



ABP2c – Enrollment Assurances - Mandatory Participants

Statute: 1937(a)(1)(b); 1937(a)(2)

Regulation: 42 CFR 440.310; 42 CFR 440.31

INTRODUCTION

The state/territory must provide assurances concerning its processes related to individuals who are subject to mandatory enrollment in an Alternative Benefit Plan (ABP) if it has designated any eligibility groups for such enrollment. In this fillable PDF (state plan page) the state/territory provides the following assurances and information concerning how it identifies individuals who are potentially exempt from mandatory enrollment at time of enrollment, as well as how it identifies individuals who were previously mandatory enrollees but have become exempt from mandatory enrollment. It is presented for completion if the state/territory indicates on the **ABP1 – Alternative Benefit Plan Populations** state plan page that one or more eligibility groups are designated for mandatory enrollment and, for the Adult group, if the benefit packages are not completely aligned with the state's approved Medicaid state plan.

This is one of three state plan pages with assurances and procedures concerning enrollment in Alternative Benefit Plans. The other two are the **ABP2a - Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act** and **ABP2b - Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act** state plan pages.

BACKGROUND

This state plan page pertains to individuals who are being considered for mandatory enrollment or who are already enrolled in an ABP on a mandatory enrollment basis. Some of these individuals may meet a criterion for exemption from mandatory enrollment. For example, the state/territory may choose to enroll beneficiaries in the **Infants and Children under Age 19** eligibility group as mandatory participants in an Alternative Benefit Plan. However some individuals in this eligibility group are likely to meet one or more of the criteria at 42 CFR 440.315 for exemption from mandatory participation. (A list of the ABP exemption criteria can be found in the Background section of the **ABP1 – Alternative Benefit Plan Populations** implementation guide.)

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Individuals from eligibility groups, other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act, must be identified and presented with the options described below, including the option to receive the benefits from the approved standard Medicaid state plan instead of those from an Alternative Benefit Plan. Those in the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act who have a choice of benefit packages within the ABP, because the ABP benefit package(s) is not aligned to be the state's approved Medicaid state plan, must be identified and presented with the options below. Finally, for individuals who are already enrolled as mandatory participants, they may have a change in their circumstances so that they meet one or more of the criteria for exemption from mandatory participation in a section 1937 ABP.

The state/territory must have processes in place to identify these individuals and exclude them from mandatory enrollment in a section 1937 ABP. Such individuals who were enrolled as mandatory participants in eligibility groups other than the Adult group must be offered the opportunity to disenroll from the Alternative Benefit Plan and receive their benefits through the state/territory's standard approved Medicaid state plan benefit package. These exempt individuals may also be offered the opportunity to participate or continue to participate in the ABP on a voluntary basis, but must be fully informed of the option.

For individuals in the Adult group that meet the exemption criteria and have a choice of benefit packages because the benefit packages are not aligned with the state's approved state plan, the state/territory must offer them the opportunity to participate in an ABP that includes EHBs and is subject to section 1937 requirements or an ABP that is the standard approved Medicaid state plan not subject to section 1937 requirements. In this state plan page, the state/territory provides assurances concerning these requirements and describes its processes for complying with them.

In addition, the state plan page captures information concerning how the state/territory must meet the additional requirements listed below.

- The state/territory must act upon requests promptly for exempt individuals who choose to disenroll from an ABP or, for those in the Adult group, who choose to disenroll from the section 1937 ABP that includes EHBs and instead enroll in an ABP that is the standard approved Medicaid state plan that is not subject to section 1937 requirements.
- The state/territory must have a process in place to ensure that exempt individuals in eligibility groups other than the Adult group have access to all services in the

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state/territory's standard approved Medicaid state plan while disenrollment requests are being processed. The same requirement applies to exempt individuals in the Adult group, except they must be given the opportunity to immediately participate in an ABP that includes EHBs subject to section 1937 requirements or an ABP that is the state's approved Medicaid state plan not subject to section 1937 requirements. States may choose to initially enroll exempt individuals in the Adult group into one of these ABP packages while the identification and counseling processes occur.

TECHNICAL GUIDANCE

All states and territories that have designated an eligibility group for mandatory enrollment, except for the Adult group that has access to benefit packages that are completely aligned with the state's approved Medicaid state plan, are required to complete this state plan page. This is because all eligibility groups, even if the group itself is not exempt from mandatory enrollment, may include individuals that are exempt from mandatory enrollment.

First, the state/territory must select the first assurance concerning identifying non-Adult group individuals who are exempt from mandatory enrollment prior to enrollment, as well as Adult group individuals who meet the exemption criteria and are given the choice of the section 1937 ABP that includes EHBs or an ABP that is the standard approved Medicaid state plan that is not subject to section 1937 requirements.

The state/territory provides this affirmative assurance by checking the box next to the assurance.

Review Criteria

The state/territory must acknowledge the assurance by checking the box next to it. If the box is not checked the SPA cannot be approved.

Next, the state/territory selects from the options offered to indicate the method it will use to determine if an individual is exempt from enrollment. Select one or more of the options and provide a thorough description of the processes the state/territory will use to identify these individuals.

If ***Other*** is selected the state/territory must identify the other process it will use and provide a complete and thorough description of the process.

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Review Criteria

The description of the identification processes should be sufficiently clear, detailed and complete to permit CMS to determine that the state/territory’s election meets applicable federal statutory, regulatory and policy requirements. If the description does not meet this standard, the SPA cannot be approved.

Next, the state/territory must affirmatively assure that it will inform individuals being considered for enrollment, but who are exempt from mandatory participation, of their exempt status and must comply with the requirements related to voluntary enrollment.

The state/territory must also affirmatively assure that it will inform previously mandatory ABP enrollees who become exempt, and thus are now voluntary enrollees, that they are now exempt and are subject to the voluntary enrollment requirements, or, for Adult group individuals, subject to optional enrollment in the section 1937 ABP or the standard approved Medicaid state plan ABP.

The state/territory provides these affirmative assurances by checking the boxes next to the assurances.

Review Criteria

The state/territory must acknowledge each of the two assurances by checking the box next to each one. If each box is not checked, the SPA cannot be approved.

Next the state/territory must:

- Select from the options presented to indicate one or more methods it uses to identify individuals who have become exempt from mandatory enrollment in an ABP (or for Adult group individuals, have the option of an ABP that is the standard approved Medicaid state plan).
- If ***Other*** is selected, identify and describe the other process that is used.
- Select one of the options presented concerning the frequency with which reviews are conducted to determine if mandatory enrollees have become exempt.
- If an ***Other*** frequency is selected, indicate and describe it.

Review Criteria

If “Other” is selected for either the process or frequency, the accompanying description should be sufficiently clear, detailed and complete to permit CMS to

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determine that the state/territory’s election meets applicable federal statutory, regulatory, and policy requirements. If the description does not meet this standard, the SPA cannot be approved.

The state/territory must affirmatively assure that it will promptly process all requests by exempt individuals in eligibility groups other than the Adult group, for disenrollment from an Alternative Benefit Plan and has a process in place to ensure that such individuals have access to the full benefit package in the state’s or territory’s approved state plan while the disenrollment is being processed. For exempt Adult eligibility group participants, the state/territory must promptly process all requests by individuals based on their selection of the section 1937 ABP or the standard approved Medicaid state plan ABP.

The state/territory provides this affirmative assurance by checking the box next to the assurance.

Review Criteria

The state/territory must acknowledge the assurance by checking the box next it. If the box is not checked the SPA cannot be approved.

Next the state/territory must describe the process it uses for complying with the requirements in this assurance.

Review Criteria

The accompanying description of the process used should be sufficiently clear, detailed, and complete to permit CMS to determine that the state/territory’s election meets applicable federal statutory, regulatory and policy requirements. If the description does not meet this standard, the SPA cannot be approved.

Finally, the state/territory may provide additional information concerning how it complies with mandatory enrollment requirements in the “Other Information” text box provided.