

Template B3a – Alternative Benefit Plan Voluntary Enrollment Assurances

INTRODUCTION

The State must provide certain assurances concerning the voluntary enrollment of Medicaid beneficiaries who are excluded from mandatory enrollment in Alternative Benefit Plans. This template presents these assurances and requires that the State affirmatively indicate that it will assure compliance with these requirements. The State also provides information regarding:

- its procedures for informing such individuals about voluntary enrollment,
- its procedures for disenrolling such individuals,
- its documentation processes concerning how it properly informs individuals excluded from mandatory participation who are being offered the opportunity to participate voluntarily,
- Other information related to individuals voluntarily enrolled in Alternative Benefit Plans.

BACKGROUND

Section 1937(a)(2)(B) of the Act and 42 CFR 440.315 specify the types of Medicaid beneficiaries who are exempt from mandatory enrollment. (See the Implementation Guide section on the B2 Alternative Benefit Plan template for a list of the categories of these beneficiaries and the eligibility groups that are exempt from mandatory enrollment and those who may be required to enroll.)

However, 42 CFR 440.320 provides that the State may offer Alternative Benefit Plans to exempt individuals for enrollment on a voluntary basis, but only if certain conditions are met. This template is used to document the State's processes for complying with these conditions.

The conditions that must be met and clearly documented in this template include the following:

- The State must effectively inform the individual prior to enrollment that the enrollment is voluntary and that the individual may disenroll from the Alternative Benefit Plan at any time and regain immediate access to standard full Medicaid coverage under the State plan.
- Prior to any enrollment in an Alternative Benefit Plan, the State must inform the exempt individual of the benefits available and the costs under the Alternative Benefit Plan, and provide a comparison of how they differ from the benefits and costs available under the standard full Medicaid program. The State must also inform exempt individuals that they may disenroll at any time and provide them with information about the process for disenrolling.
- The State must document in the exempt individual's eligibility file that the individual was informed in accordance with this section prior to enrollment, was

given ample time to arrive at an informed choice, and voluntarily and affirmatively chose to enroll in the Alternative Benefit Plan.

- For individuals who the State determines have become exempt individuals while enrolled in an Alternative Benefit Plan, the State must comply with the above requirements within 30 days after such determination.
- The State must maintain data that tracks the total number of beneficiaries that have voluntarily enrolled in an Alternative Benefit Plan and the total number of individuals that have disenrolled from the Alternative Benefit Plan.

TECHNICAL GUIDANCE

The State must affirmatively acknowledge that it will comply with the first three assurances concerning informing exempt individuals and complying with all requirements related to voluntary enrollment, that it will effectively inform the individual of the items listed, and it will inform those who voluntarily enroll of the information listed.

The State must affirmatively acknowledge the fourth assurance concerning informing potential voluntary enrollees of the Alternative Benefit Plan's benefits and costs.

The State provides these affirmative assurances by checking the box next to the assurance. If the State does not check this box, the system will not accept this template for review and approval.

Next the State must:

- Select one or more of the options listed for how this informing will be accomplished.
- If "Other" is selected, indicate and describe the other informing process.
- Describe the timeframes associated with informing individuals who are being offered voluntary enrollment.
- Describe its process for allowing those who voluntarily enroll to disenroll from the Alternative Benefit Plan.

Review Criteria

The descriptions should be sufficiently clear, detailed and complete to permit the reviewer to determine that the State's election meets applicable federal statutory, regulatory and policy requirements.

The State must affirmatively acknowledge the fifth assurance concerning documenting how the voluntary individual was informed in his or her eligibility file.

The State provides this affirmative assurance by checking the box next to the assurance. If the State does not check this box, the system will not accept this template for review and approval.

Next the State must:

- Indicate how the information is documented by selecting one or more of the options presented.
- If “Other” is selected, indicate and describe the other method used.
- Select one or more of the options presented to indicate what documentation will be maintained in the eligibility file.
- If “Other” is selected, indicate and describe what the other documentation is.

Review Criteria

The descriptions should be sufficiently clear, detailed and complete to permit the reviewer to determine that the State’s election meets applicable federal statutory, regulatory and policy requirements.

The State must affirmatively acknowledge the sixth assurance, that it will maintain data that tracks the total number of individuals enrolled in Alternative Benefit Plans and the total number who have disenrolled.

The State provides this affirmative assurance by checking the box next to the assurance. If the State does not check this box, the system will not accept this template for review and approval.

Finally, the State may provide a narrative of any other information it considers important related to how it meets the requirements pertaining to voluntary Alternative Benefit Plan participants.