



Alternative Benefit Plan

OMB Control Number: 0938-1148

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Attachment 3.1-L-

Enrollment Assurances - Mandatory Participants ABP2c

These assurances must be made by the state/territory if enrollment is mandatory for any of the target populations or sub-populations.

When mandatorily enrolling eligibility groups in an Alternative Benefit Plan (Benchmark or Benchmark-Equivalent Plan) that could have exempt individuals, prior to enrollment:

- The state/territory assures it will appropriately identify any individuals in the eligibility groups that are exempt from mandatory enrollment in an Alternative Benefit Plan or individuals who meet the exemption criteria and are given a choice of Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan, not subject to section 1937 requirements.

How will the state/territory identify these individuals? (Check all that apply)

- Review of eligibility criteria (e.g., age, disorder/diagnosis/condition)

Describe:

Individuals that are already enrolled in HIP may request transfer to HIP Link at any time. Medically frail HIP enrollees will be identified in HIP and if they request to transfer to Link, they may return to HIP through the standard change reporting process.

- Self-identification

Describe:

Individuals that develop a condition that qualifies as medically frail may report this condition at any time to the state through the standard change reporting process. If an individual reports that they have developed a condition that qualifies them as medically frail, they may leave HIP Link at any time by completing and returning the health condition frail questionnaire. If they request a transfer from HIP Link to HIP, their condition will be verified at the start of their HIP enrollment.

- Other

- The state/territory must inform the individual they are exempt or meet the exemption criteria and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.
- The state/territory assures that for individuals who have become exempt from enrollment in an Alternative Benefit Plan, the state/territory must inform the individual they are now exempt and the state/territory must comply with all requirements related to voluntary enrollment or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

How will the state/territory identify if an individual becomes exempt? (Check all that apply)

- Review of claims data
- Self-identification
- Review at the time of eligibility redetermination
- Provider identification



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- Change in eligibility group
- Other

How frequently will the state/territory review the Alternative Benefit Plan population to determine if individuals are exempt from mandatory enrollment or meet the exemption criteria?

- Monthly
- Quarterly
- Annually
- Ad hoc basis
- Other

Describe:

Individuals enrolled in HIP Link who are medically frail may leave HIP Link at any time and return to HIP. Transfers from HIP Link to HIP are effective the first of the month following the receipt of the medically frail questionnaire. To return to enrollment in HIP, the individual will report that they have developed a condition, complete and return the health condition questionnaire, and request to transfer from HIP Link to HIP. Individuals transferred to HIP will have their condition verified in accordance with the HIP Plus or HIP Basic ABP medically frail verification process utilizing the Milliman Underwriting Guidelines.

- The state/territory assures that it will promptly process all requests made by exempt individuals for disenrollment from the Alternative Benefit Plan and has in place a process that ensures exempt individuals have access to all standard state/territory plan services or, for beneficiaries in the "Individuals at or below 133% FPL Age 19 through 64" eligibility group, optional enrollment in Alternative Benefit Plan coverage defined using section 1937 requirements, or Alternative Benefit Plan coverage defined as the state/territory's approved Medicaid state plan.

Describe the process for processing requests made by exempt individuals to be disenrolled from the Alternative Benefit Plan:

The medically frail may disenroll from HIP Link at any time by contacting the Division of Family Resources and utilizing the change reporting process to request a transfer from HIP Link to HIP. Individuals requesting a transfer from HIP Link to HIP due to medically frail status are provided with a health condition questionnaire and to complete the transfer the individual must complete the questionnaire. The health conditions indicated by the individual are not subject to verification to transfer from HIP Link to HIP but will be verified in HIP as detailed by the HIP Basic and HIP Plus ABPs.

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

Individuals who have depleted funds in their power account are subject to additional cost-effectiveness analysis and may be transferred back to HIP Plus or Basic.

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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