

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



CENTER FOR MEDICARE

DATE: February 12, 2015

TO: Medicare Advantage Organizations and Prescription Drug Plans Operating in Michigan

FROM: Arrah Tabe-Bedward, Director, Medicare Enrollment and Appeals Group
Sharon Donovan, Director, Program Alignment Group, Medicare-Medicaid Coordination Office

SUBJECT: Guidance and Call Center Information for Medicare Advantage (MA) Organizations and Medicare Prescription Drug Plans (PDPs) in Michigan

The Michigan Department of Community Health is operating a demonstration under the CMS Financial Alignment Initiative to integrate care and financing for Medicare-Medicaid enrollees, also known as dual eligible individuals. The demonstration is called “MI Health Link.” Under the demonstration, the Medicare-Medicaid Plans (MMPs), known as Integrated Care Organizations (ICOs) in Michigan, provide both Medicaid and Medicare benefits to demonstration enrollees. Individuals were able to start voluntarily enrolling (opting in) beginning in February 2015, for a March 2015 effective date of enrollment for the Upper Peninsula and select counties in Southwest Michigan. Michigan will passively enroll select demonstration-eligible individuals who have not voluntarily enrolled in an MMP or who have not opted out of the demonstration, for an effective date May and June, 2015. Individuals will be able to start voluntarily enrolling in Macomb and Wayne Counties in April 2015 for an effective enrollment date of May 2015. Passive enrollment in Macomb and Wayne Counties will take place from July to September 2015. Individuals currently enrolled in MA plans and PDPs will be included in the passive enrollment.

Enrollment in the demonstration plan will automatically disenroll individuals from their current Medicare health or drug plan. Please see the information included below and the attached call center supplement for affected MA Organizations and PDPs operating in Michigan concerning responding to passively enrolled beneficiaries who may have questions about disenrollment notices organizations will send in late February, which will be prompted when Michigan submits passive enrollment transactions.

The Michigan demonstration will take place in four regions:

- Region 1 (Upper Peninsula): Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties
- Region 4 (Southwest): Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties
- Region 7: Wayne County
- Region 9: Macomb County

The following seven plans are anticipated to participate in MI Health Link:

MI Health Link Demonstration Project Contract Number and Marketing Name	Region
H8026 Aetna Better Health of Michigan	Regions 4, 7 and 9
H80192 AmeriHealth Michigan, Inc.	Regions 7 and 9
H9487 Fidelis SecureCare of Michigan	Regions 7 and 9
H0480 Meridian Health Plan of Michigan, Inc	Region 4
H9712 Midwest Health Plan	Regions 7 and 9
H7844 Molina Healthcare of Michigan	Regions 7 and 9
H1977 Upper Peninsula Health Plan	Region 1

Medicare-Medicaid Plans provide Part D prescription drug coverage, so an individual cannot be enrolled in an MMP and a standalone Medicare PDP or an MA plan that includes prescription drug coverage at the same time. When an individual is enrolled into an MMP, that person’s PDP or MA enrollment automatically ends.

Michigan will send letters to individuals in late February, informing them of their eligibility for enrollment in a Michigan Phase I MMP and their option to decline the passive enrollment or make another enrollment decision prior to the enrollment effective date (example attached). When passive enrollment transactions are submitted to CMS – in late February - those individuals’ current PDP or MA plans also receive disenrollment transactions by normal operations. Per Medicare requirements, the PDPs and MA organizations then have 10 days to send disenrollment notices to those individuals indicating they are being disenrolled due to enrollment in an MMP, specifically the new model notice for disenrollment prompted by passive enrollment (see section 50.4.1 and Exhibit 10c of Chapter 3 of the PDP Manual; section 50.4.1 and Exhibit 12c of Chapter 2 of the Medicare Managed Care Manual; and section 50.1.1 and

Exhibit 8a of the Chapter 17 (Subchapter D for Cost Plans) of the Medicare Managed Care Manual) . Before beneficiaries receive a disenrollment notice from their PDP or MA plan, they should have already received a notice telling them that they are being enrolled in an MMP. Beneficiaries may have questions about these notices.

Your Customer Service Team may receive questions from beneficiaries who received a disenrollment notice from your organization. Please use the attached information to identify these beneficiaries and respond to those inquiries. If members have questions about the Michigan MMPs, including how to opt out or about the passive enrollment process, please direct them to:

- Call Michigan ENROLLS at 1-800-975-7630. Monday to Friday, 8 a.m. to 7 p.m. Eastern Time. TTY users should use 1-888-263-5897.

Members with questions about Medicare can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

For additional information about the Medicare-Medicaid Alignment Initiative, please see:

- MI Health Link Demonstration Project: www.michigan.gov/MIHealthLink
- CMS Medicare-Medicaid Financial Alignment Initiative webpage: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/FinancialModelstoSupportStatesEffortsinCareCoordination.html>

Please send any questions to MMCOcapsmodel@cms.hhs.gov.

Attachment 1

Call Center Supplement

Intended audience

PDPs and MA Organizations that currently enroll beneficiaries who are included in the upcoming waves of enrollment into the Michigan's MI Health Link.

Background

MI Health Link is a demonstration for dual eligible individuals under the CMS Financial Alignment Initiative. Under the demonstration, Medicare-Medicaid Plans (MMPs), provide both Medicaid and Medicare benefits to demonstration enrollees. Voluntary enrollment will begin March 1, 2015 in Regions 1 and 4 and on May 1, 2015 in Regions 7 and 9.

In May, Michigan will begin passively enrolling those demonstration eligible beneficiaries in Regions 1 and 4 who did not voluntarily enroll or opt-out. In July, Michigan will begin passively enrolling those demonstration eligible beneficiaries in Regions 7 and 9.

The Michigan demonstration will take place in four regions:

- Region 1 (Upper Peninsula): Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties
- Region 4 (Southwest): Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties
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H9712 Midwest Health Plan	Regions 7 and 9

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H7844 Molina Healthcare of Michigan	Regions 7 and 9
H1977 Upper Peninsula Health Plan	Region 1

Letters are being sent to individuals in advance of passive enrollment informing them of their automatic enrollment in a Medicare-Medicaid Plan.

Medicare-Medicaid plans provide Part D prescription drug coverage, so an individual cannot be enrolled in a Medicare-Medicaid Plan and a PDP or MA plan at the same time. When an individual is enrolled in a Medicare-Medicaid Plan, that person’s PDP or MA plan enrollment automatically ends.

When passive enrollment transactions are submitted to CMS, those individuals’ current PDP or MA plans also receive disenrollment transactions by normal operations. Per Medicare requirements, the PDPs and MA organizations then have 10 days to send disenrollment notices to those individuals indicating they are being disenrolled due to enrollment in an MMP. Before beneficiaries receive a disenrollment notice from their PDP or MA plan, they will have already received a notice telling them that they are being enrolled in a Michigan MMP. Beneficiaries may have questions about these notices.

If members have questions about Michigan MMPs, including their selection for passive enrollment and how to opt out, they should:

- Call Michigan ENROLLS at 1-800-975-7630. Monday to Friday, 8 a.m. to 7 p.m. Eastern Time. TTY users should use 1-888-263-5897.

If beneficiaries have questions about Medicare, they may also contact 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048.

Responding to Members’ Concerns

If beneficiaries contact you with concerns about changes to their PDP or MA coverage, please determine if they have a future Medicare-Medicaid Plan coverage effective date. Plans can find the contract number of the organization that submitted the transaction causing the automatic disenrollment on the DTRR. With the implementation of the November software release, a new TRC 340 (Disenroll-New MMP) is being generated to notify a Plan when the beneficiary was disenrolled due to MMP passive enrollment so the Plan may take the appropriate actions. This TRC 340 will replace the existing TRC 014 sent to the Plans when disenrollment is due to the MMP passive enrollment (please note that TRC 014 will continue to be sent when disenrollment is due to an individual voluntarily electing an MMP).

If the organization number (H number) is one of those noted above, it is an enrollment into a Medicare-Medicaid Plan. If so, explain to these beneficiaries that the Michigan Department of Community Health is passively enrolling them in a Michigan MMP, which is why they are being disenrolled from their PDP or MA plan. It is important that these beneficiaries also understand the following:

- The Michigan Department of Community Health has provided or will be providing notification and materials to affected beneficiaries.
- Individuals who have been passively enrolled in a Medicare-Medicaid Plan will receive all Medicaid and Medicare benefits, *including Medicare Part D*, from that plan (unless they opt out of MI Health Link or choose to enroll in another Medicare-Medicaid Plan, MA plan, or PDP).
- Beneficiaries will continue to receive their prescription drug benefits from their current PDP or MA plan until their Medicare-Medicaid Plan coverage begins. The Medicare-Medicaid Plan will become the beneficiary's new Medicare Part D plan.
- Beneficiaries will *not* be disenrolled from their current PDP or MA plan until their new coverage in a Michigan MMP takes effect. Please reiterate to beneficiaries that they *should not experience a gap in prescription drug coverage*.
- Beneficiaries may stay in their current PDP or MA plan if they choose not to be in Michigan MMP (i.e., opt out of Michigan MMP). Beneficiaries have until the day prior to their Michigan MMP enrollment effective date to opt out and may do so by calling 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048 or the Michigan State enrollment broker (see below).
- If beneficiaries have questions about Michigan MMPs including how to opt out, they should:
 - Call Michigan ENROLLS at 1-800-975-7630. Monday to Friday, 8 a.m. to 7 p.m. Eastern Time. TTY users should use 1-888-263-5897.

Attachment 2

Sample Michigan Passive Enrollment Notice

Keep this notice for your records

<Name>

<Date>

<Address>

<City, State, Zip>

Case Number:<_____>

Dear <HOH>

IMPORTANT: YOU ARE BEING ENROLLED INTO A NEW HEALTH AND DRUG PLAN FOR YOUR MEDICARE AND MEDICAID SERVICES

You are getting this letter because you have both Medicare and Medicaid and the way you get your health care is changing. You will soon be enrolled in a new program called MI Health Link that replaces your current Medicare and Medicaid plans with a combined plan. The new plan includes all the benefits you currently receive under Medicare and Medicaid.

If you do nothing, you will automatically be enrolled in <health plan> on <START DATE>.

Enrolling into this MI Health Link health plan will **not** change your Medicare or Medicaid eligibility.

You will receive a plan ID card from <health plan>. Starting <START DATE>, you need to show your new plan ID card when you get services. You must use your new health plan when you need medical services and prescription drugs on or after <START DATE>.

You can choose to not be enrolled in this new plan. **If you do not want to be enrolled, you need to contact us no later than <Date = last calendar day of the month prior to Start Date>.**

How will this change affect me?

- You will have one plan for all your Medicare and Medicaid provider and pharmacy benefits.
- You will not pay a plan premium, deductible or copayment when you get services from a provider or pharmacy in your health plan's provider network.
- You will have your own Care Coordinator who will ask you about your health care needs and choices and will work with you to create a personal care plan based on your goals.
- Your Care Coordinator will help you get what you need, when you need it. This person will answer your questions and make sure that your health care issues get the attention they deserve.
- You may have access to home and community based supports and services, if medically necessary, to help you live independently.

What should I do now?

You have options:

1. **Enroll in a new MI Health Link health plan - <Plan Name>.** If you want to be enrolled and receive both your Medicare and Medicaid benefits from <Plan Name>, there is nothing more you need to do.
2. **Join a different plan that will include your Medicare, Medicaid, and prescription drug benefits.** Call Michigan ENROLLS at toll-free 1-800-975-7630 (TTY: 1-888-263-5897), Monday-Friday from 8AM to 7PM before <5 calendar days before the START DATE> and tell them you don't want to be in <Plan Name> and you want to join a different plan.
3. **Keep your Medicare the way it is now and discuss other Medicaid options.** Call Michigan ENROLLS at toll-free 1-800-975-7630 (TTY: 1-888-263-5897) before <START DATE>. Tell them you do not want to be in <health plan>. They can help you keep your current Medicare and Medicare prescription drug coverage and discuss Medicaid options available to you. You can also call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Note: Remember, you have the right to join Original Medicare and a Medicare prescription drug plan at any time.

<Health Plan> and Medicare Part D

You may have received a letter from your current Medicare Part D prescription drug plan telling you that beginning <effective date>, your prescription drug plan won't cover your prescription drugs. That is because you are being enrolled in a new health care and drug plan. <Plan Name> will become your new Medicare Part D plan, which means your last day of coverage in your current prescription drug plan will be <1 day prior to effective date>. You cannot keep your current Part D plan and be in <Plan Name> at the same time. You will continue to receive your prescription drug benefits from your current plan through <1 day prior to effective date>. Your new prescription coverage from <Plan Name> will start on <START DATE>. There will be no gap in your prescription drug coverage.

For help or more information

If you have questions about enrollment or disenrollment, please call Michigan ENROLLS toll-free at 1-800-975-7630. Persons with hearing and speech disabilities may call the TTY number at 1-888-263-5897. The office hours are Monday through Friday 8 AM to 7 PM.

You can also call the Michigan Medicare/Medicaid Assistance Program (MMAP) at 1-800-803-7174 if you have general questions about your Medicare enrollment options. They are open Monday through Friday from 8 AM – 5 PM.

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. You can also visit www.medicare.gov.

Sincerely,

MICHIGAN ENROLLS

If you need this letter in another language or alternate format, like large print, audio, or Braille; or if you need help understanding this letter, please call Michigan ENROLLS at toll free 1-800-975-7630 (TTY: 1-888-263-5897), Monday-Friday from 8AM to 7PM.

Si tiene preguntas, favor de llamar a Michigan ENROLLS al 1-800-975-7630 o 1-888-367-6557.
إذا أحتجت لأى مساعدة يرجى الإتصال على الرقم المجانى 1-800-975-7630