Appendix 5: Texas Specific STAR+PLUS MMP Enrollment and Disenrollment Guidance

This document defines Texas specific Enrollment/Disenrollment Requirements where there are differences from the national MMP Enrollment and Disenrollment Guidance as published by CMS on June 14, 2013.

1. **Texas Health and Human Services Commission (HHSC) Eligibility Requirements for Enrollment in MMPs –** *This section supplements and clarifies the requirements of §10.5 of the MMP Enrollment and Disenrollment Guidance.*

   The Demonstration will be available to individuals who meet all of the following criteria:

   - Age 21 or older at the time of enrollment;
   - Entitled to or enrolled in Medicare Part A, enrolled in Medicare Parts B, eligible to enroll in Medicare Part D, and receiving full Medicaid benefits;
   - Required to receive their Medicaid benefits through the STAR+PLUS program as further outlined in the state's existing Texas Healthcare Transformation and Quality Improvement Program (THTQIP) section 1115(a) demonstration. Generally, these are individuals who:
     - have a physical disability or a mental disability and qualify for SSI, or
     - qualify for Medicaid because they receive Home and Community Based Services (HCBS) STAR+PLUS Waiver services; and
   - Reside in one of the Demonstration counties: Bexar, Dallas, El Paso, Harris, Hidalgo or Tarrant.

   Dually eligible individuals residing in Intermediate Care Facilities for Individuals with Intellectual Disabilities and Related Conditions (ICF/IIDs) or receiving services through the following section 1915(c) waivers will be excluded from the Demonstration:

   - Community Living Assistance and Support Services (CLASS)
   - Deaf Blind with Multiple Disabilities Program (DBMD)
   - Home and Community-based Services (HCS)
   - Texas Home Living Program (TxHmL)

   The following populations will be excluded from passive enrollment in the Demonstration but may elect to enroll:

   - Individuals enrolled in a Medicare Advantage plan not operated by the same parent organization that operates a STAR+PLUS MMP and who meet the eligibility criteria for the Demonstration may enroll in a STAR+PLUS MMP if they elect to disenroll from their existing plan;
   - Individuals enrolled in the Program of All-Inclusive Care for the Elderly (PACE) who meet the eligibility criteria for the Demonstration may enroll in if they disenroll from that program;
   - Eligible individuals participating in the CMS Independence at Home (IAH) demonstration may enroll in the Demonstration if they disenroll from IAH; and

- Individuals with other creditable insurance, including those with employer/union or spouse's group health benefits plan.

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 one STAR+PLUS MMP by enrolling in another STAR+PLUS MMP,
   - Disenroll from a PACE organization by enrolling in a STAR+PLUS MMP,
   - Disenroll from an IAH organization by enrolling in a STAR+PLUS MMP,
   - Disenroll from a STAR+PLUS MMP by enrolling in an IAH organization,
   - Disenroll from a STAR+PLUS MCO by enrolling in a STAR+PLUS MMP,
   - Disenroll from a STAR+PLUS MMP by enrolling in a STAR+PLUS MCO,
   - Disenroll from a STAR+PLUS MMP by enrolling in a Medicare Advantage plan,
   - Disenroll from a STAR+PLUS MMP by enrolling in a Medicare drug plan, or
   - Disenroll from a STAR+PLUS MMP by enrolling in Original Medicare FFS.

   Further, HHSC's Administrative Services Contractor will accept and process enrollment requests during normal business hours, Monday – Friday, 8:00 am – 5:00 pm CT.

3. **Effective Date of Voluntary Enrollment -** *This section supplements and clarifies the requirements of §20.1 of the MMP Enrollment and Disenrollment Guidance.*

   In order for an enrollment to be effective the first day of the following month, Texas' cut-off date for accepting voluntary enrollments (which includes opt-in as well as transfers between MMPs) is the 12th of the month for an effective date of coverage the 1st calendar day of the next month. Enrollment requests received after the 12th of the month will be processed for an effective date of the 1st calendar day of the second month following the month in which the request was initially received.

4. **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 calendar day of the month to request disenrollment. Requests to disenroll from a STAR+PLUS MMP and opt-out of the Demonstration will be accepted at any point after an individual's initial enrollment occurs and are effective on the 1st calendar day of the month following receipt of the request. Individuals will be directed to call HHSC's Administrative Services Contractor to request disenrollment, or may request disenrollment directly by calling 1-800-MEDICARE, or by enrolling directly in a new Medicare Advantage or Medicare prescription drug plan. The State will reconcile any retroactive enrollment changes.

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

Appendix 5: Texas Specific STAR+PLUS 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 HHSC's Administrative Services Contractor. The State will not delegate enrollment activities to the MMP.

While the State will not delegate enrollment activities to the MMPs, 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 Individuals who Opt-in

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

   - **Individuals Subject to Passive Enrollment** - *Supplement to §30.1.4 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.

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

     Texas will use current Medicare Advantage or D-SNP enrollment, past Medicaid managed care plan enrollment, past claims, and provider utilization history to meet the requirement.

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

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

7. **Who May Complete an Enrollment or Disenrollment Request** - *This section supplements and clarifies the requirements of §30.2.1 of the MMP Enrollment and Disenrollment Guidance.*

   The state will continue to follow its current processes for designation of legally authorized representatives (LARs) and plan selection, which allows authorized individuals to receive case information, report changes, and take action on the case with proper verification of identity as well as verification that the individual is authorized to act on behalf of the enrollee.

Appendix 5: Texas Specific STAR+PLUS MMP Enrollment and Disenrollment Guidance

8. **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 the Demonstration and will not be excluded from passive enrollment on the basis of their ESRD status.

9. **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.*

   With prior approval from CMS and the State, STAR+PLUS MMPs may perform Comprehensive Health Risk Assessments for Enrollees up to 20 calendar days prior to the STAR+PLUS MMP coverage effective date. This provision does not waive the requirement that STAR+PLUS MMPs send a welcome letter 30 days prior to a beneficiary's effective date.

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

    Individuals may disenroll from a STAR+PLUS MMP to receive Medicare services from another Medicare plan or Original Medicare. However, eligible individuals must receive Medicaid services from a STAR+PLUS Medicaid MCO under the THTQIP section 1115(a) demonstration authority.

11. **Request Signature and Date** - *This section supplements and clarifies the requirements of §40.1.1 of the MMP Enrollment and Disenrollment Guidance.*

    If someone other than the eligible individual, who is a legally authorized representative (LAR), 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.

12. **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.*

    Member materials will not continue to be mailed to addresses determined to be undeliverable. The state will complete return mail tracking after first enrollment notification mailing and throughout the implementation of the Demonstration. The state will use information gained from returned mail to make additional outreach attempts through other methods (phone, email, etc.) or complete other beneficiary address analysis from previous claims to strengthen efforts to obtain a valid address.

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

    An individual cannot remain a member in a STAR+PLUS MMP if he/she no longer meets eligibility criteria as outlined in this document and *§10.5 of the MMP Enrollment and*

Appendix 5: Texas Specific STAR+PLUS MMP Enrollment and Disenrollment Guidance

Disenrollment Guidance. Please also note that in Texas, 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.