

Appendix 5: Rhode Island Specific MMP Enrollment and Disenrollment Guidance

This document defines Rhode Island specific Enrollment/Disenrollment Requirements where there are differences from the national [MMP Enrollment and Disenrollment Guidance as published by CMS on August 2, 2018](#).

1. **Rhode Island Executive Office of Health and Human Services (EOHHS) Eligibility Requirements for Enrollment in the MMP** – *This section supplements and clarifies the requirements of § 10 of the MMP Enrollment and Disenrollment Guidance.*

Enrollment in the MMP will be limited to individuals who meet all of the following criteria:

- Age 21 or older at the time of enrollment;
- Permanently reside in the State of Rhode Island;
- Entitled to Medicare Part A, enrolled in Medicare Part B, and eligible to enroll in Medicare Part D; and are
- Receiving full Medicaid benefits, including: long-term nursing facility residents; individuals with intellectual and developmental disabilities (IDD); individuals with severe and persistent mental illness (SPMI); individuals eligible for long-term services and supports (LTSS) in the community; individuals residing in the community without LTSS needs; and individuals with End Stage Renal Disease (ESRD).

The following populations are not eligible for enrollment in the MMP:

- Medicare beneficiaries who are not eligible for full Medicaid benefits, including Qualified Medicare Beneficiaries (QMBs), Specified Low-Income Beneficiaries (SLMBs), and Qualifying Individuals (QIs);
- Individuals with “partial” Medicare benefits (Part A only or Part B/D only);
- Individuals who are required to “spend down” income in order to meet Medicaid eligibility requirements and who are not eligible for LTSS in a nursing facility;
- Individuals residing at Tavares, Eleanor Slater, or an out-of-state hospital;
- Individuals eligible for the Medicaid Buy-In Program for Working People with Disabilities (known as the “The Sherlock Plan” in Rhode Island);
- Individuals who are in hospice as of the effective enrollment date. Enrollees who elect hospice care while enrolled in an MMP can remain in the MMP; and
- Individuals who are living out of the state for six consecutive months or longer (e.g., an individual who is admitted to an out-of-state nursing facility for more than six months).

Individuals enrolled in the Program of All-Inclusive Care for the Elderly (PACE) may elect to enroll and participate in the Demonstration if they choose to disenroll from PACE. Enrollment in the MMP will automatically disenroll an individual from his or her current PACE plan.

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2. **Elections and Effective Dates** – *This section clarifies the options available to eligible beneficiaries that are listed in § 20 of the MMP Enrollment and Disenrollment Guidance.*

On an ongoing (i.e., month to month) basis, individuals who meet the criteria for enrollment in the MMP may:

- Disenroll from RI Medicaid Fee-For-Service by enrolling in the MMP,
- Disenroll from Original Medicare by enrolling in the MMP,
- Disenroll from a Medicare health or drug plan by enrolling in the MMP,
- Disenroll from a PACE organization by enrolling in the MMP,
- Disenroll from the MMP by enrolling in Original Medicare (beneficiary will be required to enroll in a Rhody Health Options plan for their Medicaid services),
- Disenroll from the MMP by enrolling in a Medicare health or drug plan, or
- Disenroll from the MMP by enrolling in RI Medicaid Fee-for-Service. (see Section 12 of this Appendix).

Further, the Medicare-Medicaid Plan Enrollment Line will accept and process enrollment and disenrollment requests during normal business hours, Monday-Friday, 8:30am – 7:00pm Eastern Standard Time, Saturday, 9:00am-12:00pm (noon) Eastern Standard Time. The Medicare-Medicaid Plan Enrollment Line has TTY capabilities to support people with speech and hearing impairments.

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

Rhode Island’s cut-off date for accepting opt-in (i.e. beneficiary initiated) enrollments is the tenth (10th) calendar day of the month for coverage to be effective on the first calendar day of the next month. Enrollment requests that are initially received on or before the tenth calendar day of the month will be effective on the first calendar day of the next month. Enrollment requests initially received on the eleventh calendar day of the month or later (11th – last calendar day of the month) will take effect on the first day of the second month after the request was received.

4. **Effective Date of Voluntary Disenrollment** – *This section supplements and clarifies the requirements of § 20.3 of the MMP Enrollment and Disenrollment Guidance.*

Individuals have until the last calendar day of the month to request disenrollment. Requests to disenroll from the MMP will be accepted at any point after an individual’s initial enrollment occurs and are effective on the first calendar day of the month following receipt of the request. Individuals may call the Medicare-Medicaid Plan Enrollment Line to request disenrollment, but may also request disenrollment directly by calling 1-800-MEDICARE, or by enrolling directly in a new Medicare Advantage or Medicare prescription drug plan.

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

The MMP may not accept enrollment, disenrollment, or opt-out requests directly from individuals or process such requests itself. The MMP must refer individuals who would like to submit an enrollment, disenrollment, or opt-out request to the Medicare-Medicaid Plan Enrollment Line. The MMP may also refer individuals to 1-800-MEDICARE for assistance. The State is not delegating enrollment activities to the MMP.

The State is delegating the development, printing, and mailing of the following Exhibits to the MMP:

- **Exhibit 5a:** MMP Welcome Letter for Passively Enrolled Individuals
- **Exhibit 5b:** MMP Welcome Letter for Individuals Who Opt-In

The State will use a combined acknowledgment/confirmation notice of enrollment instead of separate acknowledgement (i.e., that request is received) and confirmation (i.e., that request is successfully processed) notices (Exhibit 4).

6. Format of Enrollment Requests – *This section supplements and clarifies the requirements of § 30.2 of the MMP Enrollment and Disenrollment Guidance*

The State will accept paper enrollment requests and telephonic enrollment requests through the Medicare-Medicaid Enrollment Line. Potential enrollees are strongly encouraged to enroll over the phone in order to ensure they are properly educated about all of their Medicare and Medicaid coverage options and to avoid potential delays in processing their enrollment due to missing information.

7. Enrollment via the Internet – *This section supplements and clarifies the requirements of § 30.2.2 of the MMP Enrollment and Disenrollment Guidance*

Enrollment via the internet is not available for MMPs in Rhode Island.

8. Enrollment via the Telephone – *This section supplements and clarifies the requirements of § 30.2.3 of the MMP Enrollment and Disenrollment Guidance*

Enrollment may be completed via an outbound call when, during the course of an outbound call to a beneficiary made the state or by a Demonstration representative for the purpose of outreach and education, the individual or his/her authorized representative expresses a desire to enroll in the MMP.

9. Passive Enrollment – *This section supplements and clarifies the requirements of § 30.2.5 of the MMP Enrollment and Disenrollment Guidance*

- **Individuals Subject to Passive Enrollment** – *Supplement to §30.2.5 A. of the MMP Enrollment and Disenrollment Guidance*

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Rhode Island may offer passive enrollment into the MMP for eligible individuals. 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.

- **4Rx Data** – *Supplements to §30.2.5 O. of the MMP Enrollment and Disenrollment Guidance*

The State will include 4Rx data, if available from the MMP, on the TC 61 enrollment transactions sent to CMS.

- 10. Incomplete Enrollment Requests** – *This section supplements and clarifies the requirements of § 30.3.2 of the MMP Enrollment and Disenrollment Guidance.*

The State will notify individuals in writing when an enrollment request is incomplete. Individuals with incomplete enrollment requests will be instructed to contact the Medicare-Medicaid Plan Enrollment Line within the allowable timeframes to complete the enrollment request.

- 11. ESRD and Enrollment** – *This section supplements and clarifies the requirements of § 30.3.4 of the MMP Enrollment and Disenrollment Guidance.*

Individuals with End-Stage Renal Disease (ESRD) may enroll in the Demonstration and will not be excluded from passive enrollment on the basis of their ESRD status.

- 12. 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 the MMP to receive Medicare services from another Medicare plan or original Medicare. Individuals who voluntarily disenroll from the MMP will receive their benefits through RI Medicaid Fee-For-Service. Individuals can then enroll in any other Medicaid delivery system for which they qualify, including PACE, subject to the enrollment and disenrollment procedures for those programs.

Individuals will be directed to call the Medicare-Medicaid Plan Enrollment Line to request disenrollment from the MMP. They may also request disenrollment by calling 1- 800-MEDICARE or by enrolling directly into a new Medicare Advantage or Medicare prescription drug plan. The State will reconcile any retroactive enrollment changes.

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

The State may not create the optional disenrollment form. Individuals, or their legal representatives, will be able to disenroll by calling the Medicare-Medicaid Plan

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Enrollment Line. A person can also receive disenrollment assistance from a SHIP counselor or from the Demonstration Ombudsman.

If a paper disenrollment request is received, the Medicare-Medicaid Plan Enrollment Line will process it. They will conduct an outreach call to confirm the beneficiary intended to disenroll, but the Medicare-Medicaid Plan Enrollment Line will still process the disenrollment within required timeframes even if the call is not completed (e.g., person cannot be reached, person unable to communicate with the Enrollment Line, person cannot be verified as an authorized representative of the Enrollee).

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

Individuals who are disenrolled will receive their Medicaid benefits through RI Medicaid Fee-For-Service if they retain Medicaid eligibility.

15. Optional Period of Deemed Continued Eligibility Due to Loss Medicaid Eligibility – *This section supplements and clarifies the requirements of § 40.2.3.2 of the MMP Enrollment and Disenrollment Guidance.*

In Rhode Island, the MMP is not permitted to provide a two-month period of deemed continued eligibility for individuals who lose Medicaid eligibility. Individuals who lose Medicaid eligibility will be involuntarily disenrolled from the MMP as of the last calendar day of the month in which Medicaid eligibility ends.