

MA/PDP Enrollment Guidance - Draft Update

Comment Form

Comments due 5:00 p.m. EDT, May 12, 2008

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Org Name	Section (specify MA or PDP guidance)	Section # & Page #	Description of Issue or Question	Suggested Revision/Comment
Health Assistance Partnership (HAP)	PDP and MA	Throughout	Regulatory references	HAP would like to thank CMS for adding appropriate references to regulations. These references will assist SHIPs as well as advocacy organizations in providing the most accurate answers to technical assistance requests.
	PDP	Section 10.2 & Page 9	Permanent residence requirement	HAP has heard reports from several SHIPs that plans are involuntarily disenrolling (with no notice) some plan enrollees who are snowbirds. Despite the fact that these enrollees use in-network pharmacies when they travel and have permanent addresses in the service area, some plans continue to disenroll certain beneficiaries. We encourage CMS to add stronger language to this section to ensure that these enrollees are not disenrolled unfairly, including information about living outside of the plan's service area for less than 6 months. This section also should refer to section 40.2, where this concept is explained in more detail.
	PDP	Section 20.1 & Page 13	First sentence has grammatical error	CHANGE TO: Those not eligible to enroll in a Part D plan at any time during their initial enrollment period for Medicare Part B or those not eligible for Part D during the first Medicare initial enrollment period for Part D have an initial enrollment period for Part D that is the 3 months before becoming eligible for Part D, the month of eligibility, and the three months following eligibility to Part D.
	PDP	Section 20.1 & Page 13	Example 2	This example should include a sentence about whether this beneficiary has any health insurance, including drug coverage, and whether it is creditable coverage.

	PDP and MA	Section 20.2 & Page 14 (PDP) and Section 30.1 & Page 29 (MA)	"Fall Open Enrollment"	HAP questions the use of the terminology "Fall Open Enrollment." Medicare is a complex subject even when you understand the terminology. It is more troublesome to introduce two names for one enrollment period, especially since the term Open Enrollment Period already exists for the Medicare Advantage OEP in January.
	PDP and MA	Section 20.3 & Page 14 (PDP) and Section 30.4 & Page 35 (MA)	SEPs	We believe that these SEP sections should include an explanation of the steps a beneficiary could take if a SEP is denied.
	PDP and MA	Section 20.3.2 & Page 18 and Section 30.4.4 #5 & Page 43 (MA)	SEP for Duals	HAP encourages CMS to consider extending this SEP to include the month before eligibility for Medicaid begins. When beneficiaries are aware of pending Medicaid eligibility, this expansion would allow seamless coverage of drugs. While the auto-enrollment process should occur, we continue to hear reports of beneficiaries falling through the cracks. This leaves them without either Medicaid or Medicare drug coverage and is a great burden on those beneficiaries who are least able to pay out-of-pocket for their drugs.
	PDP	Section 20.3.4 & Page 20	Extended SEP for non-renewals	HAP is grateful for the extension of this SEP opportunity. It will allow beneficiaries unaware of their plans ending the chance to enroll in a new plan of their choice.
	PDP and MA	Section 20.3.8 & Page 21 (PDP) and Section 30.4.4 & Page 42 (MA)	SEP Examples	HAP encourages CMS to include an exceptional condition SEP opportunity for beneficiaries who have medical conditions preventing them from enrolling, maintaining enrollment, or otherwise following plan rules. Many beneficiaries are not capable of these actions, and such a change would greatly benefit those individuals as well as their caretakers.

	PDP and MA	Section 20.3.8 & Page 22 and Section 30.4.4 & Page 42 (MA)	Case-by-case basis	HAP requests that the language concerning SEPs for exceptional conditions on a case-by-case basis be strengthened. In helping their clients, SHIPs are concerned about asking for a SEP unless the grounds are clearly defined by guidance. Since the case-by-case basis permits CMS to use its discretion, we would very much appreciate language that encourages people to ask for a SEP in instances that are not enumerated specifically in guidance but seem like a SEP might be granted.
	PDP and MA	Section 20.3.8 #8 & Page 24 and Section 30.4.4 #9 & Page 45 (MA)	Clarification of SEP	HAP would like for CMS to clarify whether MA-PDP coordinating SEPs end upon disenrollment from a Part D plan or upon enrollment into a new plan (including an MA-PD or a PDP). SHIPs have reported many instances of beneficiaries disenrolling from plans and not understanding they must elect alternate coverage within the SEP timeframe, thus resulting in beneficiaries with no Part D coverage.
	PDP and MA	Section 20.3.8 #9 & Page 26 and Section 30.4.4 #11 & Page 46 (MA)	Losing SPAP eligibility	HAP thanks CMS for including those who lose SPAP coverage in this SEP.
	PDP	Section 20.3.8 #10 & Page 27	Retroactive uncovered months	As clarified on page 42, this retroactive enrollment only begins upon request by an enrollee. HAP strongly encourages CMS to have plans cover these months automatically for all dual-eligible enrollees in this situation.
	PDP and MA	Section 20.3.8 #8F & Page 26 and Section 30.4.4 #13 & Page 47 (MA)	SEP for SNP Enrollment	HAP urges CMS to consider allowing disenrollment from any SNP at any time in addition to enrollment in a SNP at any time. SHIPs report that, especially in the case of chronic condition SNPs (whose enrollees often do not have a continuous SEP like other SNP enrollees) join plans without fully understanding them. A disenrollment opportunity would allow these beneficiaries with "special needs" the freedom to choose a plan that is best for them.

	PDP and MA	Section 20.4 & Page 27 (PDP) and Section 30.5 & Page 47 (MA)	Effective Dates	HAP would like to draw CMS' attention to an issue with certain plans not respecting the first of the following month effective dates. On more than one occasion, HAP has heard from SHIPs that plans build in a few weeks buffer to allow for "paperwork to be completed." This results in beneficiaries without coverage, despite enrolling in the specified timeframe that would permit a first of the month effective date.
	PDP	Section 30 & Page 32	Correction from MA to PDP	CHANGE TO: Furthermore, the individual must submit the election to the <u>PDP</u> plan during a valid enrollment period.
	PDP and MA	Section 30.1.2 & Page 35 (PDP) and Section 40.1.2 and Page 58 (MA)	Daily OEC retrieval	HAP is pleased to see that CMS requires plans to check the OEC system for new enrollees daily.
	PDP and MA	Section 30.1.3 & Page 35 (PDP) and Section 40.1.3 and Page 58 (MA)	Telephone Enrollment	SHIPs have reported to HAP many instances of plan representatives and agents accepting and encouraging enrollment requests on out-bound telephone calls to beneficiaries. This practice, as you know, is against marketing and enrollment guidance. HAP urges you to add language to the enrollment guidance that specifies that enrollment requests may not be accepted by plans on out-bound calls.
	PDP and MA	Section 30.1.3 & Page 35 (PDP) and Section 40.1.3 and Page 58 (MA)	Telephone Enrollment	Please provide further clarification of the phrase "plan representative or agent." HAP is not certain of alternatives to plan representatives or agents processing enrollments. Are people at plans other than representatives or agents accepting enrollment requests? Further, HAP appreciates the requirement that plans maintain recordings of telephone enrollments that are reproducible.
	PDP	Section 30.1.4 & Page 36	Frequency of auto and facilitated enrollments	HAP applauds CMS for processing these enrollments more often than monthly after early summer 2008.

	PDP	Page 42	Deleted sentence in first paragraph	HAP strongly encourages CMS to undelete this sentence. It provides valuable information about expectations both for enrollees and those who assist them.
	PDP	Page 43	First paragraph under D	CHANGE TO: Additionally, all LIS eligible individuals have a Special Enrollment Period (SEP) that permits them to change Part D plans at any time, even after the auto/facilitated enrollment takes effect (refer to section 20.3.2 of this guidance).
	PDP	Page 46	First paragraph	We are pleased to see that CMS has extended the timeframe for beneficiaries to elect a retroactive cancellation.
	PDP	Section 30.1.4 #10 G & Page 46	Full duals with RDS	HAP eagerly awaits updates to procedures to assist full duals with RDS regarding auto-enrollment. In previous iterations of the Enrollment Guidance, this section was also under construction. We encourage CMS to draft language for this section.
	PDP and MA	Section 30.2 & Page 52 (PDP) and Section 40.2.B & Page 72 (MA)	SSA award letter	HAP is pleased to see that CMS requires plans to accept an SSA award letter as evidence of Medicare entitlement.
	PDP	Section 30.2.1 & Page 57	Address on file	HAP appreciates this addition to the guidance as it will benefit enrollees who have family members or others who provide assistance to them. However, as mentioned above, we have concerns about beneficiaries with conflicting addresses being improperly disenrolled from their Part D plans.
	PDP and MA	Section 30.4 and Page 59 (PDP) and Section 40.4 and Page 82 (MA)	Effective dates	HAP is pleased to see in guidance language that clarifies that coverage begins on the effective date regardless of enrollment materials being in the hands of enrollees.

	PDP and MA	Section 30.2.1 & Page 57 (PDP) and Section 40.2.1 & Page 78 (MA)	Condition of enrollment requirements	HAP is incredibly pleased to see that CMS will not permit plans to deny enrollment to those whose enrollment or disenrollment requests are completed by someone who has the authority to act on behalf of a beneficiary. However, the PDP guidance uses the term "affect" when you mean "effect."
	PDP and MA	Section 40.1 & Page 63 (PDP) and Section 50.1 & Page 91 (MA)	Voluntary Disenrollment Process	The guidance clearly states that plans must instruct enrollees to disenroll using one of the processes listed. SHIPs have reported that plans do not follow this rule. Plans accept disenrollments and do not give information about the other options. We have heard many reports from SHIPs and others about beneficiaries ending up not enrolled into any plan because of a disenrollment request. The beneficiaries believed that a disenrollment from one plan would return them to the plan they were in beforehand. HAP is insistent that plans must understand that this process is in place so that beneficiaries do not unknowingly end up without drug coverage.
	PDP and MA	Section 40.1 & Page 63 (PDP) and Section 50.1 & Page 91 (MA)	Disenrollment methods	HAP encourages CMS to clarify further this section. Four methods of disenrollment are listed and plans are instructed to inform enrollees who call to disenroll about these four methods. SHIPs report that plans do not follow this instruction. We assume that this requirement is placed on plans to protect beneficiaries from being disenrolled and not enrolled into a new plan, resulting in no coverage. However, upon examination of these options, only options 1 and 4 would ensure a beneficiary would not end up in no Part D plan. Thus, we believe that this section should call for plans to inform beneficiaries in this situation only about options 1 and 4. We also would prefer that plans do not process disenrollment via the telephone.

	PDP	Section 40.2 & Page 66	#4	Please clarify how and when PDP plans may reduce their service area. While we understand that MA plans may reduce their service area, it is unclear that this process is the same for PDP plans.
	PDP	Section 40.2 & Page 67	Notice requirements	HAP is pleased to see that grievance rights must be included in notice of involuntary enrollment. However, the model notice in the appendix (Exhibit 20) has minimal language to this effect and directs beneficiaries to their EOB. HAP believes that the language included in the model notice is not enough to adequately inform beneficiaries of grievance rights.
	PDP	Section 40.2.4 & Page 72	Service area reduction	Please clarify how and when PDP plans may reduce their service area. While we understand that MA plans may reduce their service area, it is unclear that this process is the same for PDP plans.
	PDP and MA	Section 40.3.1 & Page 75 (PDP) and Section 50.3.1 & Page 107	Grace period	While we applaud the stipulation that a grace period must be measured in whole months, we encourage CMS to require a minimum grace period of more than one month. Because of the one month minimum, plans have a wide range of grace periods. This leads to confusion and difficulties for those providing assistance to beneficiaries, including SHIPs. Further, the plans should be required to post their grace period policies clearly on plan websites.
	PDP and MA	Section 40.3.3 and Page 81 (PDP) and Section 50.3.3 & Page 114 (MA)	Fraud and abuse	HAP is pleased to see that the language regarding disenrollment for those accused of fraud and abuse allows for CMS to approve a disenrollment request made by a plan.

	PDP and MA	Sections 50.1.1 and 2 & Page 88-89 (PDP) and Section 60.2.1 and 2 & Page 121-122 (MA)	Cancellation of enrollment/disenrollment	HAP would appreciate clarification of the phrase "or its designee."
	PDP	Section 50.2.2 and Page 93	Special Note	Please clarify If the special note is concerning MA organizations or PDP organizations
	PDP	Exhibits 2, 2a, 2b, 4, 24, 25, 27, and 29	Proof of coverage	HAP encourages CMS to make standard, instead of optional, the language that the confirmation of enrollment letter may be used at the pharmacy to obtain prescriptions before plan materials are received. The relative ease of using an enrollment letter as proof of insurance compared to asking the pharmacist to query the plan is a much preferred method.
	MA	Exhibits 4, 4a, 4b, 4c, 6c, 27, 27a, 28, 28a	Proof of coverage	HAP encourages CMS to make standard, instead of optional, the language that the confirmation of enrollment letter may be used at the pharmacy to obtain prescriptions before plan materials are received. The relative ease of using an enrollment letter as proof of insurance compared to asking the pharmacist to query the plan is a much preferred method. The language from Exhibits 27a and 28a is preferable to the language used in any other model form, and HAP would prefer that CMS use it instead of alternative wording.
	MA	Exhibit 6a, 6b	Proof of coverage	HAP encourages CMS to include the proof of coverage language on these model forms as well.