



Rhode Island Executive Office of Health and Human Services
3 West Road | Virks Building | Cranston, RI 02920

Date: September 1, 2021

Resumption of Medicare-Medicaid Plan (MMP) Passive Enrollment for Long-Term Care Nursing Residents

The Rhode Island Executive Offices of Health and Human Services (EOHHS) contracts with Neighborhood Health Plan of Rhode Island (NHPRI) to administer Rhode Island's Medicare-Medicaid Plan (MMP). The MMP is designed to coordinate both Medicare and Medicaid benefits into one, integrated delivery system for eligible members. The MMP, Neighborhood INTEGRITY, is a partnership between EOHHS, NHPRI, and the Centers for Medicare and Medicaid Services (CMS).

Beginning with an enrollment **effective date of January 1, 2022**, EOHHS will resume passive enrollment of full benefit dual eligible (FBDE) beneficiaries that reside in a long-term care nursing facility for greater than 90 days. Notices will be sent to eligible beneficiaries by November 1, 2021.

To be considered eligible for passive enrollment into the MMP, the following criteria must be met:

- Rhode Island resident
- Age 21 or older
- Have both Medicare Part A and Part B
- Have full Medicaid
- Not enrolled in PACE, Dual Special Needs Plan (D-SNP), or another Medicare Advantage Plan
- Not in hospice at the time of enrollment

Attached, please find a FAQ that will help to address common provider questions concerning enrollment, billing, and authorizations.

Medicare-Medicaid Program (MMP): Long-Term Care (LTC) Passive Enrollment FAQ

How many nursing facility residents will be passively enrolled into the Neighborhood INTEGRITY Medicare-Medicaid Plan (MMP) and how often?

- EOHHS will be enrolling approximately 100 eligible nursing facility residents on a monthly basis for the duration of 2021. No more than 10 enrollees per facility per month will be enrolled.

How will the beneficiary be notified of their upcoming passive enrollment?

- Notices are mailed to the beneficiary's address and to the beneficiary's authorized representative address that is on file with DHS.
- Two notices will be printed on yellow paper and mailed as described below:
 - 1st notice (Exhibit 31) is mailed 60 days prior to the enrollment effective date
 - Beneficiaries that are passively enrolled for a January 1, 2022 effective date will be mailed Exhibit 31 by November 1, 2021
 - 2nd notice (Exhibit 5) is mailed 30 days prior to the enrollment effective date
 - Beneficiaries that are passively enrolled for a January 1, 2022 effective date will be mailed Exhibit 5 by December 1, 2021
- Sample copies of these notices can be obtained by going to the Integrated Care Initiative Resources website here: <https://eohhs.ri.gov/initiatives/integrated-care-initiative/resources>

Will the nursing facility receive these beneficiary notices?

- Facilities will only receive State notices if they have a completed DHS-25 *Authorization to Obtain or Release Confidential Information* form on file with DHS.
- You can obtain a copy of the DHS-25 form by going here: <https://eohhs.ri.gov/reference-center/forms-applications/medicaid-ltss-application>

What does the beneficiary do if they **do want to be enrolled** into Neighborhood INTEGRITY?

- If the beneficiary wants to join, they don't have to do anything. EOHHS will enroll the beneficiary effective as of the date in the notice, unless the beneficiary (or authorized representative) tells us not to.

What if the beneficiary **does not** want to be passively enrolled into Neighborhood INTEGRITY?

- If the beneficiary does **not** want to be enrolled into Neighborhood INTEGRITY, they (or their authorized representative) must call the Medicare-Medicaid Plan Enrollment Line at 1-844-602-3469 (TTY 711), 8:00 am – 6:00 pm, Monday - Friday **before the INTEGRITY enrollment effective date** and tell us they don't want to join the new plan.
- The Medicare-Medicaid Plan Enrollment Line will help the beneficiary keep their current Medicaid and Medicare covered services, including prescription drugs.

If the beneficiary (or their authorized representative) contacts the Medicare-Medicaid Plan Enrollment Line **after** the INTEGRITY enrollment effective date, can they still disenroll?

- Yes, enrollment is voluntary.
- If the beneficiary (or their authorized representative) calls the Medicare-Medicaid Plan Enrollment Line **after** the beneficiary's enrollment effective date, they will remain in the INTEGRITY plan until the last day of the month the disenrollment request was made.

Medicare-Medicaid Program (MMP): Long-Term Care (LTC) Provider Billing & Authorization FAQ

I already have an authorization with Medicaid FFS for the nursing facility stay, is a new authorization required if my resident is enrolled into INTEGRITY?

- Yes.
 - Neighborhood INTEGRITY provides a continuity of care period for the first 180-days of the enrollment effective date for services that the beneficiary was receiving prior to their enrollment with INTEGRITY.
 - Neighborhood INTEGRITY will be the primary payor for all services. A new authorization **must be sent to NHPRI** for their approval before the 180-day continuity of care period ends, regardless if you received prior approval from Medicaid FFS. For more information about NHPRI's billing, policies, and guidelines go to: <https://www.nhpri.org/providers/>