Integrated Care Resource Center

TECHNICAL ASSISTANCE TOOL

APRIL 2017

Tips for States Using Enrollment Brokers in the Capitated Financial Alignment Demonstrations: Beneficiary FAQs and Suggested Responses

By Danielle Chelminsky, Julie Stone, and Claire Postman

States that run capitated demonstrations under the Centers for Medicare & Medicaid Services' (CMS) Financial Alignment Initiative often contract with enrollment brokers to answer calls from beneficiaries about the demonstrations. Enrollment brokers use customer service representatives (CSRs), who are often callers' primary source of information about key features of the demonstrations. For example, CSRs may answer questions about services covered by Medicare-Medicaid plans (MMPs), enrollment and disenrollment dates and options, and the continuity-of-care process. Because of CSRs' critical role in informing beneficiaries about their enrollment choices, states should work closely with their enrollment brokers to ensure that CSRs are using clear and accurate language to explain the complex features of the demonstrations.

FAQs and Suggested Responses

The table below lists questions that beneficiaries frequently ask enrollment brokers, along with suggested answers. States may want to use this script as a tool for training enrollment brokers and monitoring contracts. These answers summarize key features of the Financial Alignment Initiative demonstrations that every CSR should know and be able to convey to beneficiaries.[1] Note that beneficiaries may not know to ask about specific aspects of the demonstrations that affect them. To ensure they make informed choices, it is important that CSRs offer additional information when appropriate. Use of scripted responses, such as the sample answers below, can minimize variation among CSRs and help ensure that the content conveyed meets the highest standards of accuracy and completeness.

States should tailor this list with further details and questions that apply to each state. States may choose to build on this list and include preferred language from their demonstration websites and marketing and outreach materials. The bolded words in the table below are the key phrases or terms that every CSR should say.

ICRC "Secret-Shopper" Calls

At a state's request and with CMS approval, ICRC can conduct "secret-shopper" calls with state enrollment brokers to assess the accuracy and completeness of CSR responses to frequently asked questions related to MMPs. These calls can help states pinpoint areas for improvement in CSR training and script development. States could also conduct their own secret-shopper calls to monitor enrollment brokers' communication in other types of integrated care programs, such as Medicaid managed long-term services and supports programs and the Program for All-Inclusive Care for the Elderly. If your state would like to learn more about secret-shopper calls, please contact ICRC at ICRC@chcs.org.

[1] The Integrated Care Resource Center (ICRC) published a more detailed guide for enrollment broker training in December 2015: Training Enrollment Broker Call Center Staff: Tips for States Implementing Capitated Financial Alignment Demonstrations.

Integrated Care Resource Center

TECHNICAL ASSISTANCE TOOL

Question	Suggested Responses
General Program Overview: CSRs must be able to deliver succinct, accurate, and complete summaries of the major features of the demonstration, including clearly articulating its health services benefits.	
What is [program-name]?	✓ [Program-name] combines all of a beneficiary's **Medicare and Medicaid coverage and benefits into a single health plan called a Medicare-Medicaid Plan or "MMP."** MMPs make it easier for beneficiaries to get the care they need. ✓ *[For states with service carve-outs]:* "[Program-name] combines all of a beneficiary's **Medicare and Medicaid coverage and benefits into a single health plan, except for [carved-out service, such as behavioral health], which will remain the same. This new plan is called a Medicare-Medicaid Plan, or "MMP."** MMPs make it easier for beneficiaries to get the care they need.
Can I choose which plan I want to be in?	✓ [*For states with counties that offer more than one plan*]: Yes, there are **several plans** to choose from in each county. I can look up your county and see what your options are. ✓ [*For states with counties that only offer one plan*]: You may choose whether or not you would like to be in [program-name], although there **may be only one [program-name] plan available** in your county. I can look up your county and see what your options are.
What does [program-name] cover?	✓ Under [program-name], a single plan covers **all doctor visits, hospital visits, prescription drugs, home health, durable medical equipment, and nursing facility services** that Medicare and Medicaid cover. ✓ Many plans offer **extra benefits** such as a care team and a care manager as well as [state-specific information—this could include plans that offer flexible benefits above and beyond the requirements]. ✓ You can contact the individual plans for more information about the benefits they offer.
How much does the plan cost?	✓ There are **no deductibles, co-pays, or premiums**. ✓ [*For states that apply some out-of-pocket charges*]: Some prescription drugs **might have a small co-pay,** depending on the plan and the prescription.
Will there be any gaps in my coverage?	✓ No, there will be **no gaps** in coverage. You will be continuously enrolled in Medicaid and Medicare, including your Medicare drug plan, even during the enrollment process.
Enrollment Dates and Opt-Outs: Beneficiaries need to know that they can opt out or disenroll at any time before or after their enrollment date. CSRs should be able to explain to beneficiaries what will happen to their coverage if they opt out or disenroll.	
If I decide to join [program-name] today, when would my coverage start?	✓ [*If passively enrolling*]: Your new coverage will begin on **[Month] 1st, the date listed on the letter** you received. ✓ [*If voluntarily enrolling and the call is before the state-specific cutoff date*]: If you would like to join [program-name] today, your new coverage will begin on **[Month] 1st, the first day of next month**. ✓ [*If voluntarily enrolling and the call is after the state-specific cutoff date*]: If you would like to join [program-name] today, your new coverage will begin on **[Month] 1st, the first day of the following month**.
Do I have to be in [program-name]?	✓ The program is completely **voluntary.** ✓ You can choose to **opt out/cancel/disenroll at any time**.

Question	Suggested Responses
What happens to my coverage if I opt out before the enrollment date? (*passive enrollees only*)	✓ All of your coverage would **remain the same** as it is now. [a]
What if I try [program-name] and then don't like it after a month or two? What would happen to my coverage?	✓ You can always try [program-name] and call us back to **disenroll** at any time after you join. [*If more than one plan is offered in a county*]: Or you can **switch** into a different plan at any time. ✓ If you disenroll from [program-name], you will **remain in that plan for the rest** of the month [depending on the state-specific cut-off date]. o The first day of the following month: ▪ The state will **automatically** put you back into your previous Medicaid program [or into a Medicaid managed long-term services and supports plan, if applicable], and ▪ Medicare will automatically put you back into traditional Medicare and assign you to a Medicare drug plan. ▪ You would need to **call 1-800-Medicare** if you want to enroll in a Medicare Advantage plan or choose your Medicare drug plan.
Continuity of Care: MMP enrollees can maintain their current providers and continue their prescriptions for specified periods, even if the providers do not participate in an MMP's network or a drug is not covered under the MMP's formulary. CSRs should be able to convey this policy to beneficiaries, help them find out which plans their current doctors accept, and explain any actions the beneficiaries may need to take.	
Can I continue to see my doctors?	✓ **Yes,** if your current doctors are also in your new [program-name] plan network. Would you like me to look up your doctors to see if they are in network? ✓ If your doctors are NOT in your [program-name] plan's network: o You can continue to see your doctors for the first **[continuity-of-care period—varies by state]** after you enroll. o If your doctors accept a different [program-name] plan in your geographic area, you can switch into that plan. o If your doctors do not participate in any [program-name] plan: ▪ The plan may try to **bring that doctor into your [program-name] plan's network,** or ▪ The plan can help you **find a new doctor** who is in your [program-name] plan's network. ✓ You should **call your doctors/your [program-name] plan** to verify whether they participate in your [program-name] plan's network.
Will I be able to keep getting my same prescriptions?	✓ **Most drugs** are covered under the [program-name] plans. ✓ You should **call the plan** and ask if your medications are covered. ✓ If a drug you are taking is not covered, you can still get a one-time refill during the first **[continuity-of-care period—varies by state]** after you enroll.

Question	Suggested Responses
Will I be able to keep my wheelchair maintenance provider (or other durable medical equipment), transportation provider, etc.?	✓ **Yes,** if your current providers are in your [program-name] plan network. Would you like me to look up your providers to see if they are in the network? ✓ If a provider is not in your [program-name] plan network: ○ You can continue to use that provider for the first **[continuity-of-care period, which varies by state]**, or ○ Your care team will request a **prior authorization** if your provider is not in your [program-name] plan's network so you can continue to use that provider, or ○ You may need to **select a new provider**. ✓ You should **call the plan** and ask if your providers are in your [program-name] plan's network. ✓ **[Or describe the state-specific policy for continuity-of-care related to durable medical equipment/transportation.]**
Other Questions: CSRs should be able to provide additional resources to beneficiaries for decision support.	
Do you recommend [program-name] for me?	✓ Although I cannot make a recommendation, [program-name] **offers several benefits**, which may mean it's the right choice for you. ✓ However, you should **call your doctors/your [program-name] plan** to discuss it with them. ✓ You can also call the [**state Senior Health Insurance Assistance Program (SHIP)—include phone number**], which offers free benefits counseling. ✓ Another resource is the **[program-name] ombudsman**, which is also free and can help you review your program options. The ombudsman's number is [phone number].
Where can I go for more information?	✓ You can visit the [program-name] website at **[URL].** ✓ You can **call us back** anytime at [enrollment broker's phone number]. ✓ You can call **1-800-MEDICARE** at 1-800-633-4227.

[a] This may vary by state. For example, some states are implementing mandatory Medicaid managed long-term supports and services (MLTSS) programs concurrently; these states should specify that if a beneficiary cancels enrollment in the demonstration after the start date, he or she would need to select an MLTSS plan.

ABOUT THE INTEGRATED CARE RESOURCE CENTER

The ***Integrated Care Resource Center*** is a national technical assistance initiative of the Centers for Medicare & Medicaid Services Medicare-Medicaid Coordination Office to help states improve the quality and cost-effectiveness of care for Medicare-Medicaid enrollees. The state technical assistance activities provided by the ***Integrated Care Resource Center*** are coordinated by Mathematica Policy Research and the Center for Health Care Strategies. For more information, visit **www.integratedcareresourcecenter.com**.