

## **Appendix 5: State Specific Enrollment and Disenrollment Guidance for the FIDA Intellectual and Developmental Disabilities (IDD) Demonstrations**

This document defines New York specific Enrollment/Disenrollment Requirements where there are differences from the national [Medicare-Medicaid \(MMP\) Enrollment and Disenrollment Guidance as published by the Centers for Medicare & Medicaid Services \(CMS\) on June 14, 2013](#).

This is an appendix and must be read in concert with the national MMP Enrollment and Disenrollment Guidance.

**Please note that this guidance applies to the FIDA IDD Demonstration only.**

Except as outlined in § 30, all activities that are defined as State activities in the national MMP Enrollment and Disenrollment Guidance as published by CMS on June 14, 2013 have been delegated to the State's enrollment broker, New York Medicaid Choice (NYMC).

### **1. Completion of Enrollment Request** - *This section supplements and clarifies the requirements of §10.3 of the MMP Enrollment and Disenrollment Guidance.*

- 1) An individual may request enrollment in a FIDA-IDD Demonstration plan by filling out and submitting the FIDA-IDD Demonstration Enrollment Form or telephonically (by calling New York Medicaid Choice (NYMC) providing verbal answers to NYMC for each of the required questions included in the FIDA-IDD Demonstration Enrollment Form and by verbally authorizing NYMC to process the enrollment request). For any consumer that calls NYMC to verbally enroll, NYMC will look up the caller in the eMedNY Daily Eligibles File. Through this process, NYMC will have access to all of the caller's information as it is listed in the eMedNY Daily Eligibles File, including address, date of birth, HICN number, Medicaid number, current plan information, and more. NYMC must still attempt to obtain verbal answers to all the items on the enrollment form; however, the enrollment request will be processed as long as NYMC has the following information: Name, Authorized Representative Signature, if applicable; Authorized Representative Contact Information, if applicable; Plan Choice; Permanent Residence Address; Mailing Address; Language preference and alternative formats; an answer to the question about Union and Employer Coverage; and an acknowledgement from the applicant/Authorized Representative of his/her understanding of the information provided under "Please Read and Sign Below" and the "Release of Information" on the model MMP enrollment form. Online enrollment is not available in the FIDA-IDD Demonstration. Telephonic enrollment requests must be recorded and the caller must be informed at the outset that the call will be recorded so that he or she has the opportunity to terminate the call if he/she so chooses. The recording must include a verbal attestation of the individual's intent to enroll.
- 2) For eligible individuals interested in FIDA-IDD enrollment, there may be more occurrences of an authorized representative calling on behalf of a consumer for purposes of enrollment selection or education. NYMC will register the authorized representative contact information in their system upon the receipt of consent form or

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verbal consent from the consumer. Although there may be multiple active authorized representatives on consumers' record, there will be only one primary authorized representative that may receive a copy of the exact letter that is sent to consumer.

A Participant in a FIDA-IDD Plan will not have the option to enroll in another FIDA-IDD Plan as there is only one FIDA-IDD Plan. Currently, Medicaid Managed Long Term Care (MLTC), Medicaid-only Managed Care and the FIDA Demonstration exclude dual-eligible individuals who are eligible for OPWDD services. If a Participant chooses to disenroll from the FIDA-IDD plan, he or she may join Medicare Advantage/MA-PD organization, PACE organization, Special Needs Plans, Part D prescription drug plans or Original Medicare Fee-for-Service.

### **2. 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 addition to the eligibility criteria listed in §10, an individual must meet the following criteria in order to be eligible to enroll:

- Age 21 or older at the time of enrollment;
- Entitled to benefits under Medicare Part A, enrolled in Medicare Part B, eligible to enroll in Medicare Part D, and eligible for full Medicaid benefits;
- A U.S. citizen or lawfully present in the United States;
- Reside in Bronx, Kings, New York, Queens, Richmond, Rockland, Nassau, Suffolk or Westchester Counties;
- Eligible for OPWDD services in accordance with NYS Mental Hygiene Law 1.03(22); and
- Determined to be eligible for ICF-IID level of care; and
- If receiving Section 1915(c) waiver services as an alternative to ICF-IID placement, enrolled in the Section 1915(c) OPWDD Comprehensive Waiver.

The following populations are not eligible for the FIDA-IDD Demonstration:

- Residents of a New York State Office of Mental Health (OMH) facility;
- Residents of a Skilled Nursing Facility (SNF/Nursing Facility (NF)) and Residents of Developmental Centers. Upon leaving the SNF/NF or Development Center, the person with a developmental disability is then eligible for the FIDA-IDD Demonstration or Medicaid Fee-for-Service.

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a) A FIDA-IDD Participant who, after enrolling in the FIDA-IDD Demonstration subsequently requires placement in a SNF/NF will remain in the FIDA-IDD Demonstration.

b) A FIDA-IDD Participant who after enrolling in the FIDA-IDD Demonstration subsequently remains continuously in a Development Center for more than 90 days will be disenrolled from the FIDA-IDD Demonstration;

- Individuals under the age of 21;
- Residents of psychiatric facilities;
- Individuals expected to be Medicaid eligible for less than six months;
- Individuals with a "county of fiscal responsibility" code 99 in MMIS (individuals eligible only for breast and cervical cancer services);
- Individuals receiving hospice services (at time of enrollment);
- Individuals with a "county of fiscal responsibility" code of 97 (individuals residing in a State OMH facility);
- Individuals eligible for the family planning expansion program;
- Residents of alcohol/substance abuse long-term residential treatment programs;
- Individuals eligible for Emergency Medicaid;
- Individuals enrolled in a Section 1915(c) waiver other than the OPWDD Comprehensive Waiver. Individuals enrolled in the following Section 1915(c) waivers programs are not eligible to participate in the FIDA-IDD Demonstration: Traumatic Brain Injury (TBI); and Nursing Home Transition and Diversion Waiver;
- Residents of Assisted Living Programs; and
- Individuals in the Foster Family Care Demonstration.

### **3. 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 the FIDA-IDD Plan may:

- Disenroll from an MLTC Plan to enroll into a FIDA-IDD Plan; (Direct movement from MLTC to the FIDA-IDD is very unlikely due to MLTC exclusion of DD population.)
- Disenroll from Medicaid or Medicare Fee-For-Service (FFS) by enrolling into the FIDA-IDD Plan; (mainstream transition of the enrollee to a FIDA-IDD is contingent upon member having DD eligibility and subsequently gaining Medicare);
- Disenroll from the FIDA-IDD Plan to enroll into FFS Medicaid;
- Disenroll from the FIDA-IDD Plan to enroll into the Nursing Home Transition and Diversion (NHTD) Waiver; and

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- Disenroll from the NHTD Waiver to enroll into a FIDA-IDD Plan.

Enrollment into FIDA-IDD is on a voluntary (i.e. beneficiary initiated) basis only. There will be no passive enrollment process for this program at this time. All new FIDA-IDD enrollment requests received on or before the 20<sup>th</sup> calendar day of the month will take place the first day of the month following the month in which the enrollment request is initially received, unless the request is received after the 20<sup>th</sup> of the month, as described in #4 below. The FIDA-IDD cut off calendar will follow the current FIDA enrollment cut off calendar, which is the 20<sup>th</sup> of every month for new enrollments.

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

The State has established a systems cut-off date for new to FIDA-IDD opt-in (i.e. beneficiary initiated) enrollments. The systems cut-off date for new to FIDA opt-in enrollments is the 20<sup>th</sup> day of the month. In order for an enrollment to be effective the first day of the following month, New York's cut-off date for accepting new to FIDA opt-in enrollments is **noon** on the 20<sup>th</sup> day of each month. In the event that the 20<sup>th</sup> falls on a weekend or holiday, the cut-off is **noon** of the last business day prior to the 20<sup>th</sup> day of the month. Enrollment requests received after the 20<sup>th</sup> of the month will be effective the first day of the second month following the month in which the request was initially received. This cut-off date for processing applies to the following new to FIDA opt-in enrollments:

- Enroll into FIDA-IDD from MLTC,
- Enroll into FIDA-IDD from NHTD Waiver, and
- Enroll into FIDA-IDD from FFS.

Disenrollment to FFS from FIDA-IDD or enrollments between FIDA and FIDA-IDD, can be processed until the last day of the month.

The FIDA-IDD consumer's Medicare plan choice will be first processed through to CMS's vendor, followed by Medicaid plan enrollment through eMedNY/WMS. Upon acceptance of enrollment into FIDA-IDD after the full cycle is completed, the appropriate enrollment confirmation notice will be generated and mailed out to consumer within 7 calendar days. Should there be any discrepancies between State enrollment data and CMS enrollment data, NYMC staff will have the ability to send one way transactions to update the State or CMS to ensure enrollment effective date matches between the two systems.

### **5. 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 calendar day of the month to request disenrollment for the request to take effect at the end of the month in which the request is made. Individuals will

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be directed to call NYMC to request disenrollment, but may request disenrollment directly by calling 1-800-MEDICARE, by enrolling directly in a new Medicare Advantage or Medicare prescription drug plan or by sending a written request to NYMC.

The effective date for all voluntary disenrollments is the last day of the month in which the disenrollment request is received.

An individual who requests FIDA Plan disenrollment through NYMC will be assisted in selecting an MLTC Plan for his/her LTSS Services and if he/she chooses a partial MLTC plan (and not MAP or PACE) will be directed to contact 1-800-Medicare to discuss Medicare choices. In the event that the individual does not contact 1-800-Medicare, he/she will be returned to Original Medicare and a Part D Prescription Drug Plan.

As in all other instances, these disenrollment requests must take effect on the last day of the month in which they are requested.

No lock in rule will be applied to the FIDA-IDD plan. Consumers can join and leave at any time.

Disenrollment from the FIDA-IDD to FFS can be processed until the last day of the month. Those individuals who request FIDA-IDD plan disenrollment through NYMC will be sent a disenrollment packet or NYMC will be able to take the disenrollment request over the phone and proceed with processing the disenrollment without a signed disenrollment form. NYMC will discuss enrollment options.

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

All FIDA-IDD enrollments will be processed by NYMC, the enrollment broker. The Developmental Disabilities Regional Offices (DDROs) will not be processing enrollment and disenrollment requests. The FIDA-IDD Plan may not accept enrollment or disenrollment requests directly from individuals and may not process such requests themselves but, instead, must refer the individual immediately to the State enrollment broker, NYMC. If the call is received by the FIDA-IDD Plan on a day that is not a business day for NYMC, the FIDA-IDD Plan must refer the individual to NYMC. The State will not delegate enrollment activities to the FIDA-IDD Plan.

While the State will not delegate enrollment activities to the FIDA-IDD Plan, the FIDA-IDD Plan will be responsible for printing and mailing the following Exhibits to the FIDA-IDD Participants, when circumstances dictate, as further described herein:

- P1 – State Model Plan Welcome Letter (NY-IDD Specific version of Exhibit 5a and 5b)
- P2 - Model Notice to Research Potential Out of Area Status – Address Verification Form included (NY-IDD Specific version of Exhibit 30)
- P3 – Advance Notice of Disruptive Behavior (IDD Specific)

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- P4 – Notice of Request for Involuntary Disenrollment Due To Disruptive Behavior (IDD Specific)
- P5 – Involuntary Disenrollment Denial Notice (IDD Specific)

Once NYMC has processed an enrollment request, NYMC will communicate the enrollment to the FIDA-IDD Plan. The FIDA-IDD Plan is required to accept all enrollments, as communicated by NYMC. NYMC will notify the Plan of new enrollees of the effective date of his/her coverage prior to the effective date.

### **7. Format of Enrollment Requests – *This section supplements and clarifies the requirements of §30.1 of the MMP Enrollment and Disenrollment Guidance.***

The primary mechanism for a potential enrollee to submit an opt-in enrollment request is to call NYMC, who will process the enrollment over the phone. Potential enrollees may call NYMC to request a FIDA-IDD Demonstration 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 the FIDA-IDD Demonstration Enrollment Form.

### **8. Enrollment via the Internet – *This section supplements and clarifies the requirements of §30.1.2 of the MMP Enrollment and Disenrollment Guidance.***

Enrollment via the internet is not available in New York. Enrollment choice information and contact information for NYMC are available on the NYMC website.

### **9. Enrollment via Telephone - *This section supplements and clarifies the requirements of §30.1.3 of the MMP Enrollment and Disenrollment Guidance.***

Enrollment may be completed via outbound calls by NYMC when during the course of the call made for the purpose of outreach or education or to follow-up on an incoming call from a Participant the Participant expresses a desire to enroll in the FIDA-IDD Plan.

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

FIDA-IDD enrollment is voluntary at this time with no passive or mandatory enrollments.

### **11. Processing the Opt-In Enrollment Request - *This section supplements and clarifies the requirements of §30.2 of the MMP Enrollment and Disenrollment Guidance.***

An opt-in enrollment request (verbal or written) will be complete if NYMC obtains or confirms all of the following required elements: Applicant Name; Applicant Signature; Authorized

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Representative Signature, if applicable; a verbal attestation or written confirmation of the intent to enroll; Authorized Representative Contact Information; Plan Choice; Permanent Residence Address; Mailing Address; Language preference and alternative formats; an answer to the question about Union and Employer Coverage; Response to the Union or Employer coverage question; and an acknowledgement from the applicant of his/her understanding of the information provided under “Please Read and Sign Below” and the “Release of Information” on the model MMP enrollment form. NYMC shall request missing information using the missing information request notice M7 or during a phone call with the applicant.

### **12. ESRD and Enrollment** - *This section supplements and clarifies the requirements of §30.2.4 of the MMP Enrollment and Disenrollment Guidance.*

Individuals with ESRD may enroll in to the FIDA-IDD Plan and may not be excluded, regardless of whether they are already enrolled in a separate line of business operated by the FIDA-IDD Plan on the first day of eligibility. Individuals enrolled in the FIDA-IDD Plan who are subsequently diagnosed with ESRD may choose to disenroll from the Demonstration or may choose to stay enrolled.

### **13. 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.*

Individuals with Medicare Employer Group Health Plan Coverage or who are claimed for Retiree Drug Subsidy (RDS) may choose to enroll in the FIDA-IDD Plan after they contact their employer or union plan manager and provide clear informed consent to NYMC indicating that they understand the impact of FIDA-IDD enrollment on their employer or union coverage and that they still wish to enroll. An enrollment request from an individual who has Employer Group Health Plan Coverage or RDS will be pended with a notice M7 or M8 sent to the individual to contact NYMC to receive benefits counseling and provide the required consent so that his/her enrollment request may be processed.

### **14. 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 may choose to enroll in the FIDA-IDD Plan after they contact their employer or union plan manager and provide clear informed consent to NYMC indicating that they understand the impact of FIDA-IDD enrollment on their employer or union coverage and that they still wish to enroll. An enrollment request from an individual who has Employer Group Health Plan Coverage or RDS will have his/her enrollment request pended and will be sent a notice M8 that the individual must contact NYMC to receive benefits counseling and provide the required consent so that his/her enrollment request may be processed.

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### **15. 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.*

Each FIDA-IDD Participant shall receive an Office for People with Developmental Disabilities (OPWDD) Approved Assessment (OAA), a FIDA-IDD Comprehensive Service Planning Assessment (CSPA), and ongoing Comprehensive Reassessments (CR). The OAA will be performed by OPWDD prior to the participant’s enrollment into the FIDA-IDD Plan. The CSPA will be performed by the FIDA-IDD Plan no later than thirty (30) calendar days from the individual’s Effective Date of Enrollment. As outlined in the FIDA-IDD enrollment guidance, and in accordance with the limitations provided therein, the FIDA-IDD Plan may perform the CSPA prior to the effective date of enrollment.

### **16. Disenrollment Procedures** – *This section supplements and clarifies the requirements of §40 of the MMP Enrollment and Disenrollment Guidance.*

Voluntary disenrollment requests must be submitted through NYMC or 1-800-MEDICARE. The FIDA-IDD Plan will not accept disenrollments directly from the Participant and must immediately (but not later than COB of the next business day following the request) direct Participants to NYMC for processing of the disenrollment request.

While the FIDA-IDD plan may not request or encourage Participants to disenroll, NYMC may fully discuss a Participant’s concerns about her/his continued enrollment in a plan, present all enrollment alternatives, including non-FIDA-IDD options, and may suggest that the Participant consider an alternative. NYMC may also recommend that the Participant file a grievance or appeal as a means of resolving concerns, which may resolve the underlying issue that prompted the desire to disenroll, as long as NYMC’s actions in no way amount to “discouraging disenrollment.”

### **17. Voluntary Disenrollment by Member** – *This section supplements and clarifies the requirements of §40.1 of the MMP Enrollment and Disenrollment Guidance.*

A Participant may request to be disenrolled from the FIDA-IDD Plan in any month and for any reason. The Participant may only disenroll by:

- 1) Enrolling in another Medicare health or Part D plan, including a PACE or a SNP organization;
- 2) Calling 1-800-MEDICARE;
- 3) Calling NYMC;
- 4) Submitting a signed written request to NYMC.

The State will not be offering a disenrollment form. Participants who wish to disenroll in writing must do so by submitting a signed written request.

The Participant may disenroll for any reason. See #5 above for information about

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the disenrollment timing.

In the FIDA-IDD demonstration, voluntary disenrollments are processed by the Enrollment Broker consistent with the Medicare-Medicaid Enrollment and Disenrollment Guidance, including the state-specific Appendix 5, the Contract between the State and the Enrollment Broker, and other guidance documents specifying State approved Enrollment Broker policies and procedures. Voluntary Disenrollment requests, both written and oral, submitted directly to the Enrollment Broker are confirmed orally and in writing by the Enrollment Broker. A FIDA-IDD Participant may request to be disenrolled from the FIDA-IDD plan in any month, with or without a reason. When a Participant requests to disenroll and was enrolled in the OPWDD 1915(c) Comprehensive Waiver the Plan is required to contact the DDRO/OPWDD to ensure a safe transition and the continuity of OPWDD 1915(c) comprehensive waiver services.

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

We clarify that “If a legal representative signs the request for the individual, then he or she must attest to having the authority under State law to do so, and confirm that a copy of the proof of court-appointed legal guardian, durable power of attorney, or proof of other authorization required by State law that empowers the individual to effectuate a disenrollment request on behalf of the applicant is available and can be presented upon request to CMS” and NYSDOH or its enrollment broker.

### **19. Required Involuntary Disenrollment – *This section supplements and clarifies the requirements of §40.2 of the MMP Enrollment and Disenrollment Guidance.***

There are two types of Involuntary Disenrollment: Required and Discretionary. Required Involuntary Disenrollment follow the occurrence of a triggering event. Discretionary Involuntary Disenrollments are disenrollments that the FIDA-IDD Plan, under very limited circumstances, can ask the Contract Management Team (CMT) to authorize but the decision is solely up to the discretion of the CMT. The CMT includes staff from NYSDOH, OPWDD, as well as staff from CMS regional and central offices.

#### **A. Required Involuntary Disenrollments– Grounds and Process.** The State **must** disenroll a FIDA-IDD Participant in the following cases:

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- 1) A change in residence to a location outside the plan service area, including incarceration, makes the individual ineligible to remain enrolled in the FIDA Plan (§40.2.1);
- 2) The Participant is temporarily absent from the plan service in excess of six months;
- 3) The Participant loses entitlement to either Medicare Part A or Part B (§40.2.2);
- 4) The Participant loses Medicaid eligibility or additional State-specific eligibility requirements (§40.2.3);
- 5) The Participant dies (§40.2.4);
- 6) The FIDA Plan's contract with CMS is terminated, or the FIDA Plan reduces its service area to exclude the Participant (§40.2.5); or
- 7) The individual materially misrepresents information to the FIDA Plan regarding reimbursement for third-party coverage (§40.2.6), as determined by the CMT.
- 8) The individual is not lawfully present in the United States

In the event that the FIDA-IDD Plan is aware of the occurrence of 1-6 & 8, the FIDA-IDD Plan must complete the action steps outlined below and in the MMP Enrollment and Disenrollment Guidance to confirm the information and then must submit the disenrollment request to NYMC. NYMC will process these involuntary disenrollment requests and send the Participant notice M16. In the event that the FIDA-IDD Plan suspects the occurrence of 7, the FIDA-IDD Plan must contact the CMT for review. Upon completing its review, the CMT will notify NYMC of its decision and instruct NYMC whether to disenroll the Participant. If the CMT instructs NYMC to disenroll, the Participant will receive notice M16.

### **B. Discretionary Involuntary Disenrollments – Grounds and Process.**

At its option, the FIDA - IDD Plan may also request CMT approval of an involuntary disenrollment of a Participant for one of the reasons below. These are not required involuntary disenrollments and instead are at the discretion of the Contract Management Team (CMT). The request for a discretionary involuntary disenrollment may be made to the CMT in the following circumstances:

- 1) The Participant engages in conduct or behavior that seriously impairs the FIDA or FIDA-IDD Plan's ability to furnish Covered Items and Services to either the Participant or other participants.
- 2) The Participant provides fraudulent information on a FIDA-IDD Demonstration Enrollment Form or the Participant willfully misuses or permits another person to misuse the Participant's ID card.
- 3) The Participant knowingly fails to complete and submit any necessary consent or release allowing the FIDA-IDD Plan and/or Providers to access necessary health care and service information.

Discretionary Involuntary Disenrollment Requests to the CMT must be made to the FIDA-IDD

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Plan's Monitoring and Oversight Coordinator, who will forward the request to all CMT members. The CMT will, for review of discretionary involuntary disenrollment requests, include CMS Central Office (including MEAG), OPWDD, and NYSDOH FIDA-IDD program leadership representation for both policy and clinical issues. The CMT will, using its discretion, determine whether the Participant may be involuntarily disenrolled. In the event that the CMT authorizes an involuntary disenrollment, the CMT will notify the FIDA-IDD Plan and NYMC. NYMC will send a confirming notice M16, which will include the Participant's rights to request a fair hearing to challenge the determination regarding his/her continued participation. In the event that the CMT denies the discretionary involuntary disenrollment, the Plan will be instructed to send notice P5.

The Enrollment Broker will process the Disenrollment and may provide assistance to the Participant in securing alternative coverage. Termination of a Participant's coverage shall take effect at 11:59 p.m. on the last day of the month following the month the Disenrollment is processed.

### **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 the FIDA-IDD Plan has reason to believe that a Participant has moved, the FIDA-IDD Plan shall send a notice (P2) to the Participant requesting a confirmation of address.

If the Participant responds to confirm his/her new residence address, the FIDA-IDD Plan shall instruct the Participant to make an address change request with the Social Security Administration. If the newly reported address is within the FIDA-IDD Plan's service area, the FIDA-IDD Plan will not submit a required involuntary disenrollment request to NYMC. If the newly reported address is outside the FIDA-IDD Plan's service area, the FIDA-IDD Plan will request a required involuntary disenrollment. If the newly reported address is outside the FIDA-IDD Plan's service area of NYMC but within the FIDA-IDD program's service area, the FIDA Plan will request a required involuntary disenrollment and will also contact NYMC so that a new FIDA Plan may be offered to the individual.

If the Participant does not respond to the request to confirm a new address, the FIDA-IDD Plan should attempt additional contact to determine the Participant's address. However, if after six months, there has been no contact, the FIDA-IDD Plan must request an involuntary disenrollment of NYMC for the Participant being out of the service area for six months or more.

### **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.***

In the event that the letter is returned as undeliverable, the FIDA-IDD Plan shall reach out to the Participant's designated contact, known family members, providers, and IDT members prior to submitting a request to NYMC to involuntarily disenroll the individual. NYMC will

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disenroll the individual as no longer residing in the service area, if after 6 months the FIDA-IDD plan has no response as to whether the Participant still resides in the service area.

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

In accordance with section 2.3.1.12 of the Three-Way Contract, the FIDA-IDD Plan must work with each Participant to ensure timely recertification of Medicaid eligibility. Section §40.2.3.2 of the MMP Guidance permits the FIDA-IDD plan to keep individuals enrolled during a short term loss of Medicaid eligibility as long as the FIDA-IDD plan continues to cover the full FIDA-IDD benefit package.

New York State operates an eligibility system called the Welfare Management System (WMS) called for by N.Y. SOS. Law § 21 which receives, maintains and processes information relating to persons who have applied for or been determined eligible for benefits under any program supervised by the NYSDOH, including Medicaid. In order to reduce the incidence of avoidable coverage loss WMS is programmed to pend the Medicaid disenrollment of any Participant for approximately 90 days (3 pull-downs) from the date he/she lost Medicaid eligibility due to failure to recertify. Accordingly, the WMS system does not trigger an involuntary disenrollment from a Managed Care Organization (MCO) until at least 3 pull-downs (approximately 90 days) have passed since the individual lost Medicaid eligibility.

During this time period, the FIDA-IDD plan continues to be obligated to provide the individual with full Medicare and Medicaid benefits guaranteed under the three-way contract. If the individual fails to properly recertify during the 3 pull-down period, his/her involuntary disenrollment date will be the last day of the month in which the third pull-down occurred. However, the loss of eligibility for plan capitation payments will be retroactive to the redetermination date. Therefore, although the individual has full coverage, the plan will not receive Medicaid capitation payments for the full months of coverage after the recertification date. The FIDA-IDD plan will receive and will retain all Medicare capitation payments.

In most circumstances, the Medicaid capitation payments will stop after the individual's redetermination date. In the rare instance where an individual is enrolled into an MCO with a coverage effective date after the date on which he/she failed to recertify, and then fails to recertify within the three pull-down period, the Medicaid capitation payments will stop after the first capitation payment after the individual's redetermination date. Under this policy, MCOs who elect to offer this period of deemed continuous eligibility are at financial risk for up to three months of Medicaid coverage in circumstances where the recertification date is after the first coverage effective date and for up to two months of coverage in circumstances where the recertification date is before the first coverage effective date.

In summary, if recertification is not successfully completed within the three pull-down (approximately 90 day) period, the FIDA-IDD plan will not receive or be entitled to any Medicaid

## **Appendix 5: State Specific Enrollment and Disenrollment Guidance for the FIDA Intellectual and Developmental Disabilities (IDD) Demonstrations**

capitation payments received the original recertification date (subject to the caveat above about circumstances where the redetermination date falls prior to the first effective date of coverage) but must hold the participant harmless and may not collect repayments from any providers. However, if recertification is successfully completed within the three pull-down (approximately 90 day) period, the enrollment will be honored by the plan and the FIDA-IDD plan will be entitled to full Medicaid capitation payments those months.

If the FIDA-IDD Plan exercises this option, it will be required to administer it to all participants on an equal and nondiscriminatory basis. The FIDA-IDD plan must notify NYMC by January 20 of each year regarding the option the plan has selected for that year. The enrollment broker will process involuntary FIDA-IDD plan disenrollments effective the end of the month during which the participant lost Medicaid eligibility, or at the end of the calendar month in which the third pull-down (approximately 90 days) after the participant lost Medicaid eligibility falls, according to the plan election. The FIDA-IDD plan may change their election annually. If the FIDA-IDD Plan elects not to maintain coverage for Participants during the 3 pull-down period (approximately 90 days) they will be required to notify the enrollment broker of any Participant that has lost Medicaid eligibility for failure to recertify and to request his/her involuntary disenrollment.

Individuals who have been involuntarily disenrolled for loss of Medicaid eligibility and have subsequently reestablished Medicaid eligibility and who wish to be enrolled in the FIDA-IDD Plan again must submit a new enrollment request following the enrollment process outlined in #1 above and, if determined eligible, will be enrolled for a prospective enrollment effective date.

Finally, in accordance with section 2.3.1.12 of the Three-Way Contract, the FIDA-IDD plan is contractually obligated to ensure completion and timely submission of the recertification application. For residents of Bronx, Kings, New York, Queens, and Richmond counties, the recertification due date clock is stopped once the recertification application is received by the Medicaid eligibility determination case-worker. If a recertification application has been received and an eligibility redetermination is subsequently not issued by the end of the authorization period, an automated process extends Medicaid coverage for two months from the previous authorization period (Graus Extension). For residents of Nassau, Suffolk and Westchester counties, if the recertification application has been received before the case is closed but eligibility redetermination is not complete by the end of the authorization period, the District of Fiscal Responsibility will extend coverage for one or two months, at the District's discretion, to provide time to complete the redetermination. The FIDA-IDD plan will continue to receive capitation payments during these extension periods and these periods are not subject to the three pull-down (approximately 90-day) policy described above.

### **23. Disruptive Behavior** - *This section supplements and clarifies the requirements of §40.3.1 of the MMP Enrollment and Disenrollment Guidance.*

The FIDA-IDD Plan can request an involuntary disenrollment due to disruptive behavior in

## **Appendix 5: State Specific Enrollment and Disenrollment Guidance for the FIDA Intellectual and Developmental Disabilities (IDD) Demonstrations**

accordance with the process outlined in Section 2.3.3.10.1 of the FIDA-IDD Three-Way Contract. This will be done by contacting the CMT or IDT and submitting the information or evidence that forms the basis of the FIDA Plan's opinion that the Participant's behavior has been disruptive. Before the FIDA-IDD Plan can ask the CMT or IDT for an involuntary disenrollment due to disruptive behavior, Section §40.3.1 requires that the FIDA-IDD Plan provide the Participant with a chance to cure the disruptive behavior and at least 3 notices. The first required notice (Advance Notice) must give a reasonable timeframe within which the Participant must correct his/her disruptive behavior before the Plan can send the Participant the second required notice (Notice of Intent to Request Disenrollment) and submit the involuntary disenrollment request to the CMT or IDT. These first two notices are P3 and P4. These will be sent by the plan. If the CMT or IDT approves the request, an involuntary disenrollment notice will be sent. This notice is M16. This notice will be sent by NYMC. If this CMT or IDT denies the request, the Plan will be instructed to send the Involuntary Disenrollment Denial Notice (P5).

Instead of the request being reviewed first by NYSDOH and then by CMS, the request will be jointly reviewed by the CMT which, for these reviews, will include CMS Central Office and NYSDOH FIDA Program leadership representation for both policy and clinical issues.

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

The Plan, CMS, OPWDD, or NYSDOH may ask the CMT to consider a disenrollment request for material misrepresentation regarding third-party reimbursement. This is done by contacting the CMT and submitting the information or evidence that forms the basis of the belief that there has been a Material Misrepresentation. If approved, the timing of disenrollment shall be specified by the CMT or IDT for FIDA-IDD, which, for these reviews, will include CMS Central Office, OPWDD, and NYSDOH FIDA-IDD program leadership representation for both policy and clinical issues.

### **25. Fraud and Abuse** - *This section supplements and clarifies the requirements of §40.3.2 of the MMP Enrollment and Disenrollment Guidance.*

The Plan, CMS, OPWDD, or NYSDOH may propose an involuntary disenrollment for Fraud and Abuse. This is done by contacting the CMT or IDT for FIDA-IDD and submitting the information or evidence that forms the basis of the belief that there has been Fraud or Abuse. If approved, the timing of disenrollment shall be specified by the CMT or IDT, which, for these reviews, will include CMS Central Office, OPWDD, and NYSDOH FIDA-IDD program leadership representation for both policy and clinical issues.

**Appendix 5: State Specific Enrollment and Disenrollment Guidance for the FIDA Intellectual and Developmental Disabilities (IDD) Demonstrations**

**Exhibit to Appendix 5: Inventory of New York Specific Enrollment Notices**

**Inventory of Enrollment Notices:**

**2. Notices to be sent by NYMC (TENTATIVE LIST):**

- AA – FIDA-IDD Announcement Letter (Heads Up)
- BB – FIDA-IDD Enrollment Cancellation Notice
- BC – FIDA-IDD Voluntary Enrollment Confirmation
- BD – FIDA-IDD Voluntary Disenrollment
- BF – FIDA-IDD Enrollment Denial Notice
- BH – FIDA-IDD Voluntary Disenrollment Cancellation
- BI – FIDA-IDD Involuntary Disenrollment Confirmation
- BM – FIDA-IDD Voluntary Enrollment Pended Missing Information Letter
- BP – FIDA-IDD Enrollment Packet Request Cover Letter (includes FIDA-IDD brochure, Enrollment Form)
- FIDA-IDD Trifold Brochure
- BU – FIDA-IDD Voluntary Enrollment Pending Employee, Union Member Notice
- FIDA-IDD Enrollment Form

***There may be some additional, ad-hoc notices issued as situations demand.***

**2. Notices to be sent by FIDA-IDD Plan:**

- P1 – Welcome Letter (NY-Specific version of Exhibit 5a and 5b)
- P2 – Model Notice to Research Potential Out of Area Status – Address Verification Form included (NY-Specific version of Exhibit 30)
- P3 – Advance Notice of Disruptive Behavior
- P4 – Notice of Request for Involuntary Disenrollment Due To Disruptive Behavior
- P5 – Involuntary Disenrollment Denial Notice