Appendix 5: State of Michigan Additional Requirements

This document defines Michigan specific Enrollment/Disenrollment Requirements where there are differences from the national MMP Enrollment and Disenrollment Guidance as published by CMS on August 2, 2018: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/MMPInformationandGuidance/Downloads/MMPEnrollmentGuidanceManual_CY2019_08022018.pdf

1. MI Health Link Eligibility Requirements for Enrollment in MMPs – *This section supplements and clarifies the requirements of* ***§10.5 of the MMP Enrollment and Disenrollment Guidance****.*

In addition to the criteria in Section 10, an individual must meet all of the following criteria in order to be eligible to enroll:

- Age 21 or older at the time of enrollment;
- Entitled to or enrolled in Medicare Part A, enrolled in Part B, eligible to enroll in a Part D plan as of the effective date of coverage under the MMP; and receiving full Medicaid benefits. (This includes individuals who are eligible for Medicaid through expanded financial eligibility limits under a 1915(c) waiver or who reside in a nursing facility and have a monthly patient pay amount.); and
- Reside in a Demonstration Area. These areas are grouped into the following four regions:
    - Region 1: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft
    - Region 4: Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren
    - Region 7: Wayne
    - Region 9: Macomb

The following populations will be excluded from enrollment in the Demonstration:

- Individuals under the age of 21
- Individuals previously disenrolled due to Special Disenrollment from Medicaid managed care
- Individuals not living in a Demonstration region

- Individuals with Additional Low Income Medicare Beneficiary/Qualified Individuals (ALMB/QI)
- Individuals without full Medicaid coverage (spend-downs or deductibles)
- Individuals with Medicaid who reside in a State psychiatric hospital
- Individuals with commercial HMO coverage
- Individuals who are incarcerated
- Individuals who have Children's Special Health Care Services (CSHCS)
- Individuals who are in the MI Care Team Demonstration
- Individuals who have Presumptive Eligibility
- Individuals receiving services in State operated Veteran's Homes
- Individuals using metabolic formulas

2. Elections and Effective Dates - *This section supplements and clarifies the requirements of §20 of the MMP Enrollment and Disenrollment Guidance.*

In addition to the options listed in the guidance, on an ongoing (i.e., month to month) basis, individuals who meet the criteria for enrollment in MMPs may:

- Disenroll from an MMP by enrolling in a Medicare health or drug plan and receive Medicaid services through Medicaid Fee-for-Service
- Disenroll from one MMP by enrolling in another MMP
- Disenroll from an MMP by enrolling in a PACE organization (for those who qualify)
- Disenroll from an MMP by enrolling in MI Choice (for those who qualify)

Individuals enrolled in an MMP may not concurrently enroll in a Medicare prescription drug plan (PDP), a Medicare Advantage plan, a Medicare cost plan, a PACE organization, another MMP or other coordinated care delivery systems, such as Independence at Home (IAH) or the Traumatic Brain Injury (TBI) Rehabilitation Program.

For the purpose of determining the appropriate enrollment effective date, an enrollment request is considered "received" on the date it is initially received by Michigan ENROLLS (the enrollment broker). Michigan ENROLLS will process enrollment requests during normal business hours, Monday – Friday, 8:00 am – 7:00 pm.

3. Effective Date of Voluntary Enrollments - *This section supplements and clarifies the requirements of* ***§20.2 of the MMP Enrollment and Disenrollment Guidance****.*

Voluntary (i.e. beneficiary initiated) enrollments are effective the first day of the month following initial receipt of a beneficiary's request to enroll, so long as the request is received 5 calendar days before the end of the month. Enrollment requests received within the last 5 calendar days of the month will be effective the first day of the second month following the month in which the initial request was received.

4. Effective Date of Voluntary Disenrollment - *This section supplements and clarifies the requirements of* ***§20.3 of the MMP Enrollment and Disenrollment Guidance****.*

Individuals have until the last calendar day of the month to request disenrollment. Individuals will be directed to call Michigan ENROLLS to request disenrollment, but may request disenrollment directly by calling 1-800-MEDICARE or by enrolling directly in a new Medicare Advantage or Medicare prescription drug plan. The effective date for all voluntary disenrollments is the first day of the month following the State's receipt of the disenrollment request. The State will establish a reconciliation process to address any retroactive enrollment changes.

5. Enrollment Procedures - *This section supplements and clarifies the requirements of* ***§30 of the MMP Enrollment and Disenrollment Guidance****.*

MMPs may not accept enrollment, disenrollment, or opt-out requests directly from individuals and process such requests themselves but, instead, must refer individuals to Michigan ENROLLS.

While the State will not delegate enrollment activities to the MMP, the State is delegating the development, printing, and mailing of the following Exhibits to the MMPs:

- Exhibit 5a: MMP Welcome Letter for Passively Enrolled Individuals
- Exhibit 5b: MMP Welcome Letter for Voluntarily Enrolled Individuals
- Exhibit 16: Model Notice to Confirm Voluntary Disenrollment Following Receipt of Transaction Reply Report (TRR)
- Exhibit 19: Model Notice for Disenrollment Due to Out-of-Area Status (No Response to Request for Address Verification)

- Exhibit 21: Model Notice for Loss of Medicaid Status or State-Specific Eligibility Status – Notification of Involuntary Disenrollment
- Exhibit 22: Notice for Period of Deemed Continued Eligibility due to Loss of Medicaid
- Exhibit 23: Notice to Offer Beneficiary Services, Pending Correction of Erroneous Death Status
- Exhibit 29: Model Notice for Enrollment Status Update
- Exhibit 30: Model Notice to Research Potential Out of Area Status
- Exhibit 32: Notification of Involuntary Disenrollment by the Centers for Medicare & Medicaid Services due to Incarceration

6. Format of Enrollment Requests - *This section supplements and clarifies the requirements of* ***§30.2 of the MMP Enrollment and Disenrollment Guidance****.*

The primary mechanism for a potential enrollee to submit a voluntary enrollment request is to call Michigan ENROLLS, who will process the enrollment over the phone. Potential enrollees may call Michigan ENROLLS to request a paper enrollment form. However, potential enrollees are strongly encouraged to enroll over the phone in order to ensure they are properly educated about all of their health plan choices and avoid potential delays in processing their enrollment due to missing information on a paper enrollment form.

7. Enrollment via Electronic Mechanisms - *This section supplements and clarifies the requirements of* ***§30.2.2 of the MMP Enrollment and Disenrollment Guidance****.*

Enrollment via the internet is prohibited in Michigan.

8. Passive Enrollment - *This section supplements and clarifies the requirements of* ***§30.2.5 of the MMP Enrollment and Disenrollment Guidance****.*

A. Individuals Subject to Passive Enrollment - *Supplement to* ***§30.2.5 A.*** *of the MMP Enrollment and Disenrollment Guidance*

In addition to the listed eligibility criteria for passive enrollment, an individual must meet all State eligibility criteria for the Demonstration, as described in this Appendix, Section 1.

The State will not passively enroll the following individuals:

- Native American/Alaskan Native
- Migrants (seasonal farmworkers)
- Individuals with employer or union coverage (noted in Section 8.B. below)
- Individuals with elected hospice services
- Individuals enrolled in a PACE organization, MI Choice program, IAH or TBI Rehabilitation Program (noted in Section 8.C. below)

The State will use an intelligent assignment algorithm and passively enroll eligible individuals, including individuals currently enrolled in a Medicare Advantage or Medicare prescription drug plan in an MMP. Where the Medicare Advantage Plan's parent organization also operates an MMP, beneficiaries will be passively enrolled from the parent organization's Medicare Advantage plan into the corresponding MMP.

B. Excluding Individuals with Employer or Union Coverage from Passive Enrollment - *Supplement to **§30.2.5 H.** of the MMP Enrollment and Disenrollment Guidance*

Individuals with other comprehensive employer or union coverage who otherwise meet the eligibility criteria for the Demonstration may enroll in an MMP if they disenroll from their existing programs.

C. Excluding Individuals with PACE, MI Choice, IAH, or TBI Programs

Individuals with PACE, MI Choice, currently receiving services through IAH, or TBI programs, who otherwise meet the eligibility criteria for the Demonstration may voluntarily enroll in an MMP if they disenroll from their existing programs.

D. 4Rx Data - *Supplement to **§30.2.5 O.** of the MMP Enrollment and Disenrollment Guidance*

The state will omit "4Rx data' from the enrollment transactions (TC 61) sent to CMS, and instead direct MMPs to submit this data to CMS directly after receiving a Daily Transaction Reply Report that confirms enrollment.

9. Prior to the Effective Date of Coverage - *This section supplements and clarifies the requirements of **§30.3D** of the MMP Enrollment and Disenrollment Guidance*

With prior approval from CMS and the State, MMPs may perform initial screening and Level I Assessments for Voluntary and Passive Enrollees up to 20 calendar days prior to the MMP coverage effective date provided the Enrollee is educated on why the HRA is being performed and informed of their right to refuse participation, and directed on transitional care needs. This provision does <u>not</u> waive the requirement that MMPs send a welcome letter 30 days prior to a beneficiary's effective date.

10. ESRD and Enrollment (applicable to States for which an individual's ESRD status is an enrollment eligibility criterion) - *This section supplements and clarifies the requirements of* ***§30.3.4 of the MMP Enrollment and Disenrollment Guidance***.

Individuals with ESRD may enroll in an MMP. Furthermore, they will not be excluded from passive enrollment on the basis of their ESRD status.

11. Individuals with Employer/Union Coverage – Other Sources - *This section supplements and clarifies the requirements of* ***§30.3.6 of the MMP Enrollment and Disenrollment Guidance***.

Individuals with other comprehensive employer or union coverage who otherwise meet the eligibility criteria for the Demonstration may enroll in an MMP if they disenroll from their existing programs.

12. Voluntary Disenrollment by Member - *This section supplements and clarifies the requirements of* ***§40.1 of the MMP Enrollment and Disenrollment Guidance***.

Disenrollment requests received by the MMP should be directed to 1-800-MEDICARE or the State enrollment broker, Michigan ENROLLS.

Disenrollment requests submitted by fax will not be accepted by the enrollment broker.

Note that the State enrollment broker is MAXIMUS, Inc., who assumes the role of the Michigan enrollment broker (Michigan ENROLLS).

13. Required Involuntary Disenrollment - *This section supplements and clarifies the requirements of* ***§40.2 of the MMP Enrollment and Disenrollment Guidance***.

The Department (or the enrollment broker) shall disenroll an Enrollee when an Enrollee no longer permanently resides in the plan's service area, except for an Enrollee who maintains a permanent residence in the plan's service area and who is admitted for a temporary stay to a Nursing Facility outside the plan's service area up to six months, and placement is not based on the family or social situation of the Enrollee (e.g. short-term stay at an out of area ventilator unit because MMP covered ventilator services are not available in the plan service area).

The Department (or the enrollment broker) and CMS shall disenroll an Enrollee when the Department or CMS determines that an Enrollee has other commercial HMO insurance coverage, is placed in spend-down status or becomes ineligible for any other reason. The Department shall notify the MMP of such disenrollment on the 834 File. This notification shall include the effective date of termination.

14. Optional Period of Deemed Continued Eligibility Due to Loss of Medicaid Eligibility - *This section supplements and clarifies the requirements of §40.2.3.2 of the MMP Enrollment and Disenrollment Guidance*.

A three month period of deemed continued eligibility for individuals who lose MMP eligibility for a short-term loss of Medicaid eligibility is available to all MMP enrollees. The deemed continued eligibility period starts on the first of the month following the month in which the State notifies the MMP of the loss of Medicaid eligibility, even in cases of retrospective Medicaid termination. The State will include a deeming status flag and the effective dates of such in the 834 file to notify the MMP of the deemed period.

If the MMP enrollee does not re-qualify within the plan's period of deemed continued eligibility, he/she must be involuntarily disenrolled from the plan, with proper notice as outlined below, at the end of this deemed period. Individuals will be put in Original Medicare and individuals who retain LIS status will be auto-enrolled into a Medicare Prescription Drug Plan by CMS.

MMPs must continue to offer the full continuum of MMP benefits (including all those traditionally considered Medicaid) as outlined in its Plan Benefit Package (PBP), even if the State is not providing the Medicaid capitation payment to the MMP. MMPs will continue to receive and will retain all Medicare capitation payments during the months of deemed continued eligibility. This includes Medicare behavioral health services delegated to the PIHP, in the event the ICO has an agreement with the PIHP to cover these services.

If the MMP enrollee retrospectively regains eligibilty covering the deeming period *after the deeming period has ended,* the individual will be retrospectively enrolled in the MMP in the State's MMIS system covering deemed months only to align with Medicare MMP enrollment.

Notice Requirements –

The State delegates to the MMP the requirement to provide the member a written notice within 10 calendar days of the MMP learning of the loss of eligibility and gain of deeming status (see Exhibit 22). MMPs are encouraged to work with the individual and the State to assist the individual with regaining Medicaid eligibility during the period of deemed continued eligibility.

Should the individual not regain eligibility within the period of deemed continued eligibility, the State will send a disenrollment transaction to CMS within 3 business days following the last day of the period of deemed continued eligibility. The MMP must provide the member a written notice regarding the involuntary disenrollment from the MMP/demonstration due to loss of eligibility within 10 calendar days of the receipt of the TRR. The notice must include information regarding the disenrollment effective date and the Medicare SEP for which such individuals are eligible (see Exhibit 16).