

Health Plan, Inc.

Billing/Enrollment Policy & Procedure

Subject: [Medicaid Product]
Disenrollment

Line of Business (check all that apply)

Effective Date:

Commercial: FI ; **SF**

Review Date:

Medicaid

Next Review Date:

Medicare

Document Number: _____

Page: 1 of 4

I. SCOPE:

This document describes the process for disenrollment of [Medicaid Product] Members in accordance with the Medicaid contract between Health Plan and the State of [State].

II. POLICY:

The State of [State]'s contract with Health Plan states that [Medicaid Product] members may disenroll during their first 30 days or during an open window month of May or November. In addition, there are a limited number of situations in which Health Plan may request disenrollment of a member. These situations include incarceration of a member, admission to a state psychiatric hospital, admission to a long term custodial care, members residing outside of the Health Plan service area, Children with Special Health Care Services (CSHCS), members in Child Care Institutions (CCI), deceased members, members in third trimester of pregnancy at time of enrollment, and member enrolled by error. Disenrollment is initiated by completing the Disenrollment Form (Exhibit A) and submitting it to the State.

III. PROCEDURE:

- A. A [Medicaid Product] member may initiate disenrollment within the first 30 days of enrollment by calling [State] Enrolls. Disenrollment may also occur during the open window months of May and November. Changes generated during the open window months are effective on first day of July or January, respectively.
- B. [Medicaid Product] members incarcerated for more than 30 days are not eligible for Medicaid coverage. The Family Independence Agency (FIA) is officially responsible for notifying the State of incarcerated Medicaid recipients, however, the State has advised all health plans to notify them of any Medicaid recipients who have been incarcerated. Notification of incarceration should be made to the FIA Caseworker and the State of [State] by the health plan Enrollment Coordinator upon receipt of this information.
- C. A [Medicaid Product] member who is admitted to a state psychiatric hospital can be disenrolled retroactive to the first day of the month in which the admission occurs. Information obtained by the Health Plan Medical Services Department regarding these admissions should be forwarded to the Enrollment Coordinator, who will initiate disenrollment by the State.
- D. A [Medicaid Product] member admitted to a long term care facility for custodial care should be disenrolled effective the first day of the month following admission, unless the recipient is a hospice patient. The Health Plan Medical Services Department should notify the Enrollment Coordinator of these cases. The Enrollment Coordinator will initiate disenrollment by the State, using the Long-Term Care Disenrollment Form (Exhibit B)

Health Plan, Inc.

Billing/Enrollment Policy & Procedure

Subject: [Medicaid Product]
Disenrollment

Line of Business (check all that apply)

Effective Date:

Commercial: FI ; **SF**

Review Date:

Medicaid

Next Review Date:

Medicare

Document Number: _____

Page: 2 **of** 4

- E. Members who reside outside of the Health Plan service area are no longer eligible for Health Plan [Medicaid Product]. The disenrollment date for these cases is determined by the criteria listed below.
1. If a Medicaid recipient has not been previously enrolled in Health Plan per ACCESS verification, and their ACCESS county code indicates that they reside outside of the Health Plan service area, the State considers this an enrollment error. The State will retroactively disenroll a recipient from Health Plan under these circumstances, and the recipient will be listed with straight Medicaid (no health plan listing) for that month. These cases should be identified by the Enrollment Coordinator when the monthly or weekly report is generated. This report is sorted by county code and will print all the enrollment records for members who have been enrolled in a health plan. The Enrollment Coordinator will identify incorrectly enrolled members by county code and will request disenrollment by the State of [State].
 2. If a Medicaid recipient has been previously enrolled in [Medicaid Product] and subsequently moves outside the Health Plan service area, the State will not process the disenrollment retroactively. The Medicaid recipient is responsible to contact their FIA caseworker to initiate the county code change within ACCESS. When the health plan identifies cases that already indicate a county code outside of the Health Plan service area, the Enrollment Coordinator will request disenrollment by the State. These disenrollments are processed for the next month according to the state's card cut-off schedule [if the request is received after the state has generated the Medicaid cards for the next month (i.e.: February), the disenrollment will not be effective until the following month (i.e.: March)].
- F. If [Medicaid Product] members are eligible for Children with Special Health Care Services (CSHCS), the State must be notified within 10 days of the qualifying event (i.e.: birth or car accident) for retroactive termination to the effective date of CSHCS, otherwise, the termination from the health plan will be the following month (according to card cut-off schedule). There is no policy in place at the State to automatically remove new CSHCS cases from a Medicaid managed care plan. The health plan Enrollment Coordinator is responsible for requesting any such disenrollment by the State. (Note: if CSHCS was in effect prior to the health plan effective date, but the Member was still enrolled in the health plan due to an enrollment error by the State, the Enrollment Coordinator should contact the Contract Manager for a retroactive disenrollment.)
- G. [Medicaid Product] youths who are residents of Child Care Institutions (CCI)* are not eligible for a Medicaid managed care plan. The State is working with FIA to identify these youths in the absence of an automatic identifier. Cases of this type should be forwarded to the plan Enrollment Coordinator, who will request disenrollment by the State. (Note: this population does not include foster care children.)

Health Plan, Inc.

Billing/Enrollment Policy & Procedure

Subject: [Medicaid Product]
Disenrollment

Line of Business (check all that apply)

Effective Date:

Commercial: FI ; **SF**

Review Date:

Medicaid

Next Review Date:

Medicare

Document Number: _____

Page: 3 **of** 4

*Examples of Child Care Institutions include boot camp in the Upper Peninsula, detention centers, etc.

- H. The Enrollment coordinator will request disenrollment by the State in cases where it is determined that the Member is deceased, is in the third trimester of pregnancy at the time of enrollment (applies to involuntary assignments only), or has been enrolled due to an error of the State. Disenrollments under these circumstances are retroactive.