2018 SMP/SHIP
NATIONAL CONFERENCE
August 20–23 • Chicago, IL

Medicare Enrollment Period Changes
and Medicare Advantage Updates

Gail Sexton; Ray Swisher; and Deme Umo, CMS
New Changes to Enrollment Rules

Enrollment for Medicare
 Parts C & D

Center for Medicare/Medicare Enrollment & Appeals Group, and Medicare Medicaid Coordination Office
Deme Umo, CM/MEAG
Gail Sexton CM/MEAG
August 2018
New Enrollment Changes

- Regulation CMS-4182-F, published 4/16/18
  - Impacts MA, Part D and Cost plans
  - Effective 1/1/2019
  - Subregulatory guidance issued 7/31/2018
Regulation Changes

• Duals/LIS Special Enrollment Period (SEP) Changes
  – Limitation for at-risk beneficiaries
• MA Open Enrollment Period
• Seamless Conversion/Default Enrollment
• Passive Enrollment
Currently, SEP for duals/LIS-eligible is ongoing

Starting 1/1/2019, this particular SEP can only be used once per calendar quarter during the first three quarters of the year (January – September)

– AEP can be used in the 4th quarter
• Comprehensive Addiction and Recovery Act (CARA) established drug management programs
• Individuals who have been notified that they are “potentially at risk” or “at-risk” under a drug management program cannot use the dual/LIS SEP
  – Limitation lasts until the “at-risk” determination expires or is terminated by the plan
• Other election periods are still available – AEP, other SEPs
SEPs established for the following groups:

- Those who have been assigned into a plan by CMS/State (e.g., auto-assignment, reassignment, passive enrollment)
- Those who gain, lose, or have a change in their dual/LIS status

These two SEPs are separate from the dual/LIS SEP
### SEPs Finalized in CMS-4182-F

<table>
<thead>
<tr>
<th></th>
<th>1. Dual SEP -- §423.38(c)(4)</th>
<th>2. Change in LIS -- §423.38(c)(9)</th>
<th>2. Change after CMS/State initiated enrollment -- §423.38(c)(10)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Detail</strong></td>
<td>For full/partials duals to use onetime per calendar quarter during the first nine months of the year to enroll in a new plan or disenroll from the current plan</td>
<td>For full/partials duals who gain, lose, or have a change in Medicaid/level of LIS to enroll in a new plan or disenroll from the current plan</td>
<td>For beneficiaries (primarily full/partial duals) being enrolled in a plan by CMS or a State (i.e., auto enrollment, facilitated enrollment, passive enrollment, or reassignment).</td>
</tr>
<tr>
<td>CARA: Available for Potential at-risk or at-risk beneficiaries?</td>
<td>No – Eligibility for dual SEP is voided if a beneficiary is identified as potentially at-risk or at-risk by their current plan, but they can still use other available election periods (e.g., AEP, OEP, etc.)</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>One allowable election for each of the following time periods: January – March, April – June, and July – September.</td>
<td>One time use separate from other SEP opportunities. If bene has multiple Medicaid/LIS status changes in a calendar year, the SEP could be used multiple times.</td>
<td>One time use separate from other SEP opportunities. If bene is assigned more than once in a calendar year, could be used multiple times.</td>
</tr>
<tr>
<td><strong>SEP starts</strong></td>
<td>1/1, 4/1, 7/1</td>
<td>Upon notification of change in LIS or dual eligibility</td>
<td>Upon notification of assignment to another plan.</td>
</tr>
<tr>
<td><strong>SEP ends</strong></td>
<td>At end of 3 month period or Upon use (application date)</td>
<td>Three months after change of LIS or dual-eligibility or, of being notified of the change, whichever is later</td>
<td>Three months after notification of assignment or assignment effective date, whichever is later. (Is not considered “used” if bene opts out of assignment and reverts to their original plan (i.e., cancellation).)</td>
</tr>
<tr>
<td><strong>Effective date</strong></td>
<td>First day of the month following election (prospective only)</td>
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</tr>
</tbody>
</table>
MA Open Enrollment Period

- MA Disenrollment Period ended 2018
- MA Open Enrollment Period starting in 2019
- January 1 – March 31 each year
- Must be in MA plan on 1/1 to use MA OEP
- New Medicare beneficiaries who enroll in MA during IEP have 3 months to use MA OEP to make a change
• People in an MA Plan on January 1 can:
  • Switch MA plans
    - Can add or drop Part D coverage
  • Leave MA to join Original Medicare
    - coordinating Part D SEP if go to FFS
• Part D not guaranteed
• Can’t use MA OEP if enrolled in Original Medicare, or PDP, Cost, PACE or MSA plans
Seamless Conversion/Default Enrollment

• Default enrollment only permitted from Medicaid Managed Care plans into D-SNP under same organization when beneficiary is first eligible for Medicare
  – Plan must request and get CMS approval before implementing default enrollment
  – State determines if MA plan can do default
  – Advance notification with 60-day opt-out
  – Coverage in MA plan starts the same day as A/B
Simplified (opt in) Enrollment Mechanism

- Optional process for MA organizations that offer both MA plans and non-Medicare coverage (in place of default enrollment)
- Generally permits plans to collect only the information they don’t already have for the MA enrollment
- Plans may offer simplified enrollment via paper, telephone or electronically
- Available only to those in their ICEP (newly eligible for Medicare- must have both A & B)
- No break between non-Medicare plan and MA plan
- Can use MA OEP to change after enrollment starts
Passive Enrollment

• Expanding to dually eligible beneficiaries currently enrolled in a non-renewing integrated D-SNP into another integrated D-SNP

• To be conducted in consultation with a state Medicaid agency
Receiving plan requirements include:

- High level of integration
- Quality standards
- Premium and cost sharing limits
- Similar benefits and provider network

Beneficiaries will receive:

- 60 day and 30 day notice of passive enrollment
- Passive enrollment SEP in addition to other SEPs
## Election Periods to Enroll

<table>
<thead>
<tr>
<th>Election Period</th>
<th>Occurs From</th>
<th>Coverage Starts</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Election Period</td>
<td>October 15 – December 7</td>
<td>January 1</td>
<td>Plan marketing begins on Oct. 1</td>
</tr>
<tr>
<td>Non-Renewal SEP</td>
<td>December 8 – end of February</td>
<td>First of the month after request is made</td>
<td>If no election made by 12/31, individual will be in Original Medicare and lose Part D</td>
</tr>
<tr>
<td>Medicare Advantage Open Enrollment Period</td>
<td>January 1 – March 31, or 3 months after initial entitlement</td>
<td>First of the month after request is made</td>
<td>Must have MA. Can switch to any MA plan (except MSA), or go to Original Medicare. If go to Original Medicare, have SEP to enroll in Part D plan. Can add or drop Part D when switching plans.</td>
</tr>
</tbody>
</table>
## Election Periods to Enroll (cont.)

<table>
<thead>
<tr>
<th>Election Period</th>
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</tr>
</thead>
<tbody>
<tr>
<td>5-Star SEP</td>
<td>For enrollments effective during the year in which that plan has the 5-star rating</td>
<td>First of the month after request is made</td>
<td>Only enroll into a 5-Star Plan. Part D coverage not guaranteed.</td>
</tr>
<tr>
<td>SEP for Dual Eligible Individuals</td>
<td>Ongoing - One use per calendar quarter during the first nine months of the year</td>
<td>First of the month after request is made</td>
<td>Cannot be used by “at-risk” or “potentially at-risk” beneficiaries.</td>
</tr>
<tr>
<td>Other SEPs</td>
<td>Varies based on situation, like residence changes, Special Needs status, etc.</td>
<td>Varies</td>
<td></td>
</tr>
</tbody>
</table>
Enrollment Period Hierarchy

MA
1. ICEP/IEP-D
2. MA OEP
3. SEP
4. AEP
5. OEPI

Part D
1. IEP for Part D
2. MA OEP
3. SEP
4. AEP
References

Medicare Managed Care Eligibility and Enrollment


Medicare Prescription Drug Eligibility and Enrollment -

Medicare Advantage 2019

Selected topics for discussion

Center for Medicare and Medicaid Services
Chicago Regional Office
Raymond Swisher
ARA, Division of Medicare Health Plans Operations
August 2018
Supplemental Benefits

- Adult Day Care
- Home-based Palliative Care
- In-home Support Services
- Support for Caregivers
- Medically-approved Non-Opioid Pain Management
- Stand-alone Memory Fitness Benefit
Supplemental Benefits

- Home and Bathroom Safety Devices
- Transportation
- Over the Counter (OTC) Benefits
Meaningful Differences

And some other changes coming in 2019
MA Trends

• Enrollment

• Premiums

• Out of pocket expenditures

• Geographic Differences
Workgroup evaluating the MA Contract Termination Process