Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

MARYLAND MEDICAL ASSISTANCE PROGRAM
MCO Transmittal No. 280
PACE Transmittal No. 11
September 8, 2026

TO: Managed Care Organizations
PACE Organizations

FROM: Lorena de Leon, Director
Office of Medical Benefits Management

Jamie Smith, Director
Office of Long Term Services and Supports

RE: Disenrollment Process for HealthChoice Participants to Enroll in Program of All-Inclusive Care for the Elderly

NOTE: **Please ensure that appropriate staff members in your organization are informed of the contents of this transmittal.**

This transmittal describes the disenrollment process for HealthChoice participants to enroll in a Program of All-Inclusive Care for the Elderly (PACE). PACE provides comprehensive medical and social services to eligible individuals who meet a nursing facility level of care and currently live in the community. PACE is open to individuals who are insured by Medicare, Medicaid, or who wish to pay privately.

Individuals must meet the following PACE program requirements to qualify:

(1) Live in a zip code served by a PACE organization;
(2) Be at least 55 years old;
(3) Be certified to need a nursing facility level of care; and
(4) Agree to receive all health and long-term care services from the PACE provider.

HealthChoice participants ages 55-64 may qualify to receive care from a PACE organization that serves their area. Participants may not be enrolled in an MCO and a PACE organization concurrently. Participants who are interested in PACE must contact the PACE organization directly. The PACE organization will evaluate the participant for eligibility and will assist with completing the MCO disenrollment and PACE enrollment process.

When signing the enrollment agreement with the PACE organization, the participant must complete the OES 2000 form to voluntary disenroll from their MCO and indicate their agreement to receive care exclusively through the PACE organization. By electing to participate in PACE, the participant can no longer seek care through the MCO. The Authorization to Participate, signed Enrollment Agreement, and OES 2000 are sent by the PACE organization to the Maryland Department of Health as part of the application process.

Upon receiving the required documentation, the Maryland Department of Health will verify the individual's PACE eligibility and process their MCO disenrollment. MCO disenrollment is effective on the last day of the month the participant's enrollment is approved. PACE enrollment begins on the first day of the month following MCO disenrollment. PACE organizations will not receive capitation payment for any care provided prior to MCO disenrollment.

To allow for the necessary processing time, PACE organizations must submit the Authorization to Participate, signed Enrollment Agreement, and a completed OES 2000 form to the Division of Hospice & PACE Services at mdh.DHPS@maryland.gov no later than the 20th of the month in which the MCO disenrollment is being requested in order for PACE enrollment to be effective on the first of the following month.

For managed care questions related to this transmittal, please contact mdh.healthchoiceprovider.@maryland.gov.

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