# Compass MED D - CMS Passive Enrollment in MMP - Required Voluntary Disenrollment from the PDP, Opt-Out and Disenrollment from the MMP

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**Description:** The goal of this document is to prepare the MED D Customer Care Representative (CCR) to respond to questions from beneficiaries regarding:

* Passive enrollment in a Medicare-Medicaid Plan (MMP)
* Explaining the disenrollment notice they received from the PDP (SilverScript)
  + Refer to [MED D - Confirmation of Disenrollment Due to Passive Enrollment into a Medicare-Medicaid Plan (MMP) Exhibit 10C Letter Y0080\_52134\_ENR\_10c](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/Y11BB8AO/CMS-PRD1-092190)

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| General Information on Passive Enrollment in Medicare-Medicaid Plans (MMPs) |

**Passive Enrollment -** Enrollment process through which an eligible individual is enrolled by the state (or its vendor) into an MMP, following a minimum 60 calendar day advance written notification that includes the plan selection and the opportunity to select a different plan, make another enrollment decision, or decline enrollment into an MMP, or opt out of the MMP prior to the effective date.

* The Centers for Medicare and Medicaid (CMS) conducts passive enrollment of certain dual eligible beneficiaries on a monthly and annual basis.
* As the states submit requests for enrollment to CMS 60 to 90 days prior to the enrollment effective date **and** when CMS accepts the enrollment, a subsequent voluntary disenrollment notification is sent to the Part D plan.
* The Part D plan is required to issue notification to the enrollee confirming the resulting disenrollment from the Part D plan.
* The new MMP plan will provide all Medicare and Medicaid benefits, including prescription drug coverage.

**Exception:** Individuals with employer- or union-sponsored coverage are excluded from passive enrollment process.

* This includes:
  + Medicare 800 series plans (i.e., Medicare Advantage or Part D plan benefit package ID numbers that start with 8),
  + Employer-Sponsored plans (i.e., contract numbers that start with E),
  + Individuals for whom an employer or union claims the Medicare Retirement Drug Subsidy (RDS).

**Monthly Passive Enrollment**

* Each month, states may passively enroll dual eligible beneficiaries as they become eligible for Medicare and to the MMP plan.
* MMP plans must notify beneficiaries that are being passively enrolled **60 days prior** to the effective date of enrollment in the MMP.
* The notification must advise them of the enrollment effective date and information regarding their options to opt-out or disenroll from the MMP plan.

**Annual Passive Enrollment**

* As an alternative to monthly passive enrollment, states may conduct an annual passive enrollment.
* This annual passive enrollment would occur in the fall of a given year for an effective date of **January 1** of the following year.
* MMP plans must notify beneficiaries that are being passively enrolled **60 days prior** to the effective date of enrollment in the MMP.
* The notification must advise them of the enrollment effective date and information regarding their options to opt-out or disenroll from the MMP plan.

**Notes:**

* The annual process is also coordinated with CMS annual reassignment of low-income beneficiaries to PDPs.
* States that request individuals to be enrolled in an MMP plan by the due date provided by CMS for a benefit effective of January 1, will trump CMS reassignment of those individuals to a PDP.
* For that reason, volume of disenrollment to the PDP is generally higher during the annual process vs. the monthly process.
* CMS may also passively enroll D-SNP enrollees in the same state’s MMP program - there is no disenrollment that occurs from the PDP plan.

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| Process Care |

When receiving a call from a beneficiary who has received a notice of disenrollment from his/her current PDP related to passive enrollment in an MMP, the CCR will:

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| **Step** | **Action** | |
| **1** | Authenticate the Caller.  Refer to the following documents in:   * [Compass - Guided Caller Authentication](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=80476f74-7dca-4548-bf35-185ca8d45c13) * [HIPAA Authentication Grid including Questions and Answers](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/ax02205/Downloads/CMS-2-028920) * [MED D - Obtaining a Verbal Attestation from an Authorized Representative](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/Y11BB8AO/TSRC-PROD-024341) | |
| **2** | Confirm disenrollment is due to the PDP enrolling the beneficiary in a Medicare-Medicaid Plan (MMP) by reviewing the **Disenrollment Reason** in Compass:   * From the Medicare D Landing Page on the **Eligibility & Plan** tab, navigate to the **Enrollment Details** section.   **Note:** TRC - 340 will display in the Transaction Reply field.    **CCR Process Note:** The CCR should also check **MARx Eligibility Screen (M232)** to confirm beneficiary’s enrollment in the MMP plan, the effective date and the prior plan enrollment. | |
| **3** | * Verify if the beneficiary has received the following disenrollment notice.   Can you provide the effective date of disenrollment from SilverScript as stated in the second paragraph of the letter?  Refer to [MED D - Confirmation of Disenrollment Due to Passive Enrollment into a Medicare-Medicaid Plan (MMP) Exhibit 10C Letter Y0080\_52134\_ENR\_10c](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/Y11BB8AO/CMS-PRD1-092190)   * Once the reason for disenrollment is verified to be passive enrollment in an MMP plan:   Your disenrollment from SilverScript PDP is a result of CMS passively (or automatically) enrolling you in a Medicare-Medicaid Plan (MMP).  **CCR Process Note:** If there was another reason for disenrollment and it is still prior to the effective date of the disenrollment:  Refer to [Compass MED D - Cancellation of Enrollment](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=d279a5a4-7ee1-4d5e-a3f7-9f4e71c86efb). | |
| **If…** | **Then…** |
| Yes, and **prior** to the benefit effective date in the MMP plan | * You received a disenrollment notice from <plan name> as a result of CMS passively enrolling you into a Medicare-Medicaid Plan (MMP) in your state. * The new plan will provide all of your Medicare and Medicaid benefits, including prescription drug coverage. * You will continue to receive your prescription drug benefits from SilverScript until the effective date in the new MMP plan. * You have the option to **opt-out** of the new MMP plan; however, the opt-out request must be received by the state **prior** to the effective date of the enrollment.   + If you want to opt-out and do not want to be enrolled in the MMP plan, you **Must** do so by contacting the state or 1-800-MEDICARE <**1-800-633-4227**>.   + TTY users should call <**1-877-486-2048**> * You may contact the state (broker/representative) by the last day of the month prior to the effective date of enrollment in the MMP.   + Refer to ([Medicare-Medicaid Plans) MMP Contacts by State](#_(Medicare-Medicaid_Plans)_MMP) * CMS systems will attempt to restore you to your previous coverage. However, if that is not possible, CMS’ systems will enroll you to Original Medicare and will auto-enroll you into a Medicare Prescription Drug Plan. You will also have access to the LI NET prescription drug plan during any coverage gap.   **Notes:**   * Beneficiaries may opt out verbally or in writing. Once a beneficiary has opted out, the State must document this and exclude him or her from future passive enrollment processing. * The CCR should not accept or process an enrollment prior to the Effective Date in the MMP plan.   **Proceed to the next step.** |
| Yes, and **after** the benefit effective date in the MMP plan | * You received a disenrollment notice from <plan name> as a result of CMS passively enrolling you into a Medicare-Medicaid Plan (MMP) in your state. * The new plan will now provide all of your Medicare and Medicaid benefits, including prescription drug coverage.   **CCR Process Note:**  If the beneficiary indicates that they do not want to remain in the MMP plan, review the options to disenroll from the MMP (if **after** the Effective Date in the MMP).     * If you do not want to remain in the MMP plan, you may:   + Enrolling in another Medicare health or Part D plan, including a PACE organization;   + Enrolling in another MMP;   + Giving or faxing a signed written disenrollment notice to the State/MMP;   + Calling 1-800-MEDICARE;   + Calling the State’s enrollment broker (Refer to [(Medicare-Medicaid Plans) MMP Contacts by State](#_(Medicare-Medicaid_Plans)_MMP)) * You have an SEP to disenroll from the MMP plan or enroll into a different plan. The SEP permits a onetime election within three months of the effective date of the enrollment into the MMP plan or when you were notified of the enrollment in the MMP plan.   **Notes:**   * When a beneficiary voluntarily disenrolls from an MMP, he or she will remain in the MMP until the last day of the month in which the disenrollment request was received and approved, and will return to Original Medicare the first day of the following month. * CMS will auto-enroll the beneficiary into a Medicare Prescription Drug Plan if he or she is eligible for the Medicare Part D Low Income Subsidy and did not elect a Medicare health or drug plan. * The beneficiary will need to qualify for an SEP in order to elect a Medicare health or drug plan outside of a CMS Enrollment Period. * If a beneficiary elects a Medicare health or drug plan while still a beneficiary of an MMP, he or she will automatically be disenrolled from the MMP upon successful submission of the enrollment in the new Medicare plan to CMS   **Proceed to the next step.** |
| **4** | Ask if there are any other questions. | |
| **If** | **Then** |
| Yes | * Address any questions. * Document and close the call according to current policies and procedures.   + Refer to [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) and [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b). |
| No | Document and close the call according to current policies and procedures.   * + Refer to [Compass MED D - Call Documentation Job Aid](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=433711aa-8fa6-447c-872b-bd69cd6cd7c0) and [Compass - Call Documentation](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=0296717e-6df6-4184-b337-13abcd4b070b). |

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| Medicare-Medicaid Plans (MMP) Contacts by State |

The CCR should use the table below as appropriate:

[CA (Orange County)](#CAOC)

[CA (San Mateo County)](#CASM)

[CA (San Diego, San Bernardino, Riverside, Los Angeles Counties)](#CA)

[NY](#NY)

[OH](#OH)

[TX](#TX)

[IL](#IL)

[MICH](#MICH)

[MASS](#MASS)

[VA](#VA)

[SC](#SC)

[WASH](#WASH)

[RI](#RI)

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| **Medicare-Medicaid Plans (MMP) Contacts - Passive Enrollment** | | | |
| **State** | **Contract Numbers** | If beneficiaries choose to do one of the following, then CCRs should direct them to the state agencies below:   1. Opt-Out (cancel prior to effective date) 2. Disenroll (after the effective date) 3. Enroll in another plan   **Note:**  Beneficiaries may also contact Medicare for any of these services or questions (1-855-633-4227, TTY 1-877-486- 2048) | **Contact Numbers/TTY** |
| CA (Orange County) | H8016 | **One-Care Connect CalOptima** | **1-855-705-8823**  TTY users should call **711** |
| CA (San Mateo  County) | H7885 | **Health Plan of San Mateo CareAdvantage** | **1-866-880-0606**  TTY users should call **1-800-735-2929** |
| CA (San Diego, San  Bernardino,  Riverside, Los  Angeles Counties) | H7885, H8677, H5172, H3237, H0148,  H 5355, H8677, H3237, H8258 | **Health Care Options** | **1-844-580-7272**  TTY users should call **1-800-430-7077** |
| NY | H8056 H6308 H6974 H8417 H4740, H8420, H3018, H8029, H6435, H0811,  H6263, H4465,  H8150, H5441, H9115, H3129,  H8851, H1916, H9345, H8490,  H2751 | **New York Medicaid Choice** | **1-855 600-3432**  TTY users should call **1 888 329-1541** |
| OH | H0022, H2531, H5280, H7172, H8452 | **Ohio Medicaid Consumer Hotline** | **1-800-324-8680**  TTY users should call **711** |
| TX | H8786, H8197, H8423, H6870,  H7833 | **Star-Plus** | **1-877-782-6440**  TTY users should call **711** |
| IL | H0281, H0336, H0773, H0927, H2506,  H6080, H6751, H8046 | **Illinois Client Enrollment Services** | **1-877-912-8880**  TTY users should call **1-866-565-8576** |
| MI | H8026, H8019, H9487, H0480  H9712 | **Michigan ENROLLS** | **1-800-975-7630**  TTY users should call **1-888-263-5897** |
| MA | H0137, H2005, H7419 | **One Care** | **1-800-841-2900**  TTY users should call **1-800-497-4648** |
| VA | H0147, H3067, H3480 | **State Enrollment Broker** | **1-855-889-5243**  TTY users should call **1-800-817-6608** |
| SC (Abbeville,  Anderson, Allendale, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Dillon, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Jasper, Kershaw, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry,  Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg,  Sumter, Union, and Williamsburg Counties) | H1723, H2533, H8213 | **South Carolina Healthy Connections Choices** | **1-877-552-4642**  TTY users should call **1-877-552-4670**  Monday to Friday from 7 a.m. – 5 p.m. CT |
| WA |  | **Washington Medicaid Customer Service** | **1-800-562-3022**  TTY users should call **1-877-848-5429** |
| RI (Bristol, Kent, Newport, Providence, and Washington counties) | **H9576** | **Neighborhood Health Plan of Rhode Island**  **(Neighborhood INTEGRITY)** | **Medicare-Medicaid Plan Enrollment Line**  **1-844-602-3469,**  **TTY: 711**  Monday-Friday 8:30 a.m. - 7 p.m., Saturday 9 a.m. - 12 noon. |

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| Resolution Time |

Information = immediate

Enrollment Effective Date **=** varies by state MMP

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| Related Documents |

* [MED D - Filenet](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/Y11BB8AO/CMS-PRD1-072307)
* [MED D - Confirmation of Disenrollment Due to Passive Enrollment into a Medicare-Medicaid Plan (MMP) Exhibit 10C Letter Y0080\_52134\_ENR\_10c\_2015](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/Y11BB8AO/CMS-PRD1-092190)

**Parent SOP:** CALL-0048: [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/SecureDocRenderer?documentId=CALL-0048&uid=pnpdev1)

**Abbreviations/Definitions:** [Abbreviations / Definitions](https://aetnao365.sharepoint.com/sites/PolarisPHDDocumentationReview/Shared%20Documents/General/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/Y11BB8AO/CMS-2-017428)

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