

You've Got Mail: Designing Enrollment Notices for a Dual Eligible Demonstration Rollout

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TABLE OF CONTENTS

Introduction	1
Part 1: Notice Design Process.....	2
Mapping the Universe of Notices	2
Assessing the Systems Capabilities of the State.....	5
Designing Notices to Facilitate Counseling and Outreach	5
Ensuring All Consumers Can Understand and Access Notice Information.....	6
Part 2: Notice Content	8
Conclusion	12

Introduction

The Financial Alignment Initiative, a joint federal-state demonstration to combine the delivery of Medicare and Medicaid benefits to dual eligible individuals through managed care, is rolling out in several states. Eleven states are moving forward, each with a unique approach to demonstration design and each on its own timetable.¹

Five states (Massachusetts, Ohio, Illinois, California and Virginia) have begun implementing the demonstration. These states are sending notices to potential enrollees and enrolling beneficiaries in new Medicaid-Medicare Plans (MMPs).

¹ For more information on the progress of the dual eligible demonstration, see www.dualsdemoadvocacy.org.

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Their experience to date in designing notices and coordinating the enrollment and consumer outreach process provides important information and insights for states and stakeholders in states preparing for implementation.

This resource reviews developments in these implementing states with a particular eye to practices and ideas that other states may want to borrow. First, it provides an overview of the four key elements of the notice design process. The resource concludes with a guide to the content that states and the Centers for Medicare and Medicaid Services (CMS) require for each notice and outreach document. Questions that states and stakeholders should ask to ensure notices address consumer needs are included throughout this guide. Every section also includes highlights of what is happening in the implementing states, both as examples of best practices and as cautions of challenges that can arise.

I. The Notice Design Process

Designing a demonstration rollout that clearly communicates changes to consumers, providers, family members and other community players is a significant undertaking, particularly because dual eligible individuals disproportionately have low literacy levels, have limited proficiency in English, experience homelessness and otherwise are hard to reach. As with all elements of the demonstration, stakeholder engagement from the beginning is critical to the program's success. As a first step, a state should work with consumer representatives to set up an Enrollment Committee to

prepare and revise notice and outreach materials related to the demonstration. The primary task for the Enrollment Committee is designing the notice drafting process. The Enrollment Committee should anticipate a process that includes four critical components:

1. Mapping the universe of notices
2. Assessing the system capabilities of the state
3. Designing notices to facilitate counseling and outreach
4. Ensuring that all consumers can understand and access notice information

This process takes time, and should be complete before the first notice is sent. The state should build in a sufficient cushion to ensure a complete process.

What's Happening

Blocking out adequate time for all design steps has proved challenging. In California, for example, the state had agreed to stakeholder requests for consumer testing of near-final notices. Because of production timetables, however, testing could not be completed before the first notices were mailed and test results could only be incorporated into later revisions of the notices.

Mapping the Universe of Notices

The first step is simply getting a handle on what notices the consumer needs to receive and when. There may be several different sets needed for different enrollment categories. For example, in some state demonstrations, certain consumers can

voluntarily join the demonstration, but will not be passively enrolled.² Ohio and California are introducing mandatory Medicaid enrollment in conjunction with the demonstration rollout, necessitating a variety of distinct notices with different timelines.

States and Enrollment Committees can turn to federal guidance and state-federal agreements for more information on notice requirements:

- The three-way contract between the MMP, the state and the Centers for Medicare and Medicaid Services (CMS)
- CMS's Medicare-Medicaid Plan Enrollment and Disenrollment Guidance³
- Medicare-Medicaid Plan Marketing Guidance⁴

When designing notices that work effectively for consumers, it is critical to look at notices from a consumer perspective. Consider all the notices from all parties (the state, the MMPs into which they are enrolled, the MMPs from which they are being disenrolled, and CMS) that the consumer will receive and when the

notices will arrive. Preparing timelines for each enrollment group can clarify how the stream of notices will be received by consumers.

What's Happening

California prepared an enrollment [timeline](#)⁵ for different enrollment groups in different counties, including a [chart](#)⁶ of all notices from different sources that showed where the notice is in the development stage and when the notice is expected to be sent to beneficiaries.

The National Senior Citizens Law Center (NSCLC) also developed a simplified timeline showing notices from the consumer perspective in one California county (see the following page).

² Passive enrollment is the enrollment process in which the state automatically enrolls an eligible consumer into a new health care plan unless the consumer takes some action to stop the automatic enrollment. See Beneficiary Protections for Enrollment, available at: www.dualsdemoadvocacy.org/beneficiary-protections-for-enrollment.

³ Centers for Medicare and Medicaid Services, Medicare-Medicaid Plan Enrollment and Disenrollment Guidance, available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMPFinalEnrollGuidance.pdf.

⁴ Guidance is state-specific. State guidance is available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html. See also a CMS presentation on the guidance at www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/FinalPlanTrainingMMP042213.pdf.

⁵ CalDuals Timeline, available at: www.calduals.org/wp-content/uploads/2014/04/CCI-enrollment-by-County-4.2.14.pdf.

⁶ CalDuals Notice Chart, available at: www.calduals.org/wp-content/uploads/2014/02/Status-of-Notices-3.6.14.pdf.

What's in the Mailbox?: The Notice Process from the Consumer's Perspective

Two California Examples

Required mailings to a passively enrolled beneficiary in County A in California (assumes individual accepts the passive enrollment):

From State		From Medicaid-Medicare Plan
Day 90	Friendly notice	
Day 60	Enrollment notice w/MCO passive enrollment choice	
Day 58	Enrollment choice booklet and form	
Day 50		Disenrollment notice from PDP
Day 30	Final passive enrollment notice	Welcome letter, summary of benefits, integrated formulary, provider and pharmacy directory, evidence of coverage
Day 10		Member handbook, ID card

Required mailings to a passively enrolled beneficiary in County A in California (assumes individual opts out of passive enrollment on Day 40)

From State		From Medicaid-Medicare Plan
Day 90	Friendly notice	
Day 60	Enrollment notice w/MCO passive enrollment choice	
Day 58	Enrollment choice booklet and form	
Day 50		Disenrollment notice from PDP
Day 30	Confirmation of opt out	Reenrollment notice from PDP
Day 10		Member handbook, ID card, etc from Medi-Cal plan*

Note: In California, beneficiaries are required to join a Medicaid managed care plan even if they opt out of the demonstration.

States and advocacy groups have developed and shared their own timelines for notice development and the enrollment process. For example, Age Options, which is the Area Agency on Aging in Cook County, Illinois, created a [detailed timeline](#)⁷ of consumer mailings and enrollment periods for the Medicare Medicaid Financial Alignment Initiative, the dual eligible demonstration in that state.

Assessing the Systems Capabilities of the State

State officials and consumer representatives should think early and realistically about the capabilities of state computer systems. Can enrollment codes be effectively matched to the enrollment groups that are being treated differently in the demonstration and can state systems accurately produce targeted notices? Are there data lags in current systems that will affect the notice and enrollment process in the demonstration? The notice development timetable needs to include adequate time to explore possible system enhancements and, most importantly, to thoroughly test system capabilities.

What's Happening

In Massachusetts, both the state and consumer representatives want to populate passive enrollment notices with information explaining that the consumer's primary care provider, identified by name, is in the network of the MMP to which the individual was assigned. The information is available but, to date, technical issues have prevented

its inclusion in enrollment notices.

Designing Notices to Facilitate Counseling and Outreach

Demonstration notices all refer consumers to sources of assistance, such as enrollment brokers, State Health Insurance Programs (SHIPs), and 1-800-Medicare. Notice design can make it easier for such counselors to assist beneficiaries. Use of different headings, colors or other features can allow counselors to easily identify the notice a consumer is calling about.

Designing notices and planning outreach strategies together also can enhance the effectiveness of both. Notice terminology and messaging should be consistent among notices and also synchronized with terminology and messaging used in outreach, such as consumer fact sheets and presentations.

What's Happening

California is sending all notices about its demonstration in distinctive [blue envelopes](#).⁸ A consumer communications campaign jointly undertaken by the state, MMPs and advocates is being dubbed "The Blue Envelope Campaign." The demonstration campaign, aimed at preparing consumers for demonstration notices, centers on a simple message: "Look for the Blue Envelope."

In Massachusetts, the important Enrollment Packet Letter has a bold purple stripe across the top, distinguishing it from other notices

⁷ AgeOptions Timeline, available at: www.ageoptions.org/documents/MMAImplementationTimeline.pdf.

⁸ CalDuals Blue Envelopes, available at: www.calduals.org/wp-content/uploads/2014/03/Blue-Envelope.pdf.

that consumers are receiving about the demonstration. In Ohio, each notice has a large type, unique heading. For example, the [60-day notice](#)⁹ has the bold heading “Enrollment Notice.”

In California, consistent messaging became an issue when the state first sought comments on its plan choice form. Throughout the run-up to enrollment, both the state and stakeholders consistently told consumers that they could choose to keep their current Medicare coverage. The options on the initial version of the choice form, however, did not use the word “Medicare” in any of the options, which led to consumer confusion. Responding to concerns raised by stakeholders about this and other aspects of the form, the state drafted a newer version that gave consumers the explicit option to “keep my Medicare the way it is now.”

Ensuring All Consumers Can Understand and Access Notice Information

Language Access

Dual eligible consumers are more likely to have limited English proficiency (LEP) than other Medicare beneficiaries. For example, in California, twice as many dual-eligible Medicare consumers report not speaking English well, compared to Medicare consumers who do not qualify for Medicaid

coverage.¹⁰ When preparing notice and enrollment materials, it is important to leave enough time and to budget sufficient resources to ensure that both materials created by the state and documents generated by participating plans are translated and accessible to LEP individuals.

For MMP documents, the current three-way contracts set a five percent threshold to trigger translation requirements, though the details vary. Multi-language inserts are also required to alert individuals to the availability of free interpreter services.¹¹

State outreach to LEP consumers needs to encompass both required notices and informational and outreach materials such as demonstration guides and radio information. Printed fact sheets and Q&A’s are necessary elements in any outreach campaign to LEP communities.

What’s Happening

California has created [90-day, 60-day and 30-day notices](#)¹² in 12 languages. In Massachusetts, the One Care [website](#)¹³

⁹ Ohio 60 Day Notice, available at: www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=LkgG7jZaEl8%3d&tabid=105.

¹⁰ The Commonwealth Fund, Language Access Barriers to Health Care Access Among Medicare Beneficiaries (2006), available at: www.commonwealthfund.org/~media/Files/Publications/In%20the%20Literature/2007/Feb/Language%20Barriers%20to%20Health%20Care%20Access%20Among%20Medicare%20Beneficiaries/Ponce_langbarriersaccessMedicare_1007_itl%20pdf.pdf.

¹¹ See, e.g., Ohio Three-Way Contract, (OH Contract) at 101, available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/OhioContract.pdf.

¹² CalDuals Sample Notices, available at: www.calduals.org/implementation/cci-documents/notices.

¹³ One Care website, available at: www.mass.gov/eohhs/consumer/insurance/one-care/one-care-booklet-and-other-materials.html.

includes examples of posters in English and Spanish, as well as radio information in English and Spanish. The state also created an “At a Glance” Q&A guide to the demonstration in English and Spanish. In Illinois, consumers can toggle between English and Spanish, as the [website](#)¹⁴ has a clear tab to select both options, and all material is translated.

Virginia requires translation when five percent of the contractor’s enrolled population speaks a particular non-English language.¹⁵ In Ohio, the five percent requirement applies to “the enrolled population in the relevant local [Ohio Department of Medicaid] office area.”¹⁶ California [created a multi-language insert](#)¹⁷ for MMP documents that covers 22 languages.

Disability Access

The enrollment outreach process should also anticipate preparing materials for consumers who are deaf or hard of hearing and/or visually impaired. The state three-way contracts include requirements for MMPs to provide information in alternate formats, including Braille, audiotape, American Sign Language video clips, and other alternate

media, as requested.¹⁸ One implementation issue for notices is whether, after a consumer requests information in an alternate format, the consumer will automatically receive subsequent notices in the same alternate format. Systems should be established so that consumers do not have to make multiple requests.

What’s Happening

The Massachusetts website includes a [one-hour video](#)¹⁹ that introduces the state’s One Care program in American Sign Language with spoken English voiceover and captions in a video format. Large print versions of enrollment materials also are included on the One Care [website](#).²⁰ In Virginia, the three-way contract sets out detailed requirements: MMPs must employ customer service representatives (CSRs) who are trained in the use of TTY, video relay services, and remote interpreting services, and in how to provide accessible PDF materials, and other alternate formats. The CSRs must also be capable of speaking directly with, or arrange for an interpreter to speak with individuals in their primary language, including ASL, through TTY, or through an alternative language device, or telephone translation service.²¹

14 Illinois Enrollment website, available at: <http://enrollhfses.illinois.gov/program-materials>.

15 See, e.g., Virginia Three-Way Contract (VA Contract) at 32, available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/VirginiaContract.pdf.

16 See OH Contract at 9.

17 See, e.g., California Multi-Language insert, available at: www.hpsm.org/documents/Multi-Language_Insert.pdf.

18 See, e.g., Illinois Three-Way Contract (IL Contract), available at: <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/IllinoisContract.pdf>.

19 One Care American Sign Language Video, available at: www.mass.gov/eohhs/consumer/insurance/one-care/introduction-to-one-care-in-american-sign-language.html.

20 One Care Enrollment information: www.mass.gov/eohhs/consumer/insurance/one-care/one-care-enrollment-materials.html.

21 See, e.g., VA Contract at 95.

II. Notice Content

In addition to planning for the four elements of notice design, the state and the Enrollment Committee should also know what content must be included in each notice. The list below details the core notices that states and plans are sending out as required by their three-way contracts. Depending on the design of their demonstrations, states may need to develop additional notices for different enrollment groups such as for individuals who have the right to join the demonstration voluntarily, but who will not be passively enrolled. Additional notices also may be needed in states that are combining mandatory Medicaid enrollment with the rollout of the demonstration.

Friendly Letter/90-Day Notice

Before sending the first passive enrollment notice, Ohio is sending a “friendly letter”²² to consumers introducing them to the state’s MyCare program (Ohio’s dual eligible demonstration). Virginia sends a short letter accompanied by a brochure. The letter informs consumers that they will receive more information about selecting an MMP in the future and also directs questions to the Medicaid consumer hotline. California sends a two-page letter²³ 90 days prior to passive enrollment that introduces Cal MediConnect (California’s dual eligible demonstration) and encourages beneficiaries to learn more and watch for the enrollment packet.

22 Ohio Friendly Letter, available at: www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=JC-c2rrz5v0%3d&tabid=105.

23 California 90-day notice, available at: www.calduals.org/wp-content/uploads/2013/12/90-day-notice-Cal-MediConnect-FINAL.pdf.

Massachusetts sent an initial letter²⁴ with an enrollment form packet²⁵ and Enrollment Guide²⁶ in the fall of 2013, launching a voluntary enrollment period.

Early experience with the “friendly letter” raises a number of questions that states and consumer representatives should consider. Will consumers be able to enroll and opt out upon receipt of this letter or must they wait until the 60-day letter? If consumers call their SHIPs or enrollment broker after receiving this letter, what information will be available to be shared with the consumer? If MMPs have not completed their readiness review, will this letter still be sent?

60-Day Notice

The three-way contracts require states to provide consumers with notice of the requirement to select an MMP or opt out of the demonstration at least 60 days prior to the effective date of a passive enrollment. This notice also gives the consumer an opportunity to enroll voluntarily in a different MMP prior to passive enrollment.²⁷ States have differed significantly in their decisions about what to include in the 60-day notice. The California notice²⁸ identifies the MMP into which the consumer will be passively enrolled. It includes a FAQ

24 One Care initial letter, available at: www.mass.gov/eohhs/docs/masshealth/onecare/one-care-cover-letter.pdf.

25 One Care enrollment form packet, available at: www.mass.gov/eohhs/docs/masshealth/onecare/one-care-enrollment-decision-form-cp-instructions.pdf.

26 One Care Enrollment Guide, available at: www.mass.gov/eohhs/docs/masshealth/onecare/one-care-enrollmt-guide.pdf.

27 See, e.g., OH Contract at 22.

28 California 60-day notice, available at: www.calduals.org/wp-content/uploads/2014/02/MU_6003901_ENG_0114-Final-with-watermark.pdf.

sheet and tells the consumer to expect an enrollment packet in the next few days. The [Ohio notice](#)²⁹ identifies the MMP into which the consumer is slated to be passively enrolled, and also identifies the other MMPs in the demonstration with telephone numbers and websites. The [Illinois notice](#)³⁰ identifies both the MMP into which the consumer will be passively enrolled and also the name and address of the Primary Care Provider to whom the consumer would be assigned.

30-Day Notice

All states are required to send an additional reminder to eligible consumers 30 days prior to passive enrollment. The notice must identify the MMP into which the consumer will be enrolled unless the consumer selects another MMP. The notice must explain the consumers' options, including the right to opt out of the demonstration.³¹ The [California notice](#)³² emphasizes that the notice is "final" and largely repeats information in the state's 60-day notice

Enrollment Guide

The enrollment process is complicated, and consumers will have many questions when deciding whether or not enrollment makes sense for them. To assist consumers, Massachusetts created a [One Care](#)

[Enrollment Guide](#)³³ to explain the process and answer consumer questions. The state sent the guide to eligible consumers 90 days or more before passive enrollment. The guide walks the consumer through opt-out and MMP change options and includes contact information for the MMPs, the SHIP,³⁴ and the enrollment broker. In addition to information on how the demonstration works, states have also included more specific comparisons among MMPs. Virginia created a [brochure](#)³⁵ that includes a chart listing the hospitals in the networks of each MMP and briefly describes the extra programs and services offered by each MMP. Illinois sent consumers a [comparison chart](#)³⁶ that compares the number of network providers in each MMP, compares co-pays, and also lists the unique features of each MMP's benefit package.

Enrollee Evidence of Coverage Handbook

The three-way contracts and state-specific marketing guidance³⁷ require MMPs to distribute an evidence of coverage (EOC) document, also called a Member Handbook, no later than the last day of the month

29 Ohio 60-day notice, available at: <http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/MyCareOhio/enrollment-notice.pdf>.

30 Illinois 60-day notice, available at: http://enrollhfs.illinois.gov/sites/default/files/content-docs/IPM_EN_MMAI%20Initial%20Enrollment%20Letter.pdf.

31 See, e.g., OH Contract at 23.

32 California 30-day notice, available at: www.calduals.org/wp-content/uploads/2014/03/MU_3003904_ENG_0214.pdf.

33 One Care Enrollment Guide, available at: www.mass.gov/eohhs/docs/masshealth/onecare/one-care-enrollmt-guide.pdf.

34 In Massachusetts, State Health Insurance Information Program (SHIP) is the Serving the Health Insurance Needs of Everyone (SHINE).

35 Virginia brochure, available at: www.dmas.virginia.gov/Content_atchs/altc/CentralVirginiaComparisonChartEnglish.pdf.

36 Illinois comparison chart, available at: http://enrollhfs.illinois.gov/sites/default/files/content-docs/ICES_MMAI_CompCharts_M01.pdf.

37 See, e.g., Marketing Guidance for Ohio Medicare-Medicaid Plans, available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/FinalCY2014MarketingGuidanceOH.pdf.

prior to the effective coverage date.³⁸ The handbook must adhere to federal Medicare Advantage and Medicaid managed care requirements.³⁹ CMS and the state create a model document for the MMPs to adopt when designing the handbook.⁴⁰ The Massachusetts model, for example, has both an English version and a Spanish version.⁴¹ The models vary somewhat because of differences in the design of the state demonstrations, but in all cases they closely track the model of the Medicare Advantage Handbook.⁴² MMPs must adhere to the model but have discretion for design and layout. See, for example, the [Member Handbook](#)⁴³ of the Health Plan of San Mateo.

Provider/Pharmacy Directory

The three-way contracts require the MMPs to send a combined provider and pharmacy directory to the consumer 30 days before passive enrollment goes into effect.⁴⁴ As with the Member Handbooks, MMPs must use model documents that are specific to their state demonstration.

Easy access to accurate information about

provider networks is crucial for informed consumer choice. In demonstrations in which multiple plans are available, there may be logistical challenges in making the information available. In the early implementation states, consumer satisfaction has been highest when state enrollment brokers have been able to use an integrated data base to assist consumers in finding the networks that include the consumer's providers. Consumers expressed frustration when enrollment brokers told them that they must call each MMP or ask each of their providers. Online provider search tools on the state's enrollment page can also be helpful.

Comprehensive, Integrated Formulary

The MMP must provide its drug list 30 days before passive enrollment becomes effective.⁴⁵ The drug list must include the Medicare and Medicaid outpatient prescription drugs in the MMP's [formulary](#)⁴⁶ and the pharmacies in its network. For example, see Massachusetts' Commonwealth Care Alliance's integrated formulary.

PDP Disenrollment Notice

The state and CMS are required to coordinate passive enrollment activity with other CMS enrollment and disenrollment activity.⁴⁷ A serious challenge in early implementation has been confusion around Prescription Drug Plan (PDP) disenrollment notices. CMS requires that PDPs send

38 Marketing Guidance for Ohio Medicare-Medicaid Plans at 10.

39 42 C.F.R. §§ 438.10, 422.411 and 423.128.

40 See, e.g. OH Contract at 102, VA Contract at 27.

41 Available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html.

42 Model Member Handbooks are available at www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/InformationandGuidanceforPlans.html.

43 Member Handbook, available at: www.hpsm.org/documents/CareAdvantage_CMC_Summary_of_Benefits_2014_English.pdf.

44 See, e.g., VA Contract at 27, CA Contract at 118.

45 See, e.g., VA Contract at 27.

46 Commonwealth Care Alliance integrated formulary, available at: http://www.hpsm.org/documents/CareAdvantage_CMC_Summary_of_Benefits_2014_English.pdf.

47 See, e.g., OH Contract at 23.

these notices to current enrollees within 10 days of the 60-day demonstration passive enrollment notice. In early states, many consumers became alarmed when they received the PDP disenrollment notices, fearing that they were losing their prescription drug coverage. Because the 60-day passive enrollment notice had not told consumers to expect the PDP disenrollment notice and because the disenrollment notices did not make any reference to the demonstration, the confusion was substantial. In Illinois, for example, the notice sent to consumers was the same notice used when an individual voluntarily joins another PDP. The notice made no reference to the passive enrollment into the demonstration.

Several steps have been taken to address these problems. CMS is creating a PDP disenrollment notice that references the demonstration. Massachusetts added an insert to its 60-day notice alerting consumers to expect a PDP disenrollment notice. PDP call centers were also alerted and given scripts telling them to direct inquiries to the state enrollment broker. While these stopgap measures have been helpful, states with later implementation dates should design better coordinated notices to minimize confusion.

Notice Acknowledging Enrollment Request

CMS's demonstration MMP Enrollment and Disenrollment Guidance requires the state or the MMP to send a final confirmation letter to a consumer confirming the individual's MMP choice and the effective

enrollment date.⁴⁸ For example, see [Exhibit 3](#)⁴⁹ in the enrollment guidance. For passive enrollments, this can take the form of a Welcome Letter.⁵⁰ If a consumer voluntarily enrolls, the letter can be a combined acknowledgement and confirmation notice.⁵¹

Summary of Benefits

The three-way contracts require MMPs to offer a summary of benefits specific to the demonstration. In Virginia, the document is only required for those offered passive enrollment, not for those opting in to enrollment.⁵² In Massachusetts, the [Commonwealth Care Alliance Summary of Benefits](#)⁵³ details member rights and services offered under the MMP, and explains the care management and Independent Living and Long-Term Services and Support Coordinator role, a feature that is unique to the Massachusetts demonstration. In addition to these required documents, some plans have created shorter brochures, such as the [Benefits at a Glance](#)⁵⁴, created by

48 CMS' Medicare-Medicaid Plan Enrollment Guidance at 34, available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMPFinalEnrollGuidance.pdf.

49 CMS Enrollment Guidance, Exhibit 3: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMPFinalEnrollGuidance.pdf.

50 See Exh. 5a of the Guidance.

51 See Exh. 4 of the Guidance.

52 See, e.g., VA Contract at 27.

53 Summary of Benefits, available at: www.commonwealthonecare.org/wp-content/uploads/2013/03/2014-Summary-of-Benefits-English.pdf.

54 Benefits at a Glance, available at: www.molinahealthcare.com/members/ca/en-US/PDF/Duals/BAAG.pdf.

California's Molina Health Plan.

ID Card

The three-way contract requires the MMP to send a single ID card for accessing all covered services no later than the last calendar day of the month prior to the effective date of coverage.⁵⁵ The simplicity of one ID card for both Medicare and Medicaid is a foundational element in the demonstration. In Massachusetts, participants in a One Care [focus group](#)⁵⁶ described the promise of one insurance card as one of the most appealing aspects of One Care.⁵⁷ MMPs must create cards that conform to approved models, such as the model for Massachusetts' Commonwealth Care Alliance's [One Care Member ID Card](#).⁵⁸

Confirmation of Opt-Out

When a consumer requests to opt out of the demonstration, the MMP or the state will send a letter confirming the opt-out.⁵⁹ The CMS [Enrollment and Disenrollment](#)

[Guidance](#)⁶⁰ includes a model for the notice at Exhibit 28.

The Medicare-Medicaid Plan [Enrollment and Disenrollment Guidance](#)⁶¹ includes many other required models for notices related to enrollment and disenrollment in demonstration MMPs.

Conclusion

Designing a notice process that provides clear information, empowers consumers to make choices based on their own needs, and does not overwhelm them, is a significant challenge. This resource has reviewed some of the important considerations in planning enrollment notices. It also has discussed the core set of notices common to the demonstrations. These notices are only the start. The Medicare-Medicaid Plan [Enrollment and Disenrollment Guidance](#)⁶² includes many other required models for notices related to enrollment and disenrollment in demonstration plans. States with Medicaid managed care enrollments proceeding on parallel or different tracks also need to create notices that reflect the consumer choices around both programs.

The task of creating good notices is daunting, but states that have not yet started enrollment can benefit from lessons learned and best practices from the states that have already begun implementation.

55 See, e.g. California Three-Way Contract (CA Contract) at 27, available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/CAContractwithSub.pdf.

56 Focus Group information, available at: <http://www.mass.gov/eohhs/docs/masshealth/onecare/eip-focus-group-1-opt-ins-summary-report.pdf>.

57 Preliminary Findings from a Focus Group with Early Self-Selected One Care Enrollees, available at: <http://www.mass.gov/eohhs/docs/masshealth/onecare/eip-focus-group-1-opt-ins-summary-report.pdf>.

58 ID Card, available at: www.commonwealthonecare.org/one-care-member-id-card.

59 See, e.g., OH Contract at 23.

60 CMS Enrollment Guidance, available at: www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/Downloads/MMPFinalEnrollGuidance.pdf.

61 Id.

62 Id.

This report and more information about the dual eligible demonstrations are available online at www.nsclc.org and www.dualsdemoadvocacy.org. Note that all information is current as of publishing this tool. The demonstrations are evolving, and some of the notes on “what’s happening” may change over time.



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