

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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CENTER FOR MEDICARE

DATE: April 15, 2014

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

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

Please see the information included below and the attached call center supplement for affected MA Organizations and PDPs operating in Virginia concerning responding to beneficiaries who may have questions about recent disenrollment notices.

The Virginia State Medicaid Agency, the Department of Medical Assistance Services (DMAS), is currently 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 Virginia demonstration is known as “Commonwealth Coordinated Care,” and the first enrollments were effective on April 1, 2014. Under the demonstration, Commonwealth Coordinated Care plans, also known as Medicare-Medicaid Plans, provide both Medicaid and Medicare benefits to demonstration enrollees.

Commonwealth Coordinated Care will implement in five regions across the State, Central Virginia, Northern Virginia, Roanoke area, Tidewater area, and Western/Charlottesville, consisting of the following localities:

Central Virginia

Amelia	King George	Southampton
Brunswick	King William	Spotsylvania
Caroline	Lancaster	Stafford
Charles City	Lunenburg	Surry
Chesterfield	Mecklenburg	Sussex
Cumberland	Middlesex	Westmoreland
Dinwiddie	New Kent	Colonial Heights
Essex	Northumberland	Emporia
Goochland	Nottoway	Franklin City

Greensville	Powhatan	Fredericksburg
Hanover	Prince Edward	Hopewell
Henrico	Prince George	Petersburg
King and Queen	Richmond Co.	Richmond City

Tidewater

Gloucester	York	Poquoson
Isle Of Wight	Chesapeake	Portsmouth
James City County	Hampton	Suffolk
Mathews	Newport News	Virginia Beach
Northampton	Norfolk	Williamsburg

Northern Virginia

Arlington	Loudoun	Falls Church
Culpeper	Prince William	City of Manassas
Fairfax County	Alexandria	Manassas Park
Fauquier	Fairfax City	

Western/Charlottesville

Albemarle	Louisa	Charlottesville
Augusta	Madison	Harrisonburg
Buckingham	Nelson	Staunton
Fluvanna	Orange	Waynesboro
Greene	Rockingham	

Roanoke

Alleghany	Henry	Bedford City
Bath	Highland	Buena Vista
Bedford County	Montgomery	Covington
Botetourt	Patrick	Lexington
Craig	Pulaski	Martinsville
Floyd	Roanoke County	Radford
Franklin County	Rockbridge	Roanoke City
Giles	Wythe	Salem

The following three plans are participating in Commonwealth Coordinated Care:

Virginia Commonwealth Coordinated Care plans Contract Number and Marketing Name Enrollments Effective Starting 4/1/2014	
H0147	Healthkeepers, Inc.
H3067	Virginia Premier Health Plan, Inc.
H3480	Humana Health Plan, Inc.

Enrollment into Commonwealth Coordinated Care occurs via both opt-in (i.e., beneficiary-initiated) enrollment and passive enrollment. Opt-in enrollment begins at different times in the regions in the Demonstration with effective dates of April 1 and June 1, 2014. Passive enrollment begins at different times in the regions in the Demonstration, with effective dates of July 1 and October 1, 2014. Letters are being sent to individuals in advance of passive enrollment informing them of their automatic enrollment in a Commonwealth Coordinated Care plan and their option to decline the enrollment prior to the enrollment effective date (example attached).

Commonwealth Coordinated Care plans provide Part D prescription drug coverage, so an individual cannot be enrolled in a Commonwealth Coordinated Care plan and a standalone Medicare prescription drug plan (PDP) or an MA plan that includes prescription drug coverage at the same time. When an individual is enrolled in a Commonwealth Coordinated Care plan, that person's PDP or MA enrollment automatically ends.

Passive enrollment transactions must be submitted to CMS no later than 60 days prior to the Commonwealth Coordinated Care plan enrollment effective date, and passive enrollment notices must be sent by the State or its designee at that time. 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. 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 Commonwealth Coordinated Care plan. 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 concerning how to identify these beneficiaries and respond to those inquiries. If members have questions about Commonwealth Coordinated Care, including how to opt out or about the passive enrollment process, please direct them to call:

- The State's enrollment broker at 1-855-889-5243 (TTY: 1-800-817-6608) between 8:30 a.m. and 6:00 p.m. Monday-Friday (translation services available)

Members with questions about Medicare can call 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048.

For additional information about Commonwealth Coordinated Care, please see:

- Commonwealth Coordinated Care: http://www.dmas.virginia.gov/Content_pgs/altc-enrl.aspx
- CMS Commonwealth Coordinated Care webpage: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Virginia.html>

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

Attachment 1

Call Center Supplement

Intended audience

Prescription Drug Plans (PDPs) and MA Organizations that currently enroll beneficiaries who are included in the upcoming waves of enrollment into the Virginia financial alignment demonstration, known as Commonwealth Coordinated Care.

Background

The Commonwealth Coordinated Care program is a demonstration for dual eligible individuals under the CMS Financial Alignment Initiative. Enrollment begins in three Commonwealth Coordinated Care plans effective April 1, 2014. Passive enrollment begins at different times in the regions in the Demonstration, with effective dates of July 1 and October 1, 2014.

The following three plans are participating in Commonwealth Coordinated Care:

Virginia Commonwealth Coordinated Care plans Contract Number and Marketing Name Enrollments Effective Starting 4/1/2014	
H0147	Healthkeepers, Inc.
H3067	Virginia Premier Health Plan, Inc.
H3480	Humana Health Plan, Inc.

Passive enrollment begins at different times in the regions in the Demonstration. Letters are being sent to individuals in advance of passive enrollment informing them of their automatic enrollment in a Commonwealth Coordinated Care plan.

Commonwealth Coordinated Care plans provide Part D prescription drug coverage, so an individual cannot be enrolled in a Commonwealth Coordinated Care plan and a PDP or MA plan at the same time. When an individual is enrolled in a Commonwealth Coordinated Care 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. 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 Commonwealth Coordinated Care plan. Beneficiaries may have questions about these notices.

If members have questions about Commonwealth Coordinated Care, including their selection for passive enrollment and how to opt out of Commonwealth Coordinated Care, they should call:

- The State's enrollment broker at 1-855-889-5243 (TTY: 1-800-817-6608) between 8:30 a.m. and 6:00 p.m. Monday-Friday (translation services available)

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 Commonwealth Coordinated Care plan coverage effective date. Plans can find the contract number of the organization that submitted the transaction causing the automatic disenrollment on the DTRR (reply TRC 014 – Disenrollment due to enrollment in another plan). If the organization number (H number) is one of those noted above, it is an enrollment into a Commonwealth Coordinated Care plan. If so, explain to these beneficiaries that the Department of Medical Assistance Services is passively enrolling them in a Commonwealth Coordinated Care plan, which is why they are being disenrolled from their PDP or MA plan. It is important that these beneficiaries also understand the following:

- The Department of Medical Assistance Services (DMAS) has provided or will be providing notification and materials to affected beneficiaries
- Individuals who have been passively enrolled in a Commonwealth Coordinated Care plan will receive all Medicaid and Medicare benefits, ***including Medicare Part D***, from the Commonwealth Coordinated Care plan (unless they opt out of Commonwealth Coordinated Care or choose to enroll in another Commonwealth Coordinated Care plan, Medicare Advantage plan, or Prescription Drug Plan).
- Beneficiaries will continue to receive their prescription drug benefits from their current PDP or MA plan until their Commonwealth Coordinated Care coverage begins. The Commonwealth Coordinated Care 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 Commonwealth Coordinated Care 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 the Commonwealth Coordinated Care program (i.e., opt out of Commonwealth Coordinated Care). Beneficiaries have until the day prior to their Commonwealth Coordinated Care 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 State enrollment broker (see below).
- If members have questions about Commonwealth Coordinated Care, including how to opt out, they should call:
 - The State's enrollment broker at 1-855-889-5243 (TTY: 1-800-817-6608) between 8:30 a.m. and 6:00 p.m. Monday-Friday (translation services available)

Attachment 2

Sample of Passive Enrollment Notice

Welcome to Commonwealth Coordinated Care!

We are writing to let you know you will soon be enrolled in Commonwealth Coordinated Care, a new health care program designed to give you seamless, high quality care at a low cost or zero cost to you.

Commonwealth Coordinated Care is a program under which your Medicare and Medicaid coverage is combined. Commonwealth Coordinated Care includes all the benefits you currently receive under Medicare and Medicaid, **PLUS** other additional benefits. Commonwealth Coordinated Care has one ID card and one phone number to call for assistance.

When does my coverage begin?

Effective July 1, 2014, you will no longer have separate Medicare and Medicaid coverage, unless you make another choice by <date>. Your new health plan under Commonwealth Coordinated Care will be <PLAN NAME>. It provides coverage that includes:

- Your choice of doctors and other providers within the health plan's network who work together to give you the care you need;
- Prescription drugs;
- Person-centered care coordination; and,
- 24-hour/7 days a week phone number for assistance.

<Plan> may also offer additional benefits for you. To learn more, please call 1-855-889-5243 (TTY: 1-800-817-6608), Monday-Friday 8:30 am to 6:00 pm. By calling this number, you can also inquire about other plan options available to you. If you do not want to be enrolled in this new plan, we can assist you in keeping your current Medicare and Medicaid coverage.

Why enroll in Commonwealth Coordinated Care?

Currently, you carry at least three ID cards – Medicare, Medicaid and Medicare Part D Prescription coverage. You might not be certain what each plan covers or who pays for what. With Commonwealth Coordinated Care, you will have one plan with one ID card that covers all your health care and prescription drug needs.

What are my choices?

You have choices to consider and decide which choice is the best one for you:

- 1) You may accept the Commonwealth Coordinated Care plan to which you have been assigned. If you choose this option, do nothing and more information will be mailed to you.
- 2) You may choose another plan within the Commonwealth Coordinated Care program by calling 1-855-889-5243 by <DATE> –and telling our staff that you want to consider another plan option.
- 3) If you choose not to enroll in Commonwealth Coordinated Care, you may want to explore the option of the Program of All-Inclusive Care for the Elderly (PACE) if one is available in your area. If you are 55 or older and need a higher level of care in order to live at home, you may be able to join PACE if you meet criteria. PACE provides all Medicare and Medicaid benefits plus some extra services to help seniors who have chronic conditions live at home. Additional information on PACE is available at www.pace4you.org. This website offers information about PACE as well as a “PACE Finder” tool which will help you find out if a PACE site is available in your area.
- 4) You may choose to opt out of or decline the Commonwealth Coordinated Care program. If you want to stay with your current Medicare and Medicaid programs, call 1-855-889-5243 (TTY: 1-800-817-6608), Monday-Friday 8:30 am to 6:00 pm, before July 1, 2014, and tell our staff you do not want to participate in Commonwealth Coordinated Care.

If you want to switch to another Commonwealth Coordinated Care plan or opt out of the program completely, you can do so at any time. Changes usually take effect the month after you make the request.

We are here to help. Call 1-855-889-5243 (TTY: 1-800-817-6608), Monday-Friday 8:30 am to 6:00 pm, and we will talk with you about Commonwealth Coordinated Care and how it can help you to get better quality health care that is designed especially for you. If you have a supplemental or comprehensive insurance plan you should review the changes that would happen if you chose to enroll in Commonwealth Coordinated Care.

This information is available for free in other languages and formats like Braille or audio CD.

If you need help understanding information you get from plans or for free, personalized health insurance counseling, call your Virginia Insurance Counseling Assistance Program (VICAP) at 1-800-552-3402.

If you have questions about Medicare or need help with your Medicare options, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week or visit www.medicare.gov. TTY users should call 1-877-486-2048.