APPENDIX F

Guidelines for the Processing of Medicare Platino Enrollments and Disenrollment

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This appendix is intended to provide general guidelines for the processing of Medicare Platino Enrollments and Disenrollments established by the Puerto Rico Health Insurance Administration (PRHIA) Known in Spanish as Administración de Seguros de Salud or by its acronym "ASES" and the Medicare Advantage Organizations (MAOs) for the processing of Medicare Platino enrollments and disenrollments. Eligibility shall be determined according to Medicare Modernization Act; Article VI, Section 5 of Law 72 of September 7, 1993 as amended and any other applicable federal laws and regulations governing eligibility requirements for dual eligible to Medicare and Medicaid Programs.

I. Introduction
   a. Effective January 1, 2006, the Medicare Platino Project will allow persons eligible to the Medicaid Program with Medicare A&B coverage to enroll in Medicare Advantage (MA) Plans with Prescription Drug coverage under the Medicare Modernization Act.
   b. This document describes the modifications to the present systems and procedures to allow for the implementation of the Medicare Platino Project. It documents the handling of information between PRHIA and the MAO's that participate in Medicare Platino.

II. Enrollment Process
   a. The certification of eligible beneficiaries into the Medicaid Program is performed in the offices of the "Programa de Asistencia Medica" (PAM). Once certified the eligible family's data is sent electronically to the PRHIA, which will make it, available to the MAO's in the enrollment process. The MAO's will enroll and provide medical services to the beneficiaries through their provider networks.

   b. Medicare Platino Enrollment Process.

      i. **Query** – The MAO must send a query record to PRHIA to verify if the beneficiary is Medicaid eligible.
      ii. **Query Response** – PRHIA processes the query record and send back a return record. This record includes information pertaining to Medicaid eligibility, Medicaid status (Federal or local), and the data elements that identify the beneficiary in the PRHIA database.
      iii. **Enrollment** – If the beneficiary is Medicaid eligible the MAO completes an Enrollment record that includes the data pertaining to the Plan in which the beneficiary is enrolled.
      iv. **Enrollment Update in PRHIS** - PRHIA will edit the data in the electronic enrollment record upon receipt and update

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its database to indicate that the beneficiary is enrolled in Medicare Platino. A file (daily eligibility file) containing the data identifying the Beneficiary as enrolled in Medicare Platino is sent to the MAO.

v. **Rejected Enrollments** – Any Enrollments records found to have data errors are returned to the MAO for correction.

III. MAO's responsibilities

a. MAO (The Contractor) shall advise potential enrollees, in written materials related to enrollment, to verify, with the medical services providers they prefer, or have an existing relationship with that such medical services providers participate in the selected managed care provider's network and are available to serve the participant.
b. MAO will inform beneficiaries of the right to confidential face-to-face enrollment counseling and will make confidential face-to-face sessions available upon request.
c. For enrollments made during face-to-face counseling, if the participant has a preference for particular medical services providers, enrollment counselors shall verify with the medical services providers that such medical services providers whom the participant prefers participate in the MAO's network and are available to serve the participant.
d. The Contractor is responsible for assisting eligible persons eligible for enrollment in a Medicare Platino Program to complete the enrollment application. The Contractor will submit plan enrollments to PRHIA, within a maximum of five (5) business days from the day the enrollment is received by the Contractor (unless otherwise agreed to by PRHIA).
e. The Contractor is responsible for obtaining documentation of Medicare A and B coverage prior to sending the enrollment transaction to the PRHIA for processing. Acceptable documentation includes: a current Medicare card or other documentation acceptable to CMS or received by the Contractor from interaction with CMS's data system.
f. The Contractor must notify new enrollees of their effective date of enrollment. To the extend practicable, such notification must precede the effective date of enrollment. This notice must also include a statement advising the individual that if his/her Medicare Platino Program enrollment is denied by CMS, the individual's Medicare Platino Program enrollment will be voided retroactively back to the effective date of enrollment. In such instances, the individual may be responsible for the cost of any Medicare Platino Program Benefit rendered during the retroactive period if the benefit was provided by a non-Medicare participating provider.

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g. **The Contractor must report any changes in status for its enrolled members to PRHIA within the five (5) business days of learning of CMS' rejection of the enrollment. This includes, but is not limited to, factors that may impact Medicare or Medicare Platino Program eligibility such as address changes, incarceration, third party insurance other than Medicare, disenrollment from the Contractor's Medicare Platino Program Product, etc.**

h. If an Enrollee's enrollment in the Contractor's Medicare Platino Program Product is rejected by CMS, the Contractor must notify the PRHIA within five (5) business days of learning of CMS rejection of the enrollment. In such instances, the PRHIA shall delete the Enrollee's enrollment in the Contractor's Medicare Platino Program Plan.

i. The Contractor shall advise potential Enrollees, in written materials related to enrollment, to verify with the medical services providers they prefer, or have an existing relationship with, that such medical service providers participate in the Contractor's provider network and are available to serve the participant.

j. **The contracted Platino MAO's must have the system's capacity to:**

   i. Integrate the data in the eligibility file which PRHIA will send daily.

   ii. Produce and send electronically to PRHIA Query files as described above.

   iii. Produce and send electronically to PRHIA Enrollment files as described above.

   iv. Correct and re submit electronically rejected Enrollment records.

   v. Identify in the daily eligibility files those beneficiaries that have lost PRHIA coverage because of cancellation and have procedures in place to contact the beneficiary before modifying his Platino coverage. The MAO must ascertain the cause of the cancellation and take the required actions in coordination with the beneficiary.

   vi. Identify in the daily eligibility files those beneficiaries that have enrolled in a different Platino Plan or have returned to the PRHIA Plan (Mi Salud).

IV. ***PAM and PRHIA Responsibilities***:

a. PAM and PRHIA are responsible for monitoring MAOs program activities to ensure compliance with the CMS and State's policies and procedures.

b. According to CMS requirements, PRHIA reviews and approves proposed enrollment materials before MAO's publishing and disseminating or otherwise using the materials.

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V. ***PAM Responsibilities***:

a. Each PAM's municipality office determines dually eligibility for Medicare Platino Program.

b. PAM will provide pre-enrollment information to Medicare Platino Program, consistent with Social Security Act. PAM must inform dually eligible beneficiaries of the availability of Medicare Platino Program, its products, the scope of services covered by each, and that enrollment is voluntarily.

VI. **Disenrollment:**

a. Enrollees may request to disenroll from the Contractor's Medicare Platino Program at any time for any reason. Disenrollment requests must be made by enrollees to the Contractor.

b. Enrollees may initiate a request from an expedited disenrollment to the Contractor. Contractor will expedite the disenrollment process in those cases where an enrollee's request for disenrollment involves concurrent disenrollment from the Contractor's Medicare Platino Program, an urgent medical need, a complaint of a non-consensual enrollment.

c. Unless otherwise specified in Appendix F, disenrollment requests will be processed by the ASES to take effect on the first (1st) day of the first month following the month in which the Enrollee requested said disenrollment. Special Enrollment/Disenrollment Periods are January to March, April to June, and July to September. If ASES fails to make a disenrollment determination within timeframes specified above, the disenrollment is considered approved.

d. The Contractor will disenroll Enrollees automatically upon death, disenrollment from the Contractor's Medicare Platino Product, or loss of Medicaid eligibility. All such disenrollments will be effective at the end of the month in which the death, effective date disenrollment from Contractor's Medicare Platino, or loss of eligibility occurs, or at the end of the last month of guaranteed eligibility, where applicable.

e. The Contractor will promptly disenroll an Enrollee whose manage care eligibility or status changes such that he/she is deemed by the Contractor to no longer be eligible for Medicare Platino enrollment. The Contractor will provide Enrollees with a notice of their right to request a hearing.

f. The retroactively disenrollments are to be used only when necessary. Circumstances warranting a retroactive disenrollment are rare an include when an individual is enrolled when ineligible for enrollment, or when an Enrollee enters or resides in a residential institution under circumstances which render the individual ineligible; is incarcerated; is retroactively disenrolled from Contractor's Medicare Advantage Product, or dies – as long as the

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Contractor was not at risk for provision of Benefit Package services for any portion of the retroactive disenrollment prior to the action.

g. In all cases of retroactive disenrollment, including disenrollments effective the first day of the current month, it is the Contractor's responsibility to submit to PRHIA voided premium claims for the provision of Benefit Package services during the month. However, failure by the PRHIA to notify the Contractor does not affect the right of the PRHIA to recover the premium payment as authorized by Section 3.6 of this Agreement.

h. Generally, the effective dates of disenrollment are prospective. Effective dates for other than routine disenrollments are described below:

Reason for Disenrollment	**Effective Date of Disenrollment**
Death of Enrollee	First day of the month after death
Incarceration	First day of the month after incarceration
Enrollee enters or stated in a residential institution under circumstances which rendered the individual ineligible for enrollment in Medicare Advantage, including when an Enrollee is admitted to the hospital that 1) is certified by Medicare as a long-term care hospital and 2) has a average stay for all patients greater than ninety-five (95) days.	First day of the month after following entry or first day of the month following classification of the stay as permanent, subsequent to entry.
Individual enrolled while ineligible for enrollment	Effective Date of Enrollment in the Contractor's Plan.
Move by Enrollee	Since the contract covers all regions on the island, any move within the island has no impact for purposes of this contract.
(PR) – Enrollee moved outside of Puerto Rico	First day of the month after the update of the system with the new address.

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i. In those instances where CMS approves the Contractor's request to disenrollment an enrollee, and the Enrollee requests a fair hearing, the Contractor will continue to keep the enrollee in the plan until the disposition of the fair hearing.

j. CMS will review each Contractor requested disenrollment in accordance with the provisions of **Section 7.8 of this Agreement**.

k. CMS shall establish procedures whereby the Contractor refers cases which are appropriate for a CMS-initiated disenrollment.

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VII. ***MAO Responsibilities:***

a. In those where the Contractor directly receives disenrollment forms, the Contractor will forward these disenrollments to the PRHIA for processing within five (5) business days.

b. The Contractor must accept and transmit all requests for voluntarily disenrollments from its enrollees to the PRHIA and shall not impose any barriers to disenrollment request. The Contractor may require that a disenrollment request be in writing, contain the signature of the Enrollee, and state the enrollee's correct MAO or Medicare identification number.

c. The Contractor will refer cases which are appropriate for a PRHIA initiated disenrollment. This includes, but is not limited to, changes in status for its enrolled members that may impact eligibility for enrollment in an MAO such as address changes, incarceration, death, ineligibility for Medicare Advantage enrollment, change in Medicare status, etc.

d. With respect to Contractor-initiated disenrollments:

   i. The Contractor initiative an involuntary disenrollment if the Enrollee:

      1. engages in conduct or behavior that seriously impairs the Contractor's ability to furnish services to either the enrollee or the other enrollees, provided that the Contractor has made and documented reasonable efforts to resolve the problems presented by the Enrollee; or
      2. provides fraudulent information on an enrollment form or permits abuse of an enrollment card except when the Enrollee is no longer eligible for Medicare and is in his/her Guaranteed Eligibility period.

   ii. The Contractor may not request disenrollment because of an adverse change in the enrollee's health status, or because of enrollee's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from the enrollee's special needs (except where continued enrollment in the Contractor's plan seriously impairs the Contractor's ability to furnish services to either the enrollee or other enrollees).

e. The Contractor must make a reasonable effort to identify for the enrollee, both verbally and in writing, those actions of the Enrollee that have interfered with the effective provision of covered services as well as explain what actions or procedures are acceptable.

f. The Contractor shall give prior verbal and written notice to the enrollee of its intent to request disenrollment.

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g. The Contractor shall keep the PRHIA informed of decisions related to all complaints filed by an enrollee as a result of, or subsequent to, the notice of intent to disenrollment.
h. The Contractor will not consider an Enrollee disenrolled without confirmation from the PRHIA

VIII. **Expedited Disenrollments**

a. Enrollees may request an expedited disenrollment if they have an urgent medical need to disenroll, if they were non-consensually enrolled in a managed care plan, are disenrolling from the Contractor's Medicare Platino Product. Individuals who request to be disenrolled from managed care based on their documented **HIV, ESRD, or SPMI/SED** status are categorically eligible for an expedited disenrollment based on urgent medical need.
b. The Effective date of Disenrollments resulting from expedited processing are as follows:

Reason for Disenrollment	**Effective Date of Disenrollment**
Urgent medical need	First day of the next month after determination except where medical need requires an earlier disenrollment
Non-consensual enrollment	Retroactive to the first of the month of enrollment
Disenrollment from the Contractor's Medicare Platino	Concurrent with the Effective Date of Disenrollment from the Contractor's Medicare Advantage Product

Electronic transactions informing Disenrollment to PRHIA Systems

c. Presently disenrollment in the PRHIA system is done when the beneficiary enrolls in a different Platino Plan or when he/she returns to the PRHIA (Mi Salud) Plan. When the Enrollment transaction into the new Plan is processed, the Beneficiary is disenrolled from the previous Platino Plan.
d. Upon installation of the new systems environment in PRHIA the Online system will acquire the capability of processing disenrollment transactions.
e. Once the new system is implemented the MAO's contracted will be required to enter a disenrollment transaction in the PRHIA Online system.

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