

Appendix 5: Ohio’s Department of Medicaid Specific Eligibility Requirements for Enrollment in MyCare Ohio Plans

1. Eligibility for Enrollment in Medicare-Medicaid Plans – This section supplements and clarifies the requirements of §10 of the MMP Enrollment and Disenrollment Guidance

In addition to the criteria provided in Section 10, an individual must reside in one of the 29 Integrated Care Delivery System (ICDS) demonstration counties grouped into seven regions below in order to be eligible to enroll:

Central: Delaware, Franklin, Madison, Pickaway, and Union counties

East Central: Portage, Stark, Summit, and Wayne counties

Northeast: Cuyahoga, Geauga, Lake, Lorain, and Medina counties

Northeast Central: Columbiana, Mahoning, and Trumbull counties

Northwest: Fulton, Lucas, Ottawa, and Wood counties

West Central: Clark, Greene, and Montgomery counties

Southwest: Butler, Clermont, Clinton, Hamilton, and Warren counties

Ohio received 1915(b) waiver authority, which requires dual-eligible individuals be enrolled in a MyCare Ohio Medicaid managed care organization. For example, if the individual opts not to have his or her Medicare services provided by the MyCare Ohio plan by enrolling in a different Medicare Advantage plan or Medicare prescription drug plan, he/she will remain enrolled with the MyCare Ohio plan. MyCare Ohio managed care organization will be responsible for providing all Medicaid services.

The following populations will be excluded from enrollment:

- Individuals with other creditable insurance, including those with employer/union or spouse’s group health benefits plans,
- individuals under age 18, individuals with intellectual and/or developmental disabilities who are receiving services through an IDD waiver or ICF/IDD,
- individuals in a delayed eligibility spenddown,
- individuals in PACE, and
- individuals in the Independence at Home Demonstration.

2. Place of Permanent Residence – This section supplements and clarifies the requirements of §10.2 of the MMP Enrollment and Disenrollment Guidance

Individuals who are institutionalized are eligible to elect an MMP on the basis of residing in the service plan area of the demonstration.

3. Completion of Enrollment Request – This section supplements and clarifies the requirements of §10.3 of the MMP Enrollment and Disenrollment Guidance

Ohio will notify individuals in the 60-day passive enrollment notice of the plans available in the region, and the specific MMP into which they will be passively enrolled in the 30-day reminder notice and that he or she will be considered to have made a request to enroll in an MMP by taking no additional action. Ohio will send paper enrollment forms to individuals

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upon request only if such individuals have been previously determined to meet all MMP eligibility criteria.

4. Medicaid Eligibility and Additional State-Specific Eligibility Requirements for Enrollment in Medicare-Medicaid Plans – This section supplements and clarifies the requirements of §10.5 of the MMP Enrollment and Disenrollment Guidance

In Ohio, an individual must meet all of the following criteria in order to be eligible to enroll in the Demonstration:

- Age 18 and older at the time of enrollment;
- Entitled to or enrolled in Medicare Part A, enrolled in Part B, and eligible to enroll in Medicare Part D as of the effective date of coverage under the MyCare Ohio Plan;
- Eligible for full Medicaid benefits; and
- Resides in an ICDS Demonstration county.

The following populations will be excluded from enrollment:

- Individuals under the age of 18;
- Individuals who are Medicare and Medicaid eligible and are on a delayed Medicaid spenddown;
- Individuals enrolled in both Medicare and Medicaid who have other third party creditable health care coverage;
- Individuals with Intellectual Disabilities (ID) and other Developmental Disabilities (DD) who are otherwise served through an IDD 1915(c) HCBS waiver or an ICF-IDD;
- Individuals enrolled in a Program of All-Inclusive Care for the Elderly (PACE);
- Individuals participating in the CMS Independence at Home (IAH) demonstration;
- Incarcerated Individuals

5. Effective Date of Coverage for Voluntary Enrollments – This section supplements and clarifies the requirements of §20.1 of the MMP Enrollment and Disenrollment Guidance

Enrollments received in the 60 days prior to initial implementation will not be effective until the first day of the month in which the region is live in the demonstration. Voluntary (i.e. beneficiary initiated) enrollments are effective the first day of the month following receipt of a beneficiary's request to enroll, so long as the request is received five (5) calendar days **before** the end of the month. Enrollment requests received less than five (5) calendar days before the end of the month will be effective the first day of the second month following the month in which the request was initially received. For example, voluntary enrollment requests received and processed between March 1st - 26th would be effective April 1st.

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Voluntary enrollment requests received and processed between March 27th - 31st would be effective May 1st.

6. Enrollment Procedures – This section supplements and clarifies the requirements of §30 of the MMP Enrollment and Disenrollment Guidance

Ohio will accept enrollment requests by paper, phone, and online. Individuals may call the Ohio Medicaid Consumer Hotline (800-324-8680) to enroll into MyCare Ohio or request a paper enrollment form. Individuals can also apply for MyCare Ohio by visiting www.ohiomh.com.

MMPs may not accept enrollment, disenrollment, and opt-out requests directly from individuals and process such requests themselves, but instead, must refer individuals to Ohio Medicaid Consumer Hotline.

While the State will not defer enrollment activities to the MMP, the State is delegating the development, printing and mailing of the following Exhibits to the MMPs as amended by CMS and the State:

- Exhibit 4: Model Notice to Acknowledge Receipt of Completed Enrollment Request and to Confirm Enrollment
- Exhibit 5a: MMP Welcome Letter for Passively Enrolled Individuals
- Exhibit 11: Acknowledgement of Request to Cancel Enrollment
- 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 Demonstration Eligibility Status or Other State-Specific Eligibility Status - Notification of Involuntary Disenrollment
- Exhibit 27: Model Acknowledgment of Reinstatement
- Exhibit 28: Acknowledgement of Request to Opt Out of Medicare-Medicaid Plan (not connected to request to disenroll or cancel enrollment in MMP)

Ohio's enrollment broker will contact consumers who submit a paper enrollment form and from whom additional information is required.

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

A. Passive Enrollment Process for Medicaid-only Portion of the Plan/Opt-In for MMP - Supplements to §30.1.4 B.1 of the MMP Enrollment and Disenrollment Guidance

Ohio will begin MyCare Ohio program by first implementing Medicaid-only mandatory enrollment starting May 1st, 2014; however, as part of that process, individuals may voluntarily enroll into MyCare Ohio plan to receive both Medicaid and Medicare services. Ohio will send letters to identified ICDS eligible individuals based on the ICDS demonstration regions:

- 1) A friendly letter in mid-December 2013, introducing individuals to the MyCare Ohio program and explaining how the ICDS managed care affects them. This is a one-time letter for the initial ICDS rollout.
- 2) A mandatory enrollment notice is sent to consumers initially on a rolling basis between March 1st, April 1st, and May 1st, 2014 depending on which region they live in.
- 3) A reminder notice is sent on April 1st, May 1st, or June 1st, 2014, (based on region) to individuals who did not make a voluntary choice at least 30 days prior to the passive enrollment effective date, May 1st, June 1st and July 1st, respectively. The reminder notice informs the individual that he or she will be considered to have made a request to enroll in a MyCare Ohio Plan by taking no action.

After the reminder notice mailings, Ohio's enrollment broker will make three phone calls to individuals to inform them of the passive enrollment and to allow the chance to select a different MyCare Ohio Plan.

These individuals described above who have chosen Medicaid-Only enrollment are tentatively scheduled for Medicare passive enrollment effective January 1st, 2015 to receive Medicare services from MyCare Ohio Plan. The passive enrollment notice is to advise consumers of their enrollment options including the option to opt-out of Medicare enrollment prior to the passive enrollment effective date.

B. Intelligent Assignment Algorithm – Supplements to §30.1.4 B.2.a of the MMP Enrollment and Disenrollment Guidance

Ohio will utilize an Assignment Utilization File (AUF) that uses current Medicare Advantage or D-SNP enrollment, past Medicaid managed care plan enrollment, past claims and provider utilization history to meet the requirement.

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C. **Passive enrollment into MyCare Ohio Plan for Medicare services** - Supplements to §30.1.4 B.3. of the MMP Enrollment and Disenrollment Guidance

No less than 60 calendar days and no more than 90 days prior to the enrollment effective date, Ohio will:

- Send a 60-day passive enrollment notice to ICDS eligible individuals and provide instructions to opt out of the MyCare Ohio Plan for Medicare services. The notice will include the passive enrollment effective date.
- Ohio will submit an enrollment transaction (TC 61) with an enrollment source code of "J" to CMS' MARx enrollment system to passively enroll the individual into the MyCare Ohio Plan.
- No later than 30 days before the passive enrollment effective date, Ohio will send the 30-day passive enrollment reminder notice to ICDS eligible individuals. The notice will include the passive enrollment effective date and the name of the assigned MyCare Ohio Plan.

D. **4Rx data transmission** - Supplements to §30.1.4 B.3.1 and §30.1.4 J of the MMP Enrollment and Disenrollment Guidance

Ohio will delegate the submission of 4Rx data to the MyCare Ohio Plans. MyCare Ohio Plans will submit the data directly after receiving a DTRR that confirms enrollment. Therefore, Ohio will intentionally leave the 4Rx data fields blank in the passive enrollment records.

E. **Opt Out** - Supplements to §30.1.4 E of the MMP Enrollment and Disenrollment Guidance

In Ohio, individuals may request to opt out from passive enrollment to either remain enrolled in current Medicare health or drug plan or choose another Medicare plan. Individuals may contact Ohio's enrollment broker or 1-800-MEDICARE to opt out. However, dual eligible individuals must enroll in Medicaid-only managed care plan in the MyCare Ohio program to receive their Medicaid services under the ICDS Medicaid 1915(b) waiver requirements.

Ohio will send an opt-out acknowledgement notice.

Individuals who previously requested to opt out may voluntarily opt in at any time for an effective date of the following month.

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8. When the Enrollment Request Is Incomplete - This section supplements and clarifies the requirements of §30.2.2 of the MMP Enrollment and Disenrollment Guidance

If an enrollment request is incomplete, Ohio's enrollment broker will contact the consumer via telephone.

If the enrollment broker cannot reach the consumer, a separate notice for requesting information or notice of denial of enrollment will be mailed to beneficiary's last known address.

9. Denial of Enrollment - This section supplements and clarifies the requirements of §30.2.3 of the MMP Enrollment and Disenrollment Guidance

If the enrollment is denied for Medicaid eligibility, the consumer will receive a Medicaid eligibility termination notice.

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 §30.2.4 of the MMP Enrollment and Disenrollment Guidance

Individuals with ESRD may enroll in a MyCare Ohio Plan and may be included in passive enrollment.

Ohio's enrollment broker will add End Stage Renal Disease to the list of possible medical conditions in the Consumer Contact Record (CCR). Individuals may verbally attest to their ESRD status. The enrollment broker will pass the attestation to the MMPs on CCR.

11. Enrollment of Individuals with Medicare Employer Group Health Plan Coverage or Individuals Being Claimed for the Retiree Drug Subsidy (RDS) - This section supplements and clarifies the requirements of §30.2.5 of the MMP Enrollment and Disenrollment Guidance

Ohio will not enroll any individual with any identified third party creditable health care coverage.

12. 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

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Individuals with identified employer/union coverage and or any other third party creditable health care coverage, will be disenrolled and/or excluded from the demonstration.

13. Information Provided to Member - This section supplements and clarifies the requirements of §30.4 of the MMP Enrollment and Disenrollment Guidance

In Ohio, MyCare Ohio Plans will send this information to the individual, including the plan coverage effective date, in the Welcome packet.

Ohio will delegate MyCare Ohio Plans to send enrollment confirmation notices to their members.

14. Prior to the Effective Date of Coverage - This section supplements and clarifies the requirements of §30.4.1 of the MMP Enrollment and Disenrollment Guidance

Ohio will delegate this process to the MMP.

15. Acknowledgement Notice - This section supplements and clarifies the requirements of §30.4.1 A of the MMP Enrollment and Disenrollment Guidance

For voluntary enrollments, the MMPs will send a single, combined acknowledgment and confirmation notice within 7 calendar days after receipt of confirmation on the DTRR.

For passive enrollments, MyCare Ohio Plans will send a welcome letter for passive enrollees the 15th of the month prior to the enrollment effective date. Individuals will receive the first notification of the passively assigned plan 30 days prior to the enrollment effective date. Ohio wants to ensure that individuals have sufficient time to make an active selection.

16. After the Effective Date of Coverage - This section supplements and clarifies the requirements of §30.4.2 of the MMP Enrollment and Disenrollment Guidance

In Ohio, MyCare Ohio Plans will send all member materials and will include the effective date of enrollment. Specific time frames will be in Ohio's marketing guidance document.

If CMS accepts the enrollment, MyCare Ohio Plans will send an enrollment acknowledgement/confirmation notice and a welcome packet. If the enrollment is rejected, Ohio will review the rejection and either, make any necessary corrections to the enrollment record and resubmit the enrollment record to CMS, or deny the individual from the demonstration.

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17. Disenrollment Procedures - *This section supplements and clarifies the requirements of §40 of the MMP Enrollment and Disenrollment Guidance*

Individuals may disenroll from MyCare Ohio Plan to receive Medicare services from another Medicare plan or Original Medicare. However, individual must receive Medicaid services from the current organization's Medicaid-only managed care Plan under the 1915(b) waiver authority.

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

If a member verbally requests disenrollment for the MyCare Ohio Plan, the MyCare Ohio Plan must refer the member to the Ohio Medicaid Consumer Hotline (800-324-8680). The State will not send a disenrollment request form to the member; members who prefer to request disenrollment in writing will be sent a form from Ohio's enrollment broker.

19. Notice Requirements (Disenrollment) - *This section supplements and clarifies the requirements of §40.1.3 of the MMP Enrollment and Disenrollment Guidance*

If an individual requests to disenroll from a MyCare Ohio Plan to receive Medicare services differently, MyCare Ohio Plan will send an opt out Medicaid Only welcome packet within 5 business days of the enrollment notification from the State. Individuals will continue to receive Medicaid services from the current organization's Medicaid-only managed care plan under the 1915(b) waiver authority.

Ohio will not be offering a disenrollment request form to members. Members who wish to disenroll in writing must do so by submitting a signed written request.

20. Researching and Acting on a Change of Address - *This section supplements and clarifies the requirements of §40.2.1.3 of the MMP Enrollment and Disenrollment Guidance*

If Ohio is informed of a change of an out of state, or country address from a CMS DTRR, the individual will be disenrolled from the ICDS Plan. Ohio will act on the change of address once it is reported through Ohio's eligibility system. If an individual reports a change of address to either the MMP or the enrollment broker, he/she will be referred to their County Department of Job and Family Services to report the change. Change of an address is a Medicaid eligibility function that must be completed by the county.

Ohio will not contact the member or send a notice to research potential out of area status.

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If a member is disenrolled for moving out of the service area or state, Ohio will disenroll the member from the MMP. The individual will receive a Medicaid fee-for-service card or a Medicaid termination notice.

Ohio will not send a disenrollment notice due to out of area status.

21. Procedures for Developing Addresses for Members Whose Mail is Returned as Undeliverable - This section supplements and clarifies the requirements of §40.2.1.4 of the MMP Enrollment and Disenrollment Guidance

Ohio cannot act or make a change of address, unless reported through Ohio's Medicaid eligibility system.

22. Notice Requirements (Out-of-Area Status) - This section supplements and clarifies the requirements of §40.2.1.5 of the MMP Enrollment and Disenrollment Guidance

Ohio cannot act or make a change of address, unless reported through Ohio's Medicaid eligibility system. Eligibility rules require Medicaid enrollees to report changes within 10 days. Ohio will not send a notice to research potential out of area status or address verification form.

23. Loss of Medicare Part A or Part B - This section supplements and clarifies the requirements of §40.2.2 of the MMP Enrollment and Disenrollment Guidance

Ohio will disenroll individuals who lose Medicare Part A or Part B.

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24. General Disenrollment Procedures due to Loss of Medicaid Eligibility or Additional State-Specific Eligibility - This section supplements and clarifies the requirements of §40.2.3.1 of the MMP Enrollment and Disenrollment Guidance

An individual who loses Medicaid eligibility will be disenrolled effective the last calendar day of the month Medicaid is terminated. Please also note that in Ohio, MyCare Ohio Plans are excluded from offering the “Optional Period of Deemed Continued Eligibility Due to Loss of Medicaid Eligibility”.

25. Death - This section supplements and clarifies the requirements of §40.2.4 of the MMP Enrollment and Disenrollment Guidance

If Ohio is notified of death via the DTRR, Ohio will disenroll the individual due to loss of Medicare Part A and/or Part B. If Ohio is notified of death via the Ohio Medicaid eligibility system Ohio will disenroll the individual for the loss of Medicaid.

Ohio will not send notice to the member’s estate.

26. Material Misrepresentation Regarding Third-Party Reimbursement - This section supplements and clarifies the requirements of §40.2.6 of the MMP Enrollment and Disenrollment Guidance

Ohio will automatically disenroll all individuals upon identification of third party creditable health care coverage.

27. Optional Involuntary Disenrollments - This section supplements and clarifies the requirements of §40.3 of the MMP Enrollment and Disenrollment Guidance

In the rare occasion of involuntary disenrollment, Ohio will send the individual specific notification regarding the reason for the disenrollment.

28. Voluntary Disenrollments - This section supplements and clarifies the requirements of §40.4.1 of the MMP Enrollment and Disenrollment Guidance

Ohio will delegate to MyCare Ohio Plans to send disenrollment acknowledgment notices or confirmation of disenrollment notices.

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29. Model Medicare-Medicaid Plan Enrollment Forms & Notices - *This section supplements and clarifies the requirements of Appendix 4 of the MMP Enrollment and Disenrollment Guidance*

Ohio will send the following form and notices with Ohio specific modifications:

- Exhibit 1: MyCare Ohio – Connecting Medicaid-Medicare Enrollment Form
- 60-day Passive Enrollment Notice
- Exhibit 5: State Reminder Notice for Passively Enrolled Individuals (also known as 30-day passive enrollment reminder notice)