

Jane-ellen Weidanz

Authorized Signature

Number: SPD-IM-06-030
Issue Date: 03/28/2006

Topic: Other

Subject: MMA Transmittal: Facilitated Enrollment

Applies to (check all that apply):

- | | | | |
|-------------------------------------|-------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> | All DHS employees | <input checked="" type="checkbox"/> | County Mental Health Directors |
| <input checked="" type="checkbox"/> | Area Agencies on Aging | <input checked="" type="checkbox"/> | Health Services |
| <input checked="" type="checkbox"/> | Children, Adults and Families | <input checked="" type="checkbox"/> | Seniors and People with Disabilities |
| <input checked="" type="checkbox"/> | County DD Program Managers | <input type="checkbox"/> | Other (please specify): |

Message:

Note: Please read this MMA transmittal and the second MMA transmittal sent today.

The Centers for Medicare and Medicaid Services (CMS) announced that facilitated enrollment will be effective May 1, 2006. This is a change from CMS' original facilitated enrollment effective date of June 1, 2006.

Facilitated enrollment affects all clients who:

- Only have a Medicare Savings Program (MSP = QMB, SMB, SMF case descriptors), and
- Have not enrolled in a Prescription Drug Plan (PDP) by April 30, 2006.

Facilitated enrollment is similar to the auto-enrollment process for full dual eligibles. Like auto-enrollment, CMS randomly assigns these clients to a PDP that has a \$0 premium for dual eligible clients.

When a client enrolls in a plan, the client's choice *should* trump the automatic assignment (even though the Medicare website may show the facilitated enrolled plan). Thus, all QMB, SMB, SMF clients who proactively enroll in a PDP by April 30, 2006 should end up enrolled in their plan of choice.

Because of system and timing issues, CMS will be sending a facilitated enrollment letter, printed on **green** paper (see attached), to all MSP clients who do not show on

CMS' systems as enrolled in a plan. This will include many clients who have already enrolled in a plan. The letter will give individuals three choices: choose a PDP, accept the PDP assigned by CMS, or proactively decline Part D coverage altogether. By April 15, 2006, the following people will receive the letters:

- QMB, SMB, and SMF clients who did not choose a plan by mid-February 2006. Attachment 1 is a model letter for this group.
- People with Medicare who applied and qualified for the Low Income Subsidy (LIS) through Social Security (SSA). As of January 2006, SSA determined approximately 15,000 Oregonians eligible for the Low-Income Subsidy. These are not current MSP clients. Attachment 2 is a model letter for this group.

Clients should keep this letter in case they are enrolled in an incorrect PDP after May 1, 2006 or if they need it to confirm LIS eligibility.

Please continue to provide enrollment assistance to MSP clients. Please send clients their confirmation of enrollment in a PDP and keep a copy for your records. This will assist in any problem resolution efforts in the future. Clients who receive the letter and have concerns about their enrollment should be encouraged to call CMS or their plan to verify their plan enrollment. Local offices may also assist in these efforts.

If you have any questions about this information, contact:

Contact(s):	Max Brown, MMA Program Analyst, SPD		
Phone:	Max (503) 945-6993	Fax:	(503) 373-7274
E-mail:	Max.Brown@state.or.us		



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
<file creation date>

An Important Message for <Beneficiary Full Name>

Please keep this letter for your records. You are getting this letter because you qualify for extra help to pay for Medicare prescription drug coverage costs. This means you will get continuous coverage at low cost to you. To get Medicare prescription drug coverage, you will need to choose and join a Medicare drug plan. You have three options to consider.

Option 1: You can join a Medicare drug plan on your own. If you haven't joined a Medicare drug plan yet, please see the list of plans on the back of this letter. If you join one of these plans, you will pay no premium because you qualify for extra help. Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web for help comparing plans and joining a plan that works for you.

Option 2: Medicare will enroll you in a Medicare drug plan on the list. If you already joined a Medicare drug plan, Medicare won't enroll you in a plan. If you don't join a Medicare drug plan by April 30, Medicare will enroll you in <Organization name>'s <Name of plan> and your coverage will begin <enrollment effective date>. With this Medicare drug plan, you will pay

- \$0 for your monthly prescription drug plan premium,
- \$0 for your yearly prescription drug plan deductible, and
- up to \$2 for a generic drug and up to \$5 for a brand-name drug when you fill a prescription covered by the plan at one of the plan's participating pharmacies.

For more information about <Name of plan>, please call <Plan's phone number> or visit <Plan website> on the web. If you call the plan, they may ask for your address and other important information.

Option 3: You can decline to have Medicare enroll you in a plan. If you currently have other drug coverage, it may be as good as or better than Medicare prescription drug coverage. You may want to keep your current coverage and decline enrollment from Medicare. If you don't want Medicare drug coverage, call 1-800-MEDICARE (1-800-633-4227) or the plan mentioned above and tell us you don't want to enroll. Remember, if you decline, we won't enroll you in a Medicare drug plan now.

If you need help understanding this letter, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



<BENEFICIARY FULL NAME>
<ADDRESS>
<CITY STATE ZIP>

HICN <1234>
<file creation date>

An Important Message for <Beneficiary Full Name>

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Option 1: You can join a Medicare drug plan on your own. If you haven't joined a Medicare drug plan yet, please see the list of plans on the back of this letter. If you join one of these plans, you will pay a reduced monthly premium because you qualify for extra help. Call 1-800-MEDICARE (1-800-633-4227) or visit www.medicare.gov on the web for help comparing plans and joining a plan that works for you.

Option 2: Medicare will enroll you in a Medicare drug plan on the list. If you already joined a Medicare drug plan, Medicare won't enroll you in a plan. If you don't join a Medicare drug plan or call 1-800-MEDICARE or this plan and decline Medicare prescription drug coverage by April 30, Medicare will enroll you in <Organization name>'s <Name of plan> and your coverage will begin <enrollment effective date>. With this Medicare drug plan, **you will pay**

- <subsidy % or \$0> of the drug plan premium as a monthly fee,
- up to \$50 for your yearly prescription drug plan deductible, and
- up to 15% of the cost of each prescription you fill that is covered by the plan at one of the plan's participating pharmacies.

For more information about <Name of plan>, please call <Plan's phone number> or visit <Plan website> on the web. If you call the plan, they may ask for your address and other important information.

Option 3: You can decline to have Medicare enroll you in a plan. You can choose not to join and not pay a premium. If you currently have other drug coverage, it may be as good as or better than Medicare prescription drug coverage. You may want to keep your current coverage and decline enrollment from Medicare. If you don't want Medicare drug coverage, call 1-800-MEDICARE (1-800-633-4227) and tell us you don't want to enroll. Remember, if you decline, we won't enroll you in a Medicare drug plan now.

If you need help understanding this letter, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.