

HOUSE No. 4052

The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act relative to senior care options passive enrollment..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 1. Notwithstanding any provision of law to the contrary, the executive office of health
2 and human services shall implement a passive opt-out enrollment plan. The program shall allow
3 dual eligible beneficiaries to enroll in either a MassHealth senior care option program as defined
4 in subsection (a) of section 9D of chapter 118E of the General Laws or a qualified Medicare
5 Advantage Special Needs Plan, as defined by the Medicare Modernization Act of 2003, Public
6 Law 108-173. The program shall provide for the following: (1) a process to passively enroll any
7 beneficiary who has not voluntarily enrolled in an approved plan, within 3 months of the date of
8 the implementation of the passive opt-out enrollment plan; (2) an allowance for the beneficiary
9 to disenroll from any plan to which they are passively enrolled after 3 months of experience in
10 the plan and choose another plan or return to fee-for-service Medicaid and Medicare; and (3) a
11 process for enrolling newly qualified future dual eligible beneficiaries in approved plans within 3
12 months of their date of eligibility.

13 Prior to implementation of the program, a senior care organization, as defined in
14 subsection (a) of section 9D of said chapter 118E, and a qualified special needs plan may market

15 to dual eligible individuals to participate in the program. The executive office of health and
16 human services shall provide for a public education period prior to the implementation of the
17 plan that includes consideration for a variety of communication modes, including direct mail and
18 out-bound telephone calls in the beneficiary's primary language. Public education shall also be
19 directed to providers with suggestions on how primary care physicians, hospitals and nursing
20 facilities can inform their dual eligible patients about the program including the availability of
21 multi-lingual printed material to be available in provider care settings for distribution to dual
22 eligible patients.

23 SECTION 2. The executive office of health and human services shall implement the
24 program provided in this act on or before June 30, 2010.