

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-11 Programs of All-Inclusive Care for the Elderly (PACE)	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12338	Date: November 2, 2023
	Change Request 13416

SUBJECT: Update to the Internet Only Manual (IOM) Publication (Pub.) 100-11, IOM Chapter 4 Enrollment and Disenrollment

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the Internet Only Manual (IOM) Publication (Pub.) 100-11, IOM Chapter 4 Enrollment and Disenrollment. The current chapter discusses eligibility criteria and the enrollment and disenrollment processes for the Programs of All-Inclusive Care for the Elderly (PACE) program as provided in 42 CFR §§ 460.150 - 460.172. This CR update will provide interested parties with a hyperlink to the updated PACE Chapter 4 enrollment and disenrollment guidance on the CMS website.

EFFECTIVE DATE: December 5, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: December 5, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	4 - Enrollment and Disenrollment
D	4/ Table of Contents
D	4/ 10 - Introduction
D	4/ 10 - Introduction/ 10.1 - Eligibility for Enrollment
D	4/ 10 - Introduction/ 10.2 - Eligibility Criteria
D	4/ 10 - Introduction/ 10.3 - End Stage Renal Disease (ESRD)
D	4/ 10 - Introduction/ 10.4 - Hospice
D	4/ 20 - Discrimination against Beneficiaries Prohibited
D	4/ 30 - Enrollment
D	4/ 30 - Enrollment/ 30.1 - Eligibility Determination
D	4/ 30 - Enrollment/ 30.2 - Denial of Enrollment
D	4/ 30 - Enrollment/ 30.3 - Enrollment of Individuals Pending Medicare or Medicaid Eligibility
D	4/ 30 - Enrollment/ 30.4 - Initial IDT Assessment
D	4/ 30 - Enrollment/ 30.5 - Enrollment Agreement
D	4/ 40 - Disenrollments
D	4/ 40 - Disenrollments/ 40.1 - Documentation of Disenrollment
D	4/ 40 - Disenrollments/ 40.2 - Disenrollment Process
D	4/ 40 - Disenrollments/ 40.3 - Voluntary Disenrollment
D	4/ 40 - Disenrollments/ 40.4 - Involuntary Disenrollment
D	4/ 40 - Disenrollments/ 40.5 - Additional Written Evidence of Involuntary Disenrollment for Disruptive or Threatening Behavior
D	4/ 40 - Disenrollments/ 40.6 - Role of State Administering Agency
D	4/ 50 - Enrollment in other Medicare and Medicaid Programs Following Disenrollment from PACE
D	4/ 50 - Enrollment in other Medicare and Medicaid Programs Following Disenrollment from PACE/ 50.1 - General Requirements
D	4/ 50 - Enrollment in other Medicare and Medicaid Programs Following Disenrollment from PACE/ 50.2 - Access to MA, PDP, and Medigap Coverage Following Disenrollment
D	4/ 50 - Enrollment in other Medicare and Medicaid Programs Following Disenrollment from PACE/ 50.3 - Enrollment/Disenrollment of Hospitalized Beneficiaries
D	4/ 60 - Reinstatement in PACE

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
D	4/ 70 - Retroactive Enrollment for Medicare Payment
D	4/ 80 - Retroactive Disenrollment for Medicare Entitled Participants

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: PACE is a capitated benefit for frail elderly authorized by the Balanced Budget Act of 1997 (BBA) that features a comprehensive service delivery system and integrated Medicare and Medicaid financing. The BBA established PACE as a permanent entity within the Medicare program and enables states to provide PACE services to Medicaid beneficiaries as a state plan option. Operationally, the PACE program is unique as a three-way partnership between the Federal government, the State, and the PACE organization.

This chapter of the PACE manual (Pub. 100-11, Chapter 4 - enrollment and disenrollment) discusses eligibility criteria and the enrollment process for the PACE program as provided in 42 CFR § 460.150. The eligibility criterion includes a requirement that a PACE eligible individual meet a specific level of care which is determined by the State Administering Agency and varies from state to state. State enrollment processes are separate from the processes identified in this manual and PACE organizations should consult their State Administering Agency for instruction. Subtopics include: eligibility, prohibited discrimination, enrollment and disenrollment, reinstatement, and retroactive enrollment and disenrollment.

B. Policy: This CR does not make any policy changes to PACE enrollment and disenrollment. This CR does not impose new requirements upon contractors. Contractors are not expected to take any action. This CR will replace the existing chapter guidance with a hyperlink to a CMS.gov webpage that contains the updated guidance chapter.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Othe r
		A	B	HH H		FIS S	MC S	VM S	CW F	
13416.1	MACs shall be aware that the PACE enrollment and disenrollment information contained in this chapter will be hosted at the following CMS webpage: https://www.cms.gov/medicare/eligibility-and-enrollment/medicaremangcareeligencol . MACs are not required nor expected to take any action. This is	X	X	X	X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	for informational purposes only.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Programs of All-Inclusive Care for the Elderly (PACE)

Chapter 4 – Enrollment and Disenrollment

Guidance is currently located on the following webpage:

<https://www.cms.gov/medicare/enrollment-renewal/managed-care-eligibility-enrollment>