

## Post Disenrollments:

### 50.1 - General Requirements

(Rev. 2, Issued: 06-09-11; Effective: 06-03-11; Implementation: 06-03-11)

To facilitate a participant's reinstatement in other Medicare and Medicaid programs after disenrollment, the PACE organization must do the following:

- Make appropriate referrals and ensure medical records are made available to new providers in a timely manner.
- Work with CMS and the State Administering Agency to reinstate the participant in other Medicare and Medicaid programs for which the participant is eligible.

[42 CFR § 460.168; 1894(a)(2)(C) and 1934(a)(2)(C) of the Act]

### 50.2 - Access to MA, PDP and Medigap Coverage Following Disenrollment

(Rev. 2, Issued: 06-09-11; Effective: 06-03-11; Implementation: 06-03-11)

Individuals who disenroll from PACE have a Special Election Period for 2 months after the effective date of PACE disenrollment to elect an MA plan or a standalone PDP. If the individual decides to return to original Medicare, the individual may purchase a Medigap (Medicare supplemental) policy that is offered in their state within 63 days of the last date of coverage. Under a Guaranteed Issue Period, the issuer of a Medicare Supplemental Policy may not deny or condition the issuance or effectiveness of the policy; may not discriminate in the pricing of such policy, because of health status, claims experience, receipt of health care, or medical condition, and, may not impose an exclusion of benefits based on a preexisting condition. The agent or insurer may request evidence of the date of disenrollment along with the application for the policy. The effective date of enrollment in the MA plan or standalone PDP would be the first of the month following the plan's receipt of the enrollment request.

[42 CFR § 422.62(b)(4); 71 FR 71246 (Dec. 8, 2006)]

### 50.3 - Enrollment/Disenrollment of Hospitalized Beneficiaries

(Rev. 2, Issued: 06-09-11; Effective: 06-03-11; Implementation: 06-03-11)

The PACE organization must provide for the prompt transfer of copies of appropriate medical record information between treatment facilities to ensure continuity of care whenever a participant is temporarily or permanently transferred to another facility. Examples of appropriate medical record information include, but are not limited to:

- The reason for the transfer;
- The name and number of the attending physician;
- Participant's demographics;
- Active diagnoses and treatment plan including current medications and activities of daily living status;

- Special dietary considerations, etc.

It is essential that the medical history and plan of care follow the participant. This requirement is intended to ensure communication between providers.

More information regarding medical records documentation can be found in Chapter 12 of this manual.

[71 FR 71326 (Dec. 8, 2006)]

60 - Reinstatement in PACE

(Rev. 2, Issued: 06-09-11; Effective: 06-03-11; Implementation: 06-03-11)

A previously disenrolled participant may be reinstated in the PACE program. If the reason for disenrollment is failure to pay the premium and the participant pays the premium before the effective date of disenrollment, the participant is reinstated in the PACE program with no break in coverage.

[42 CFR § 460.170]

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