



## **Medicare-Medicaid Coordination Office**

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**DATE:** June 1, 2018

**TO:** States and Medicare-Medicaid Plans (MMPs) Participating in the Capitated Model of the Financial Alignment Initiative

**FROM:** Sharon Donovan  
Director, Program Alignment Group

**SUBJECT:** Opportunity to Comment on Draft of Proposed Update to National MMP Enrollment Guidance

We are updating the MMP National Enrollment Guidance and providing this opportunity for feedback and comments before finalizing. The revised guidance will be issued effective for contract year 2019. Proposed changes reflect those needed to align with the recently finalized changes to Medicare C/D regulation for 2019, as well as to continue to reduce burden for states and plans participating in capitated model demonstrations under the Financial Alignment Initiative. The proposed changes update the 2017 MMP National Guidance we released in September of 2016.

We request that you provide any feedback and comments no later than June 15, 2018.

### **Key Policy and Operational Improvements**

Below are the key policy/operational flexibilities that we propose to update from 2017:

- Number of Notices Required in Writing
- Clarifications on On-Line Enrollment, Disenrollment, and Cancellation
- Clarifications on Opt-Out Flags when Cancelling vs. Disenrolling
- Clarifications on Loss of Medicaid Eligibility and Cancellation Before Enrollment
- Passive Enrollment in Service Area with Only One Available MMP
- New Information Related to the Social Security Number Removal Initiative and New Medicare Beneficiary Identification Number
- Updated/New Special Enrollment Periods (SEP) – Dual and Other LIS-Eligible Individuals and Passive Enrollment
- CARA Lock-In Provisions

The attached Overview Spreadsheet identifies where to find the above-referenced changes in the draft updated document.

## **Number of Notices Required in Writing**

In an effort to continue to reduce administrative burden for states participating in capitated model demonstrations under the Financial Alignment Initiative, as well as to improve beneficiary care and experience, CMS proposes to reduce the number of enrollment-related notices that must be sent to beneficiaries in writing.

Effective in 2019, six notices that were previously required in writing will no longer need to be sent if other conditions are met. The guidance would still require states (at minimum) provide verbal notice (i.e., phone call, as well as adequately document verbal notification). The National MMP Enrollment Guidance will continue to require that all verbal notifications must still convey all of the critical information that would be typically be found in written notices.

## **New/Updated Special Enrollment Periods and CARA Lock-In Provisions**

To align with the 2019 Medicare C/D regulation, we propose to update the MMP Enrollment Guidance to reflect the narrowing of the Dual-Eligible Individuals and Other LIS-Eligible Individuals SEP as well as the CARA Lock-In provisions. Specifically, we propose to update Section 20 (Elections and Effective Dates) to reflect changes to the Medicare Advantage and Part D regulations governing the Dual-Eligible Individuals and Other LIS-Eligible Individuals SEP. States that secure demonstration authority to retain a continuous SEP will indicate that variation in their Appendix 5.

The Comprehensive Addiction and Recovery Act of 2016 (CARA) allows for the establishment of a drug management program in Medicare Part D. As of January 1, 2019, if a beneficiary is in a drug management program and is in a potentially at-risk or at-risk status, the beneficiary may not be able to change plans using the Dual or Other LIS-eligible SEP. However, the beneficiary would be allowed to change plans during other enrollment periods, including AEP or other SEPs and when the beneficiary has a gain, loss or change in Medicaid or LIS eligibility. Please note that under the demonstrations, states may not passively enroll these individuals into MMPs.

## **Providing Comments on the Draft 2019 National Guidance**

Our goal is to issue the guidance by the summer of 2018 to give states and MMPs time to operationalize any changes necessary before January 2019. As a result, we ask for any comments on the revised 2018 guidance **no later than June 15<sup>th</sup>**.

The draft copy of the Proposed Update to National MMP Guidance is available at: <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/MMPEnrollmentNationalGuidance.pdf>.

**Note:** For a copy of the 2017 National MMP Guidance and Exhibits, please go to <https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/MMPEnrollmentManual090216.pdf>.

Enclosed you will find the following items:

1. Overview Spreadsheet: Excel document that outlines (at a high level) the location and nature of edits made; and
2. Comment Spreadsheet: Excel document for detailing your suggested edits, comments, and questions for submission to CMS. **Please note that edits submitted outside of the Comment Spreadsheet will not be accepted.**

Please submit your Comment Spreadsheet (item #2 listed above) **no later than June 15<sup>th</sup>** to the MMCO Enrollment Team at [MMCOEnrollment@cms.hhs.gov](mailto:MMCOEnrollment@cms.hhs.gov). If you would like a track change copy of the 2019 guidance, please send an email to [MMCOEnrollment@cms.hhs.gov](mailto:MMCOEnrollment@cms.hhs.gov). For any additional questions or concerns, please also send an email to the Enrollment Team at [MMCOEnrollment@cms.hhs.gov](mailto:MMCOEnrollment@cms.hhs.gov).

#### Attachments

- Overview spreadsheet
- Comment spreadsheet