



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: March 9, 2023

TO: All Medicare Advantage Organizations Approved to Conduct Default Enrollment

FROM: Kimberly Spalding Bush
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SUBJECT: Instructions on Submitting Default Enrollment Renewal Applications in the Health Plan Management System (HPMS) for Plans with 5-year Approval End Dates Approaching

The purpose of this memorandum¹ is to provide guidance to Medicare Advantage (MA) organizations with default enrollment 5-year approvals expiring on December 31, 2023, or later.

In June 2023, the Centers for Medicare & Medicaid Services (CMS) will release new updates to the Default Enrollment Module (DEM) in HPMS. These updates will allow MA organizations with dual eligible special needs plans (D-SNPs) currently approved to conduct default enrollment to submit renewal applications prior to their 5-year approval end date.

In preparation for the upcoming renewal submissions process, CMS is providing this memo on the documentation that MA organizations must submit in HPMS and the requirements that MA organizations must meet for D-SNPs with upcoming 5-year approval end dates to continue conducting default enrollment without interruption. To satisfy the requirements, renewing D-SNPs must:

- Demonstrate state approval to conduct default enrollment;²
- Not be prohibited by CMS from accepting new enrollments; and
- Have a minimum overall rating from the most recently issued Star Ratings of at least 3 stars (or be a low enrollment contract or new MA plan as defined in 42 CFR 422.252).

CMS requests that D-SNPs upload the required documentation for CMS review well in advance of their approval end date, but no later than 60 days prior to their 5-year approval end date to minimize disruption in conducting default enrollment. Six months prior to a D-SNP's 5-year approval end date, HPMS will auto-generate an email notification to MA organizations

¹ The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

² Information on how states can demonstrate their approval for new and/or renewing D-SNPs to conduct default enrollment can be found in the *How states can demonstrate their approval for default enrollment* section of the [Using Default Enrollment to Align Coverage for Dually Eligible Medicare-Medicaid Beneficiaries: Fact Sheet July 2019](#).

informing them of their impending 5-year approval end date as a reminder. MA organizations will also receive a subsequent auto-generated HPMS email notification 3 months prior to their 5-year approval end date.

Renewing D-SNPs must submit a copy of their Advance Notice to Beneficiaries³ and copies of any written, telephonic, or electronic outreach materials for CMS review as outlined in section 40.1.4 of the [CY2021 MA Enrollment and Disenrollment Guidance](#). The Advance Notice to Beneficiaries must include information on:

- Whether the prospective enrollee's primary care physician is in the D-SNP network;
- The process an enrollee needs to take for accessing care;
- How an enrollee can opt out of (decline) the enrollment prior to the enrollment effective date to enroll in Original Medicare or choose another Medicare Advantage plan;
- The differences in premiums and cost-sharing amounts between the individual's current Medicaid MCO and the D-SNP;
- The differences in benefits between the individual's current Medicaid MCO and the D-SNP; and
- A general description of alternative Medicare health and drug coverage options available to an individual in his or her initial coverage election period.

Renewing D-SNPs may also submit the following optional documents:

- Opt-out Form
- Telephone Script
- Other Supporting Documentation

The renewal submission functionality will be located in the DEM of HPMS in June 2023. From that time, renewing D-SNPs can upload renewal documents in advance of their 5-year approval end date by accessing the module using the following navigation path: *HPMS Homepage > Contract Management > Default Enrollment > Proposal > Renew Proposal*.

Instructions on how to complete and submit renewal documents will be available in the Plan User Guide and located in HPMS at the following path: *HPMS Homepage > Contract Management > Default Enrollment > Documentation > Quick Reference Guide > Plan User Guide*.

Upon completion of the renewal submission process, HPMS will send an auto-generated confirmation email to the Medicare Compliance Officer, the CMS Account Manager and the Medicare-Medicaid Coordination Office at MMCO_DSNPOperations@cms.hhs.gov. Renewing plans that are approved to continue default enrollment prior to the expiration of their current 5-year approval end date will be notified via HPMS auto-generated email. D-SNPs approved for

³ This document is mandatory and must be uploaded in HPMS for CMS review. The Opt-out form, Telephone Script and Other Supporting Documentation are optional. A model beneficiary notice for optional use by D-SNPs is located at: <https://www.integratedcareresourcecenter.com/resource/default-enrollment-model-notice>

renewal in advance of their current 5-year approval end date will have an approval effective date equal to the day after their current 5-year approval end date with no gap between their 5-year approvals. D-SNPs whose default enrollment renewal is not approved in advance of their current 5-year approval end date **will not** be able to conduct default enrollments from the time their current 5-year approval ends and the new default enrollment approval effective date.

- Example 1 – Hxxxx-xxx is a renewing plan with a 5-year approval end date of December 31, 2023. On November 15, 2023, CMS approves Hxxxx-xxx to continue default enrollment. Hxxxx-xxx will have a new default enrollment approval effective date of January 1, 2024, with a 5-year approval end date of December 31, 2028.
- Example 2 – Hxxxx-xxx is a renewing plan with a 5-year approval end date of December 31, 2023. On January 15, 2024, CMS approves Hxxxx-xxx for default enrollment. Hxxxx-xxx will have a new default enrollment approval effective date of February 1, 2024, with a 5-year approval end date of January 31, 2029. In this example, Hxxxx-xxx has a gap in its default approval and is prohibited from submitting default enrollment transactions in January 2024 for April 1, 2024 enrollment effective dates. Hxxxx-xxx must not restart the default enrollment transmission process until February 2024 for May 1, 2024 enrollment effective dates.

If you have any questions about the contents of this memorandum, please contact the Medicare-Medicaid Coordination Office at MMCO_DSNPOperations@cms.hhs.gov and copy your CMS Account Manager.