 1, 2017. However we are providing states and MMPs a copy of the guidance in advance to support efforts in operationalizing any necessary changes before January 1, 2017.

Key Policy and Operational Improvements since June 2013

As mentioned in the June 1, 2017 memorandum titled "Opportunity to Comment on Draft 2017 National MMP Enrollment Guidance," changes made within the guidance reflect operational and programmatic lessons learned and conform to policies established in three-way contracts and subsequent HPMS memoranda implemented since the release of the original version of the MMP National Guidance in June 2013. Other than those updates, we have also implemented three new policy changes to continue to improve beneficiary care and experience:

- 1. Rapid re-enrollment, which is another option (in addition to deemed continued eligibility) to promote continuity of care and enrollment. This new policy will allow beneficiaries who had been involuntarily disenrolled due to loss of Medicaid to be rapidly re-enrolled into their original MMP if they regain their Medicaid eligibility within two months.
- 2. Added flexibility to allow states to accept enrollment requests during the course of a state-initiated outbound outreach call.
- 3. A reduction in the number of enrollment-related notices that must be sent in writing.

Major changes to the 2017 guidance fall into one of the following areas:

- New outreach and beneficiary notification practices to ensure that beneficiaries are kept
 informed along the way but not overwhelmed with unnecessary information. National
 model notice templates have gone through beneficiary testing and plain language review.
 As a result, the national templates have been revised to provide beneficiaries with more
 clear and succinct information. These revisions have also led to a reduction in the number
 of notices beneficiaries will receive in writing.
- New operational tools developed to synchronize enrollment status in state, CMS, and MMP enrollment systems.
- Policy changes made since 2013 to further improve enrollment processes while preserving beneficiary protections.

MMCO thanks states, MMPs, and advocacy organizations for their careful review and comments on the Draft 2017 National MMP Enrollment Guidance. Please contact the MMCO Enrollment Team at MMCOEnrollment@cms.hhs.gov with any questions.

Attachment

• Final version of the 2017 National MMP Guidance & Exhibits