

Appendix 5: Virginia's Department of Medical Assistance Services (DMAS) Specific Eligibility Requirements for Enrollment in Medicare-Medicaid Plans

1. **DMAS Eligibility Requirements for Enrollment in Medicare-Medicaid Plans (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 §10 of the MMP Enrollment and Disenrollment Guidance, an individual must meet the following criteria in order to be eligible to enroll:

- Full benefit Medicare-Medicaid Enrollees including but not limited to:
 - Participants in the Elderly and Disabled with Consumer Direction Waiver; and
 - Residents of nursing facilities
- Age 21 and older at the time of enrollment
- Resides in the five Commonwealth Coordinated Care (CCC) designated regions - Northern VA, Tidewater, Richmond/Central, Charlottesville, and Roanoke

The following populations will be excluded from enrollment in the CCC program:

- Individuals enrolled in a hospice program. Individuals receiving hospice services are not eligible for enrollment in an MMP. If an individual enters a hospice program while enrolled in an MMP, he/she will be involuntarily disenrolled from the MMP
- Individuals participating in the Intellectual Disabilities, Developmental Disabilities, Day Support, Alzheimer's Technology Assisted Home Community Based Services (HCBS) Waivers
- Individuals in Mental Health/Intellectual Disability facilities
- Individuals in State-funded Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IDs)
- Individuals who are residents of Long Stay Hospitals
- Individuals who are inpatients in State mental hospitals
- Individuals enrolled in the Money Follows the Person (MFP) program
- Individuals with other comprehensive group or individual health insurance coverage, other than full benefit Medicare; insurance provided to military dependents; and any other insurance purchase through the Health Insurance Premium Payment Program (HIPP)
- Individuals enrolled in the Virginia Birth-related Neurological Injury Compensation Program established pursuant to Chapter 50 (§38.2-5000 et seq.) of Title 38.2 of the Code of Virginia

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- Individuals who have a Medicaid eligibility period that is less than three full calendar months immediately preceding the MMP enrollment effective date (e.g. temporary coverage period)
- Individuals who have a Medicaid eligibility period that is retroactive only (i.e. individual is not currently eligible for Medicaid)
- Individuals who have been medically determined to have end stage renal disease (ESRD) at the time of enrollment into the Demonstration. However, an individual who develops ESRD while enrolled in an MMP may remain enrolled in that MMP, unless and until he/she opts out. If he/she disenrolls from the MMP, the individual is not eligible for enrollment into any MMP for a prospective enrollment effective date

The following provisions also apply:

- If the individual is enrolled in a Program of All-Inclusive Care for the Elderly (PACE), they may choose to leave the PACE program and enroll in the CCC program. They cannot, however, remain enrolled in PACE and the CCC program simultaneously.
2. **Elections and Effective Dates** - This section supplements and clarifies the requirements of §20 of the Enrollment and Disenrollment Guidance

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

- Disenroll from one MMP by enrolling in another MMP
- Disenroll from an MMP by enrolling in a Medicare Advantage plan
- Disenroll from a PACE organization by enrolling in an MMP,
- Disenroll from an MMP by enrolling in Medicaid FFS.

Individuals who disenroll from an MMP can request enrollment for a prospective enrollment effective date on an on-going basis (except if that individual is ESRD). Enrollments are effective the first of the month following the initial receipt of the enrollment request. Enrollment requests received after the twenty-fifth (25th) of the month will be effective the first of the second month.

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

Individuals have until the last day of the month to request disenrollment. Individuals will be directed to call Maximus 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

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month following the State's/Maximus receipt of the disenrollment 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 Enrollment and Disenrollment Guidance.

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

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:

- Exhibit 5a: MMP Welcome Letter for Passively Enrolled Individuals
- Exhibit 29: Model Notice for Enrollment Status Update

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

- a. **Individuals Subject to Passive Enrollment:** In addition to the eligibility criteria listed in the Enrollment and Disenrollment Guidance, the individual must meet all State criteria listed in Section 1.

The State will not passively enroll individuals who:

- are currently enrolled in a PACE organization;
- are subject to annual Medicare Reassignment; or
- have Medigap.

Individuals enrolled in a Medicare Advantage or Medicare prescription drug plan are subject to passive enrollment.

- b. **Other signatures:** In addition, if someone other than the eligible individual 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. **Voluntary Disenrollment by Member** - This section supplements and clarifies the requirements of §40.1 of the Enrollment and Disenrollment Guidance

Note that the State enrollment broker is Maximus.

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7. **Loss of Medicaid Eligibility** - This section supplements and clarifies the requirements of §40.2.3 of the 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 the Enrollment/Disenrollment Guidance. Virginia is not allowing plans to offer the “Optional period of Deemed Eligibility Due to loss of Medicaid Eligibility.” Individuals disenrolled for loss of Medicaid eligibility who wish to be enrolled in an MMP must submit an enrollment request and, if determined eligible, will be enrolled for a prospective enrollment effective date.

8. **Enrollment in an Excluded Waiver**

An individual who receives a slot in the Intellectual Disabilities Waiver or Individual and Families Developmental Disabilities Supports Waiver or becomes eligible for the Technology Assisted or Alzheimer Waivers will be enrolled in the Waiver on the date the slot or Waiver services are available. The individual will be disenrolled from the MMP at the end of the month. Waiver services will be provided through Medicaid fee-for-service (carved out of the MMP)