

Enrollment Policy Considerations Following the Transition of the MMP

About the Issue

- States using the Medicare-Medicaid plan (MMP) model to advance integration can passively enroll dual eligible individuals into the model, but with the sunset of the MMP in 2025, this passive enrollment flexibility will also sunset. States have other approaches to maximize enrollment in integrated managed care/Dual Eligible Special Needs Plan (D-SNPs) programs. **It's important that transitioning MMP states are aware of these other approaches, described below.** These approaches can be used together to maximize enrollment in Medicare-Medicaid integrated programs.

Medicaid Auto-assignment

What it is

States typically use an auto-assignment algorithm to determine which managed care plan a person with Medicaid is automatically enrolled in.

How states can use it to advance integration

By using a person's Medicare Advantage/D-SNP enrollment as a key factor in an auto-assignment algorithm, states can increase enrollment in integrated arrangements. New Jersey and Minnesota are examples of states using this approach.

Medicare Default Enrollment

What it is

In instances when a person with Medicaid attains Medicare eligibility (e.g., ages into Medicare), a state with Medicaid managed care can work with CMS to enroll the person into a D-SNP offered by the same parent organization as the person's Medicaid health plan.

How states can use it to advance integration

States using default enrollment report high satisfaction and high retention rates among dual eligible individuals in the products into which they were default enrolled. Default enrollment results in dual eligible individuals enrolled with the same organization for Medicare and Medicaid benefits. Arizona, Hawaii, Tennessee, Virginia, and Pennsylvania are examples of states using this approach.

Integration-related Passive Enrollment

What it is

If a dual eligible individual is enrolled in an integrated program that is ending, the state can work with CMS to "passively enroll" that individual into a different or new integrated program, if the provider network and benefits in the new program are commensurate to those in the ending program. Passive enrollment into a Medicare Advantage or SNP product is not permitted outside this situation.

How states can use it to advance integration

As states end their MMP model (an integrated program), they may be able to passively enroll individuals from the MMP into a different integrated product (e.g., Medicaid aligned with D-SNP). States should ensure newly created integrated programs are at least as robust as the sunseting MMP, to be able to use this passive enrollment flexibility.