



Alternative Benefit Plan

OMB Control Number: 0938-1148

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Attachment 3.1-L-

Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act ABP2b

These assurances must be made by the state/territory if the ABP Population includes any eligibility groups other than or in addition to the Adult eligibility group.

When offering voluntary enrollment in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent), prior to enrollment:

- The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
- The state/territory assures it will effectively inform individuals who voluntary enroll of the following:
 - a) Enrollment is voluntary;
 - b) The individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to full standard state/territory plan coverage;
 - c) What the process is for disenrolling.
- The state/territory assures it will inform the individual of:
 - a) The benefits available under the Alternative Benefit Plan; and
 - b) The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.

How will the state/territory inform individuals about voluntary enrollment? (Check all that apply.)

- Letter
- Email
- Other:

Describe:

All HIP Link enrollees must make two distinct opt-in choices to enroll in HIP Link: (1) the HIP Link enrollee must have requested HIP Link as their coverage option and (2) the HIP Link enrollee must separately enroll with the employer in a HIP Link eligible health plan by completing the employer's enrollment paperwork. This opt in process for HIP Link is the same for populations that cannot have mandatory enrollment into an ABP including low income parents and caretakers, low income 19 and 20 year olds, individuals eligible for transitional medical assistance, and pregnant women who elect to stay in HIP Link at their annual redetermination.

Enrollment for these voluntary applicants follows the same process as described in ABP 2(a). The voluntary enrollment process is the same for all members enrolling into HIP Link. Members with these eligibility types can be distinguished when the member calls to request a transfer to HIP Link. When requesting a transfer these members will be informed that they may opt out of HIP Link at any time. Information on opting out of HIP Link is also included in the members eligibility notice, member manual, and general program FAQs. All materials and member contacts also advise the member that the enrollment broker can provide more detailed benefit information on the differences between HIP and HIP Link.

When members that are eligible for voluntary enrollment in the HIP Link ABP elect to disenroll from HIP Link they do so by contacting the Division of Family Resources utilizing the change reporting process and request to be transferred from HIP Link to HIP. The transfer is effective the first of the month following the receipt of the transfer request. The member is responsible for disenrolling from the employer sponsored insurance once the coverage is effective.



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Like all applicants and HIP members that request a transfer to HIP Link, those eligible for voluntary enrollment in the ABP will receive an eligibility notice from the state that informs them if their HIP Link eligibility was verified with their employer and if so, what their HIP Link start date is. This notice also provides information on how to access enrollment counseling for information on the differences between the HIP and HIP Link benefit packages, advises the member that individuals exempt from mandatory enrollment may transfer from HIP to HIP Link at any time, and informs the member that those age 19 and 20 will receive EPSDT benefits that includes all medically necessary 1905(a) benefits via use of the HIP Link card if these benefits are not provided under their employer health plan. Information on enrollment counseling and the ability for some groups to transfer from HIP Link to HIP at any time is also included in member materials and HIP Link marketing and informational materials accessible through the HIP Link website.

All members seeking counseling who are exempt from mandatory enrollment in ABP based on their case record, including Section 1931 low-income parents and caretakers, pregnant women, and transitional medical assistance, will receive counseling from the enrollment broker about the the differences between the individual's current HIP State Plan benefits and the benefits available under the HIP Link approved ESI as well as counseling on cost-sharing. The enrollment broker will have access to the benefit documents provided by the HIP Link approved employer health plans and the HIP Link Employer Counseling Team's plan review notes to assist them in advising the member on the differences between HIP Basic, HIP Plus, and the HIP State Plan benefits. For applicants and prospective applicants, the enrollment broker will ask basic income questions and advise individuals with income levels that may qualify them as a low-income parent and caretaker that they may be eligible for additional benefits not present in commercial coverage through the HIP State Plan benefit package if they are found eligible for those benefits in HIP. Enrollment counseling is not required for applicants or members to enroll in HIP Link, but it is an option for all prospective HIP Link enrollees including low-income parents and caretakers, transitional medical assistance, and pregnant women. Enrollment counseling continues to be available after the individual enrolls in HIP Link to help individuals decide if HIP Link remains the best coverage option. Those exempt from mandatory enrollment in an ABP can leverage ongoing enrollment counseling to support decision making around transferring from HIP Link to HIP.

In addition to the eligibility notice and enrollment counseling tailored to the benefits and cost sharing of the specific employer sponsored health plan, HIP Link members will also receive a member manual that serves as a comprehensive program guide and covers content relevant to members from eligibility, calculation of their contribution and the member prepayment schedule. The member manual includes information on the benefits in HIP Link and the potential benefit differences between their HIP Link employer plan and the benefits available in HIP. The member manual details benefits that are available to the populations exempt from mandatory enrollment in an ABP through the HIP State Plan benefit option. The member manual provides reference for the qualifying events, including becoming medically frail, that allow an individual to transfer from HIP Link back to HIP and provides a guide of how to request a transfer to HIP utilizing the change reporting process. All HIP Link members will receive a HIP Link member manual when they enroll into HIP Link.

Provide a copy of the letter, email text or other communication text that will be used to inform individuals about voluntary enrollment.

An attachment is submitted.

When did/will the state/territory inform the individuals?

Applicants and current members that request a transfer to HIP Link will receive notification on the times outlined above. Depending on the start date of their HIP Link eligible ESI, applicants may be directly enrolled into HIP Link effective the first of the month in which they receive their eligibility notice.

Please describe the state/territory's process for allowing voluntarily enrolled individuals to disenroll.

Section 1931 Parents and Caretakers, low-income 19 and 20 year olds, individuals eligible for transitional medical assistance, and pregnant women may disenroll from HIP Link at any time by contacting the Division of Family Resources and utilizing the existing change reporting process to request a transfer from HIP Link to HIP. Disenrollment for these populations will be effective the first of the month following the disenrollment request.

The state/territory assures it will document in the exempt individual's eligibility file that the individual:



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- a) Was informed in accordance with this section prior to enrollment;
- b) Was given ample time to arrive at an informed choice; and
- c) Voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

Where will the information be documented? (Check all that apply.)

- In the eligibility system.
- In the hard copy of the case record.
- Other:

Describe:

All individuals that enroll in HIP Link will may access options counseling through the enrollment broker and will be informed that upon enrollment into HIP Link they will be covered by their employer sponsored insurance and not HIP. Individuals that call for options counseling will have their request for counseling documented in the enrollment brokers call tracking system. Information on how to access options counseling for HIP Link is provided in general HIP Link marketing and outreach materials, including materials posted online, member manuals and other member material, all specific notices that go to individuals requesting HIP Link, and by the call center when members ask about HIP Link or request a transfer from HIP to HIP Link.

What documentation will be maintained in the eligibility file? (Check all that apply.)

- Copy of correspondence sent to the individual.
- Signed documentation from the individual consenting to enrollment in the Alternative Benefit Plan.
- Other:

Describe:

Eligibility notices sent to HIP Link members inform all members of the option for enrollment counseling via the enrollment broker. That individuals who are exempt from mandatory ABP enrollment may disenroll at any time through the change reporting process is detailed in the HIP Link member manual. For individuals that contact the enrollment broker for specific options counseling, record that the individual took part in the enrollment counseling will be noted in the individuals record. Depending on if the individual contacts the enrollment broker for HIP Link options counseling during the application process or after being determined eligible for HIP, the record of the counseling process may be associated with the member's name as provided to the enrollment broker, or the members identification number.

- The state/territory assures that it will maintain data that tracks the total number of individuals who have voluntarily enrolled in an Alternative Benefit Plan and the total number who have disenrolled.

Other Information Related to Enrollment Assurance for Voluntary Participants (optional):



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PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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