

MassHealth Requirements

1. MassHealth 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 eligibility criteria listed in Section 10, an individual must meet the following criteria in order to be eligible to enroll:

- Age 21 through 64 at the time of enrollment,
- Eligible for MassHealth Standard or MassHealth CommonHealth, and
- Without other comprehensive public or private insurance.

Individuals are not eligible to enroll if:

- they are enrolled in an HCBS Waiver, or
- they are residents of an Intermediate Care Facility.

The following provisions also apply:

- individuals who turn 65 while enrolled in an MMP may remain enrolled as long as they remain eligible for MassHealth Standard or CommonHealth and they continue to meet the other eligibility requirements;
- eligible MassHealth members enrolled in a Medicare Advantage plan, Program of All-inclusive Care for the Elderly (PACE), Employer Group Waiver Plans (EGWP) or other Employer-Sponsored Plans, or plans receiving a Retiree Drug Subsidy (RDS), and who meet the eligibility criteria for this Demonstration, may enroll in an MMP if they disenroll from their existing programs; and
- individuals participating in the CMS Independence at Home (IAH) demonstration who meet the eligibility criteria for this Demonstration may enroll or be enrolled in an MMP if they disenroll from IAH.

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:

- switch from MassHealth FFS to an MMP,
- switch from a PACE organization to an MMP,
- switch from an IAH organization to an MMP,
- switch from an MMP to MassHealth fee-for-service (FFS),
- switch from an MMP to an IAH organization,

- switch from an MMP to a Senior Care Options (SCO) plan (if the individual meets the eligibility criteria for SCO).

Further, MassHealth's customer service vendor will accept and process enrollment requests during normal business hours, Monday – Friday, 8:00 am – 5:00 pm.

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

Individuals have until the last day of the month to request disenrollment. Individuals will be directed to call the State's enrollment vendor to request disenrollment, but may request disenrollment directly from 1-800-MEDICARE. The effective date for all voluntary disenrollments is the first day of the month following the State's receipt of the enrollment request. The State will establish a reconciliation process to address any retroactive enrollment changes.

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

MMPs may not accept enrollment, disenrollment, transfer, and opt-out requests directly from individuals and process such requests themselves, but instead, must refer individuals to the State enrollment broker. The State will not defer enrollment activities to the MMP.

5. Passive Enrollment - *This section supplements and clarifies the requirements of §30.1.4 of the MMP Enrollment and Disenrollment Guidance.*

A. Individuals Subject to Passive Enrollment

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.

Also, the State will not passively enroll individuals who are currently enrolled in a Medicare Advantage, Medigap or PACE plan, currently enrolled in the IAH demonstration. The State and CMS will consider whether to approve 1-plan and partial county passive enrollment on a case-by-case basis.

B. Excluding Individuals with Employer or Union Coverage from Passive Enrollment

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. Other Signatures

In addition, if someone other than the eligible individual e.g. authorized representative helps the individual fill out the enrollment form, this party must clearly indicate his/her name on the enrollment form. This includes pre-filling out any information on the enrollment form and identifying the plan selection.

6. 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 §30.2.4 of the MMP Enrollment and Disenrollment Guidance.

Individuals with ESRD may enroll via self-selection and will not be excluded from passive enrollment on the basis of their ESRD status. All eligibility and enrollment processes for the Massachusetts Demonstration will apply to these individuals.

7. Individuals with Employer/Union Coverage – Other Sources - This section supplements and clarifies the requirements of §30.2.6 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.

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

Note that the State enrollment broker is MassHealth’s customer service vendor.

9. Loss of Medicaid Eligibility - This section supplements and clarifies the requirements of §40.2.3 of the MMP Enrollment and Disenrollment Guidance.

Note that an individual cannot remain a member in an MMP if he/she no longer meets eligibility criteria as outlined in this document and §10.5 of the MMP Enrollment and Disenrollment Guidance. Please also note that in Massachusetts, MMPs are excluded from offering the “Optional Period of Deemed Continued Eligibility Due to Loss of Medicaid Eligibility” as may be available in other states. Per §30.1.4 of the MMP Enrollment and Disenrollment Guidance, the State will not passively enroll individuals who are automatically disenrolled from an MMP due to loss of Medicaid eligibility if the person has been passively enrolled previously during the calendar year.

10. MassHealth Requirements for Optional Involuntary Disenrollments for Disruptive Behavior - This section supplements and clarifies the requirements of §40.3.1 of the MMP Enrollment and Disenrollment Guidance.

At the Contract Management Team’s (CMT’s) request, the MMP must promptly provide any information related to a specific case to the CMT, including documentation as described in this section.

Notice Requirements

The following sections provide additional guidance and requirements that pertain to the Notice Requirements described in §40.3.1.

The notices described in this section may not be provided to a member for any of the reasons disallowed for disenrollment requests as described in §40.3.1.

Plans must submit a template of the Advance Notice and the Notice of Intent through the Health Plan Management System (HPMS) for approval.

The MMP must allow sufficient time for the member to receive the Advance Notice, and to respond and otherwise address the disruptive behavior outlined in the Advanced Notice prior to sending the Notice of Intent.

Unless this requirement is otherwise waived by the CMT, prior to sending any of the notices to a member pursuant to this section, the MMP must first provide to the CMT an electronic copy of the notice the MMP intends to send, and receive a clear, written acknowledgement of receipt from both the State and CMS. The MMP must not send the notice to the member until at least 24 hours after the MMP receives clear, written acknowledgement of receipt of the electronic copy from both the State and CMS. If the MMP makes any changes to the notice after sending the advance electronic copy, the MMP must promptly provide to the CMT a copy of the revised notice. Unless this requirement is waived by the CMT, if any of the changes are significant, the MMP must resubmit the notice to the CMT and receive a clear, written acknowledgement of receipt from both the State and CMS before sending the notice to the member. Any changes must also be allowable under the notice templates approved through HPMS.

Upon sending a Notice of Intent to a member, the MMP must within 24 hours submit to the State in a secure electronic format its request for involuntary disenrollment, including all supporting documentation, unless this requirement is otherwise waived by the State.

If, after an MMP sends a notice to a member pursuant to this section, the MMP determines it will no longer be pursuing a potential request for involuntary disenrollment, the MMP must promptly notify the member in writing that the issue has been addressed and that his or her enrollment will continue. If the disruptive behavior later resumes or new disruptive behaviors arise for which the MMP would like to request an involuntary disenrollment, the MMP must then begin the entire process again, including sending another Advanced Notice.

Content of Advance Notice and Notice of Intent

In addition to the content requirements outlined in this section, both of these notices must:

- make clear that the member's current MMP coverage is still in effect and that there will be no disruptions to the member's current services as a result of this process, unless the State and CMS grant the MMP's request for disenrollment and a Planned Action Notice is sent to the member from MassHealth specifying a date of disenrollment;
- **not** include a projected effective date of disenrollment;
- describe the behavior the MMP has identified as disruptive and how it has impacted the MMP's ability to arrange for or provide services to the member or to other members of the plan (already required in the Advance Notice pursuant to §40.3.1);
- advise the member of his/her right to use the MMP's and/or the State's grievance procedures and to submit any information or explanation; and

- provide information about who the member may contact for more information or to ask questions about the notice.

Other

The State and CMS reserve the right to take compliance action for failure to follow the requirements related to involuntary disenrollment for disruptive behavior.