MMW Webinar
Medicare & MMAI/MLTSS Updates
December 14, 2016

Webinar Logistics:

• Audio: Listen through your computer speakers or call in using a telephone. To get call-in information, click “telephone” under “audio”.

• Because there will be a large number of people on the call, all lines will be muted to ensure good audio quality.

• If you have a question during the webinar, please type your question into the question box. Questions will be answered at the end of the webinar.

• The webinar slides and recording will be sent to all registrants within approximately one week of the webinar.
Medicare & MMAI/MLTSS Updates

Make Medicare Work Coalition Webinar – December 14, 2016

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Connecting Older Adults with Community-based Resources and Options
MMW work is supported by grants from local and regional foundations:

- Retirement Research Foundation
- Chicago Community Trust
- Michael Reese Health Trust
Who We Are: MMW Leadership

• AgeOptions
  – Area Agency on Aging (AAA) for suburban Cook County

• Health & Disability Advocates
  – Policy and advocacy organization

• Progress Center for Independent Living
  – Cross-disability, non-residential – suburban Cook County
What We Do

• Gather and create practical, accessible information and materials

• Educate Medicare consumers, service providers and policymakers

• Problem solving – individual and systemic

• Provide training and technical support for professionals and volunteers

• Advocate for consumer focused laws and policies

• Target underserved groups
What We Will Cover Today

• Seamless Conversion
• New CMS Notice to Individuals with Medicare & Marketplace Coverage
• BENES Act (Emily Gelber-Maturo, Health & Disability Advocates)
• Review of MMAI & MLTSS Enrollment Procedures
• Note: Integrated Eligibility System (IES) Phase 2
  – Still postponed and no anticipated roll out date
Seamless Conversion into Medicare Advantage plans
Seamless Conversion Enrollment

• **Automatic** enrollment from non Medicare plan into a Medicare Advantage plan of the same parent company
  – Enrollment effective date is the beneficiary’s date of first **entitlement** to both Medicare Part A & Medicare Part B
  – Seamless conversion only affects individuals who **enroll** in Medicare Part A & Medicare Part B

• Non Medicare plans include commercial plans (Marketplace & employer sponsored plans) and Medicaid health plans

• Seamless enrollment was established in 1997 as part of the Social Security Act
  – We have most recently been seeing beneficiaries experiencing seamless conversion from the Health Insurance Marketplace to Medicare Advantage
Seamless Enrollment

• CMS must approve Managed Care Organization’s proposals to offer seamless conversion to their enrollees who are approaching Medicare eligibility

• CMS has temporarily suspended new plan approvals for seamless enrollment on October 21, 2016 to review the seamless conversion policies
  – To view notice of suspension and plans that are currently approved for seamless enrollment:
Outreach to Beneficiaries

• At minimum, the Medicare Advantage plan must send a letter to the beneficiary 60 days prior to the enrollment effective date

• Letter includes Medicare Advantage enrollment effective date and option to opt out before the effective date of coverage

• Many plans also provide other forms of outreach, including calls
What should a beneficiary do?

• Check Medicare Advantage plan network and prescription drug formulary
  – Will differ from previous plan enrollment, even though the parent company is the same

• Review ALL Medicare coverage options, including other Medicare Advantage plans and Medicare Supplement plans
  – Keep in mind the Medicare Supplement 6 month Initial Enrollment Period following Medicare Part B effective date
What should a beneficiary do?

– If a beneficiary \textit{wants} to be seamlessly enrolled into the Medicare Advantage plan...
  
  \begin{itemize}
    \item Disenroll from previous insurance plan before Medicare effective date
    \item Let the auto-enrollment process take place
  \end{itemize}

– If a beneficiary \textit{does not want} to be seamlessly enrolled...

  \begin{itemize}
    \item Disenroll from previous insurance plan before Medicare effective date
    \item To opt out of seamless enrollment, contact the Medicare Advantage plan before effective date
    \item Actively enroll into a \textit{different} Medicare Advantage plan or a Medicare Part D plan (with the option of picking up a Medicare Supplement plan) before Medicare effective date
  \end{itemize}
What if a beneficiary *was* seamlessly enrolled without knowing?

• Cannot use Initial Enrollment Period
  – Already used up their one “election” right with MA assignment during their Initial Enrollment Period

• Medicare Advantage Trial Right
  – For individuals 65 & over who enrolled in a Medicare Advantage plan when they were *first* eligible for Part A and enrolled in Part B
  – Can return to Original Medicare at any time within the first 12 months of enrollment into the Medicare Advantage plan
  – Can enroll in a stand alone Part D plan
  – Trial right in Illinois to enroll in a Medicare Supplement plan

• Medicare Advantage Disenrollment Period
  – January 1\(^{st}\)- February 14\(^{th}\)

• Annual Medicare Open Enrollment Period
  – October 15- December 7
Marketplace and Medicare Notice from CMS
Marketplace & Medicare Notice

• CMS released a new notice for individuals with Medicare & Marketplace Coverage

• Notice explains that an individual will no longer be eligible for premium tax credit or cost sharing based on their current Medicare enrollment

• **Notice will be sent to individuals who...**
  – Are 65 and over,
  – Enrolled in a Marketplace plan with advanced payments of premium tax credit assistance, *and*
  – Enrolled in Medicare Part A (which qualifies as minimum essential coverage)
Marketplace & Medicare Notice

- Beneficiary can disenroll from Marketplace plan at any time of the year while enrolled in Medicare

- Notice includes detailed Marketplace disenrollment instructions depending on Medicare enrollment...
  - Premium-free Medicare Part A and enrolled in Medicare Part B
  - Premium-free Medicare Part A but no Medicare Part B
  - Pay a Premium for Medicare Part A and enrolled in Medicare Part B
  - Medicare Advantage plan

- To view notice from CMS:
What is it?
The Beneficiary Enrollment Notification and Eligibility Simplification Act (BENES)
H.R. 5772 and S. 3236
Purpose

• Establish a system to educate individuals approaching Medicare eligibility
• To simplify and modernize the eligibility enrollment process
• To provide for additional assistance for complaints and requests of Medicare beneficiaries that relate to their enrollment in the Medicare program

Why we like it!
This bill prevents costly late enrollment penalties, avoid enrollment mistakes, and establishes a process to correct mistakes.
What It Does

Requires HHS & SSA to provide notice to individuals nearing Medicare eligibility about Part B enrollment

- Notice sent six months ahead of the initial enrollment period
- Notice sent one month before initial enrollment period
- Requires website for enrollment related content

Why It Matters

- If you don’t receive benefits through social security, then there is no trigger to alert people that it is time to enroll when you don’t enroll during your enrollment period, then people are subject to late enrollment penalties.
- People turn 65.
- Upwards of 750,000 beneficiaries pay up to 29% higher part B premiums because they did not sign up for part B at the right time.
What It Does

Modernizes Enrollment

- Aligns the general enrollment period with Medicare open enrollment for part C and D plans. (Oct. 15- Dec. 7th)
- Eliminates coverage gaps in the 5th, 6th, and 7th month of an individual's initial enrollment period and in the annual general enrollment period, as well as updating the structure of enrollment periods.

Why It Matters

This makes Medicare less confusing! Right now there are multiple enrollment periods for different parts of Medicare and that is tough for consumers to navigate.
What It Does

Formalizes and Standardizes Process Equitable Relief
   Information required to be available on website
   Enrollment notices will include info on equitable relief

What’s Equitable Relief?
   Administrative process that allows for retroactive part B enrollment or elimination of a part B late enrollment penalty.

Why It Matters
   • There is no formal process for people who were provided wrong information about enrollment into part B.
   • You can request equitable relief now, but the Social Security Administration doesn’t have to respond.
   • If your request is denied, you have no rights to appeal.
How do you take action?

The BENES Act was recently introduced into the House of Representatives and the Senate.

Contact Illinois’ senators and representatives to sign on as co-sponsors of the bills.
S. 3236 and HR 5772

Use the BENES Act of 2016 Advocacy Kit:
- Sample letter
- Contact information for IL senators and representatives
- BENES Act Fact Sheet
Where are the bills now?

What happens if they aren’t heard?

Adjourns Dec. 16th.

If congressional leaders want a bill to be considered further, they will reintroduce the bill in the next session, and the process will restart.
MMAI & MLTSS
Enrollment Review
Medicaid Programs for Dual Eligibles

• Illinois has two care coordination programs for individuals with full Medicare and full Medicaid benefits:
  – Medicare Medicaid Alignment Initiative (MMAI) effective March 2014
  – Medicaid Managed Long Term Services and Supports (MLTSS) effective July 2016
Long Term Services and Supports (LTSS)

• LTSS = care that helps individuals perform activities of daily living (eating, cooking, bathing, getting dressed, cleaning, etc.)

• Two ways to receive LTSS:
  – Reside in a long term care (LTC) facility
  – Receive services through a Home and Community-Based (HCBS) Medicaid Waiver Program – services that allow individuals to remain in their own home or a community setting
Medicare Medicaid Alignment Initiative (MMAI) Program Eligibility

• Individuals with full Medicare and full AABD Medicaid benefits who:
  – Have both Medicare Parts A and B
  – Do NOT have a spenddown
  – Are age 21 or over
  – Are NOT enrolled in private insurance that provides health coverage (e.g., retiree or employer coverage)
  – Are NOT enrolled in a Medicaid waiver program for individuals with Developmental Disabilities
  – Are living in one of the program’s impacted counties:
Medicare Medicaid Alignment Initiative (MMAI) Program

Managed Care Organization (MCO)

- Hospital
- Doctors
- Home Health
- Lab Tests
- Ambulance
- Prescription Drugs
- Durable Medical Equipment
- Skilled Nursing Facility
- Mental/Behavioral Health Services
- Long Term Services & Supports (LTSS)
- Transportation

Care Coordination Provided by MCO to Help Manage Care
## When First Eligible for MMAI

<table>
<thead>
<tr>
<th>Event</th>
<th>Description</th>
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<tr>
<td><strong>Receipt of Letter from Illinois Client Enrollment Services</strong></td>
<td>• Letter explains MMAI program &amp; plan options</td>
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| **Call Illinois Client Enrollment Services (CES)**          | • If not receiving LTSS, can enroll in MMAI or opt out of MMAI  
• If receiving LTSS, can enroll in MMAI or choose an MLTSS plan (if in Chicago area)  
• CES can help compare provider networks & covered services over the phone |
| **Auto Assigned into MMAI Plan**                            | • Must choose coverage by date on letter or will be passively enrolled into an **MMAI** plan (60 days after receipt of letter)  
• [http://enrollhfs.illinois.gov/node/44](http://enrollhfs.illinois.gov/node/44)                                      |
| **Receipt of Disenrollment Letter from Part D Plan**         | • Explains MMAI plan will cover prescription drugs  
• Current Part D Plan will stay in place if opt out of MMAI by due date on letter from Illinois Client Enrollment Services |
MMAI Health Plan Choices

• Aetna
• Blue Cross Blue Shield
• Humana
• IlliniCare Health
• Meridian Health Plan
• Molina Healthcare – Central Illinois only

• Links to HFS MMAI Health Plan Choices Letter:
  – Greater Chicagoland: http://enrollhfs.illinois.gov/sites/default/files/content-docs/ICES_MMAICart_M01_0216EN_v03eaWEB_040416.pdf
  – Central Illinois: http://enrollhfs.illinois.gov/sites/default/files/content-docs/ICES_MMAICart_M05_1215EN_v05eaWEB_032216.pdf
MMAI Enrollment Timeline For Individuals Not Receiving LTSS

- Individuals can enroll in, disenroll from, or change MMAI plans at any time of the year

- If client opts out of MMAI, they will return to fee for service Medicare and Medicaid for all of their health services
  - should enroll in prescription drug coverage through a stand alone Part D plan or Medicare Advantage plan

- If a client who is not receiving LTSS services opts out of MMAI and later enrolls in LTSS services, they will receive an MLTSS letter and must choose an MLTSS plan at that time
  - Once a client disenrolls from MMAI, they will not receive any future MMAI enrollment materials
MMAI Enrollment Timeline For Individuals Receiving LTSS

- Individuals can enroll in, disenroll from, or change MMAI plans at any time of the year

- If client opts out of MMAI they will return to fee for service Medicare and Medicaid for all of their health services
  - Must choose an MLTSS plan over the phone with Client Enrollment Services if living in the Chicago area
  - Should enroll in prescription drug coverage through a stand-alone Part D plan or Medicare Advantage plan
Managed Long Term Services & Supports (MLTSS) Program

- MLTSS is a “sister program” to MMAI

- The MLTSS Program is for dual eligible individuals receiving full Medicare and full Medicaid benefits who opt-out of MMAI in the Greater Chicago area and live in a nursing facility or receive waiver services (The eligibility requirements are the same as with MMAI)
  - Client Enrollment Services will provide education of MLTSS program over the phone for individuals who are receiving LTSS services and want to opt out of MMAI
  - Must make choice of MLTSS plan over the phone with CES

- MLTSS members will have care coordinators to help manage their health care, including services covered through MLTSS and Medicare, just like an MMAI plan
Managed Long Term Services and Supports (MLTSS) Program – for people who receive LTSS and opt out of MMAI

Fee-for-Service Medicare (or Medicare Advantage) & Fee-for-Service Medicaid
- hospital
- doctors
- Home health
- Lab tests
- Prescription drugs
- ambulance
- Durable Medical Equipment
- Skilled Nursing Facility

Care Coordination Provided by MCO to Help Manage Care

Managed Care Organization (MCO)
- Long Term Services & Supports (LTSS)
- Transportation

Mental/Behavioral Health Services
MLTSS Enrollment Timeline

• Individuals will reach their next enrollment period after being locked into their plan for 12 months
  – Will receive another letter and go through the same process each time
  – Each person’s enrollment period will be different (depends on individual plan effective date)

• Individuals in an MLTSS plan can enroll into an MMAI plan at any time of the year
Options for Dual Eligibles with LTSS

**MMAI**
- Medical services and Long Term Services and Supports (LTSS) covered by Managed Care Organization (MCO)
- Can change plan or opt out at any time, HOWEVER...

If someone opts out of MMAI in the Chicagoland area and receives LTSS, they MUST enroll in...

**MLTSS**
- LTSS, transportation, and some other services covered by MCO
- Medical services provided through fee-for-service Medicare/Medicaid
- Locked in for 1 year (after initial 60 day choice period and 90 day switch period)
- Can enroll in MMAI at any time
MLTSS Health Plan Choices

- Aetna
- Blue Cross Blue Shield
- IlliniCare Health
- Meridian Health Plan

- Link to HFS MLTSS Health Plan Choices Letter:
  [http://enrollhfs.illinois.gov/sites/default/files/content-docs/ICES_LTSSchart_L01_0616EN_v06eaWEB_060216.pdf](http://enrollhfs.illinois.gov/sites/default/files/content-docs/ICES_LTSSchart_L01_0616EN_v06eaWEB_060216.pdf)
MMAI & MLTSS
Enrollment Rules

• Once enrolled in MMAI or MLTSS, an individual must use providers and services within the health plan’s network
  – Except in emergency situations

• MMAI enrollees will have a 180 day transition period from their initial plan enrollment to continue seeing providers who are not in their plan’s network
  – Applies to both medical and LTSS providers
  – Provider must be willing to bill MCO for services

• An individual can only be enrolled in MMAI or MLTSS, not BOTH!
Client Enrollment Services
1-877-912-8880 (TTY:1-866-565-8576)

• The *only* entity where enrollment or disenrollment is done for MMAI & MLTSS

• Can check provider networks and plan benefits for MMAI & MLTSS

• Can call to track enrollment status through automated message; must provide individual’s date of birth and social security number

• Can help with Medicaid redetermination process
MMW Resources

Check MMW Website for resources including:

– MMAI & MLTSS Webinar
– MMAI & MLTSS Fact Sheets for Professionals
– MMAI & MLTSS Fact Sheets for Consumers
– Transitions in Coverage Fact Sheets for Consumers, including Marketplace to Medicare Tips

http://www.ageoptions.org/services-and-programs_makemedicarework.html
Questions?

Thank you!

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