RADAR on

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Major Changes to EOC Distribution Will Reduce Plan Burden

Of the many plan-friendly changes CMS has made to the Medicare Advantage and Part D program for 2019 and beyond, the latest one is about to save organizations a lot of money and time…not to mention more than a few trees. That is the elimination of the requirement that plans produce and distribute hard copies of their annual evidence of coverage (EOC) documents containing detailed plan and benefits information. Icing on the cake is that they will have an extra two weeks to make those files available to beneficiaries, which will give plans more time to ensure accuracy and likely reduce the need to issue errata sheets, industry experts say.

According to a May 23 notice implementing changes finalized in the 2019 MA and Part D rule published in April, CMS gave plans the option to provide the EOC electronically for enrollee receipt no later than Oct. 15, 2018, when the Annual Election Period (AEP) begins. CMS clarified that the annual notice of coverage (ANOC), which informs enrollees of changes to their plan benefits for the upcoming contract year, must still be sent as a hard copy to enrollees by Sept. 30, when the EOC was formerly required to be in enrollees' hands as well. Separating the dates of delivery so that the ANOC is received 15 days prior to open enrollment will allow enrollees to "focus on materials that drive decision-making during the AEP," CMS suggested in the final rule.

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MA Plans Try Variety of Year-Round Engagement Tactics

Medicare Advantage plans, realizing that increased competition in the MA space means they need to stay visible and keep members engaged year-round, are seeing success with a variety of tactics, from mall-based educational centers to Facebook Live events. And with about 10,000 baby boomers becoming eligible for Medicare every day — or an estimated 26 million overall to age in by 2030 — these efforts have never been more critical.

Although many plans still rely on engagement mainstays such as mailed newsletters, they're increasingly focused — with mixed success — on personalized communications and digital activities such as educational videos. All these efforts can help build brand awareness in the community, and can aid in retention during the Annual Election Period (AEP), experts say.

"It's more important to conduct a year-round effort than to just focus efforts around the AEP as the market becomes more competitive and there are fewer differences between plans," says Lisa Hartman, associate vice president, marketing and communications at Geisinger Health Plan.

Jeff Surges, CEO of Connecture, emphasizes the potential for confusion with multiple MA plans entering various markets. Plans need to differentiate themselves and engage beneficiaries across the 12-month cycle, not just during the AEP, he says.

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opioid withdrawal syndrome that causes lengthy and costly hospital stays. From 2000 to 2009, rates of opioid misuse rose from 1.19 to 5.63 for every 1,000 hospital births each year, while the number of babies born with NAS jumped 300% between 1999 and 2013 in 28 states with publicly available data on opioid addiction.

CMS Guidance Recognizes NAS Issues

"Through discussions with states, we have recognized their growing challenge in providing treatment services to the expanding number of infants with NAS," said Tim Hill, acting director for the Center for Medicaid and CHIP Services, in a CMS press release. "We have also recognized that states may not be fully aware of available options under Medicaid that can play a critical role in the care of these infants, as well as the limitations on Medicaid coverage."

Jennifer Moore, Ph.D., executive director of the Institute for Medicaid Innovation (IMI), says the CMS guidance is significant. "NAS is finally getting the attention it deserves," she tells AIS Health. "National initiatives like this will help strengthen efforts that address opioid use disorder among pregnant women and babies, especially in the Medicaid populations. We hope that the guidance will continue to spark the momentum and conversations for other initiatives such as those focused on [MAT]."

Currently there is a limited number of treatment facilities with programs tailored to the needs of pregnant and postpartum women or their babies, as well as a shortage of available clinicians trained to prescribe and provide MAT, explains Moore. "This makes it hard for priority groups like pregnant and postpartum women and their babies to get the treatment they need. Accessing enhanced federal funding to help address the clinician shortage will go a long way."

The HEAL Substance Use Disorders Act, a legislation package that was marked up by the Senate Finance Committee on June 12, would require the HHS secretary to issue guidance on how states may use existing Medicaid program authorities (including Medicaid waivers) to support substance use disorder treatment via family-focused residential treatment programs, which it defined as a "trauma-informed residential program that primarily provides [SUD] treatment to pregnant and postpartum women" and to the extent possible allows children to reside with their mothers during treatment.

Senate Bill Addresses NAS Treatment

And while federal law does not specifically require states to provide Medicaid benefits to address NAS, the Senate bill proposed an amendment clarifying that states have the option to make Medicaid services available on an inpatient or outpatient basis at a residential pediatric recovery center to infants with NAS. Most NAS births are treated in a hospital setting, and more than 80% are covered by Medicaid, according to a Government Accountability Office report from October 2017.

As rates of opioid use continue to rise, Medicaid managed care organizations are also recognizing the growing issue of misuse among pregnant women and infants born with NAS. For example, Aetna Better Health of West Virginia in 2014 began a pilot program that engaged pregnant women who were identified as having significant opioid use or opioid use disorder and used dedicated case managers to support them through pregnancy and the first year of the baby's life, according to an October 2017 IMI report. And in Missouri, Centene Corp.'s Home State Health subsidiary operates a case management program that provides wraparound services to pregnant members who are struggling with opioid addiction *(RMA 6/29/17, p. 4)*.

House Bill Focuses on Guidance

Meanwhile, the House on June 13 introduced the SUPPORT for Patients and Communities Act (H.R. 6), comprised of multiple opioid-related House-passed bills to move over to the Senate. This included a provision directing the HHS secretary to issue guidance to improve care for infants with NAS and their families.

"While there have been a few hundred opioid-related bills introduced this Congress, only a handful address opioid addiction in pregnant women and NAS babies," remarks Francis Rienzo, vice president of government relations and advocacy at Medicaid Health Plans of America. "Of the few dozen that have advanced through the legislative process, only a couple address this important issue. Given that Medicaid covers more than 80% of NAS births, whatever legislation ends up addressing the opioid crisis and NAS will be best implemented via the program and their health plan partners."

For more information, visit www.medicaidinnovation.org. ✧

EOC Changes Will Ease MCO Costs

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"It's not a huge area but it really is a significant change and shows CMS trying to bring Medicare and certainly the Medicare Advantage plans more into the electronic age," remarks Helaine Fingold, a senior counsel in the

Health Care and Life Sciences practice in the Baltimore office of Epstein Becker Green. "It's definitely a win for plans."

And it's a welcome change for plans for numerous reasons, says Deb Mabari, founder and CEO of CODY Consulting, a technology software company that is focused on providing Medicare and Medicaid plans with the tools to stay compliant. For one, at about 200 pages, the EOC runs much longer than the ANOC, which is typically about 15 to 20 pages, so the savings alone from not having to print it are major, says Mabari.

CMS estimated that in aggregate plans will save approximately $54.7 million each year, from 2019 through 2023, from not having to produce and mail hard-copy EOCs, although Mabari suggests the savings could be larger. Because the EOC is also specific to the plan type, it is even more cumbersome and costly for insurers with many product offerings that require multiple EOCs, she explains.

Plans Have More Time to Produce Docs

Not only do plans now have relaxed requirements around the physical delivery of the document, but they have until Oct. 15, giving them more time to deal with what Mabari calls a "very compressed" period from when bids and proposed benefit changes are submitted to CMS to when ANOCs and EOCs must be printed and delivered to beneficiaries.

And for major carriers with millions of members, the clock starts ticking around Sept. 1 to get those documents to the printer. In that regard, some plans will actually have an extra 45 days to better coordinate among the multiple departments that contribute to the document and ensure that all their internal benefit information is accurate.

"It's a very daunting, challenging task to deal with a compressed timeframe with departments that often function in a silo and with 10,000-plus variables that you're trying to populate and manage model language," Mabari tells AIS Health.

CMS Will Expect More Accurate EOCs

More time also means a likely reduction in needed corrections sent via errata sheets to members, but may come with increased CMS expectations around accuracy, she suggests.

"CMS has always had an expectation of accuracy, so I believe that will continue," weighs in Fingold. "They've always enforced and come after the plans when there have been errors regardless, so I think this gives the plans even less of an excuse. But CMS has always taken a hard line in addressing errors in these materials."

And while the new electronic delivery option and extended deadline don't necessarily come with new compliance risks, a potential challenge for plans will be how to communicate the changes to beneficiaries to avoid confusion and formal complaints.

"There may be complaints or things where people aren't necessarily understanding the new approach; it might take some time for enrollees" to figure out how to obtain the document online or that they need to request a hard copy, suggests Fingold.

"You may have to make [the EOC] available on the 15th but enrollees can find their way to the website and may be looking for it on the 5th and calling to say they can't find it. So, managing the enrollees' expectations to make sure that they understand the timing and the process is probably going to be the largest challenge, and I think plans may want to do a little more handholding around those things," she says.

CMS added that if plans choose to provide the EOC electronically, they must issue a notice to beneficiaries containing certain items such as how to request a hard copy (e.g., phone number, online link). CMS recommended that they send the notice along with the ANOC to "reduce mailing costs and avoid beneficiary communication."

"One of the challenges for health plans would be if they decided they wanted to have the EOC posted to their website, you have to make sure you're communicating the correct URL which is linked to the correct EOC," adds Mabari. "Because if I'm in the Silver plan and accidentally get the URL to the Gold plan and think I have coverage that I don't have, that's going to blow up the call center of the health plan and possibly lead to a complaint."

Changes May Result in Fewer Printers

Another possible downside, not directly related to health plans, will be that print and fulfillment companies that are dedicated to meeting insurers' paper needs will see a lot less business from this and may decide to close. But Mabari doesn't see that happening immediately, since many insurers are in multiyear contracts with these firms and at this point may be locked into printing their EOCs regardless of the new option. "I would suspect adoption this year would be low, but adoption next year will be huge, because they have the time to plan," she predicts.

View the ANOC/EOC guidelines and full set of models at https://tinyurl.com/y8h8sohd.

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