Title: Health Plan Initiated Member Disenrollment	**Policy No.:** MS006_02
Previous Title (if applicable):	**Supercedes Previous Policy No.: MS-08-05**
Department Applicability: Member Services	**Policy Review Frequency:** Annual
Applicable lines of business: Medi-Cal	**Date Originated:** 07/05/05
Originating Dept.: Member Services	**Date Approved by P&P Committee:**
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Dept. Approval: **Date:**	**CEO Approval:** **Date::**
Chief Operations Officer Approval: **[SIGNATURE ON FILE]** **Date: 04/04/11**	

1. Policy Statement

Policy Statement: Santa Clara Family Health Plan (SCFHP) initiates disenrollment of a Medi-Cal Member when the member requires Medi-Cal services that are excluded under the terms of the Health Plan's contract, the member becomes enrolled in certain other health coverage, the member uses or permits to be used fraudulently the member's Medi-Cal coverage under the Health Plan, or there is an irreconcilable breakdown in the physician-patient relationship. All Plan-inititated disenrollments must be approved by the California Department of Health Care Services (DHCS). The Health Plan shall return to DHCS any capitation payment forwarded to the Health Plan for persons no longer enrolled under the contract.

2. Purpose

The purpose of this policy is to establish guidelines and criteria for Health Plan initiated disenrollment of members.

3. Definitions

Disenrollment means termination from Santa Clara Family Health Plan.

DHCS means California Department of Health Care Services (Medi-Cal)

Authority: DHS contract 96-26395-A04 as amended, Section 3.21.5 (A) (B); MRMIB contact 00MHF019 as amended; Title 22 CCR, Section 53889(j)(2)(I).

HCO means Health Care Options. DHCS enrollment contractor.

4. Procedures

Plan-initiated disenrollment due to service exclusion

A. The Health Plan may initiate disenrollment if the member requires Medi-Cal services that are excluded under the terms of the Health Plan's contract and which may be obtained only if the member disenrolls from the Health Plan. A provider or member may also request the Health Plan initiate disenrollment.

   1. All members requesting disenrollment or information regarding the disenrollment process are immediately referred to the DHCS Enrollment Contractor, Health Care Options (HCO).
   2. The Health Plan sends the enrollment/disenrollment form available to the member within three working days of receiving a telephone or written request for a form.

B. All requests are processed by the Member Services department and must be supported by proof that the member requires services that are excluded from the terms of the Health Plan's contract.

C. The Member Services department submits a disenrollment request to the DHCS Enrollment Contractor, Health Care Options (HCOs) for review and potential disenrollment. HCO makes the final determination of a member's eligibility status.

   1. Disenrollment regarding Major Organ Transplants is effective the beginning of the month in which the transplant is approved.

Plan-initiated disenrollment due to other health coverage

A. The Health Plan may initiate disenrollment if the member becomes enrolled in one of the following forms of other health coverage, except when dual enrollment is permitted as specified in Title 22 CCR, Section 53845 (f):

   1. Medicare HMO
   2. CHAMPULS Prime HMO
   3. Kaiser HMO (employor sponsored or individual coverage)

4. Any other HMO/Prepaid Health Plan in which the enrollee is limited to a prescribed panel of providers for comprehensive service

B. All requests are processed by the Member Services department and must be supported by proof that the member has other coverage.

C. The Member Services department submits a disenrollment request to the DHCS Enrollment Contractor, Health Care Options (HCO) for review and potential disenrollment. HCO makes the final determination of a member's eligibility status.

Plan-initiated disenrollment due to fraud

A. The Health Plan may initiate disenrollment if the member uses or permits to be used fraudulently the member's Medi-Cal coverage under the Health Plan, as defined in Welfare and Institutions Code section 14043.1(d). Fraudulent use includes allowing others to use the member's Health Plan membership card to receive services from the Health Plan or to submit claims for services which were not provided to the member.

B. Prior approval from DHCS is required for Plan-initiated disenrollment due to fraud.

C. Requests to disenroll a member suspected of fraud are processed according the Santa Clara Family Health Plan's Anti-Fraud Program (June 2005).

Plan-initiated disenrollment due to breakdown in physician-patient relationship

A. The Health Plan or member may initiate disenrollment because of an irreconcilable breakdown in the physician-patient relationship. A Member's failure to follow prescribed treatment shall not be considered good cause for the approval of a Health Plan-initiated disenrollment request unless the Health Plan can demonstrate to DHCS that, as a result of the failure, the Health Plan is exposed to a substantially greater and unforeseeable risk than that otherwise contemplated under the Contract and rate-setting assumptions. A provider or member may also request Health Plan to initiate disenrollment. The following conditions must be met as specified in Title 22 CCR, Section 53889(j)(2)(I):

1. The member is repeatedly verbally abusive to plan providers, ancillary or administrative staff or to other Health Plan members OR

2. The Member physically assaults a plan provider or staff person or Health Plan member. In this instance, the Health Plan will file a police report and file charges against the member OR
3. The member is otherwise repeatedly disruptive to Health Plan operations, in general OR
4. The member repeatedly uses providers not affiliated with the Health Plan for non-emergency service without required authorizations causing the Health Plan to be subjected to repeated provider demands for payment for such services or other demonstrated degradation in the Plan's relations with community providers AND
5. Efforts by the Health Plan to counsel or modify the member's behavior, including referral for mental health or substance abuse services, when appropriate, have been unsuccessful or are impossible or impractical given the circumstances of the case.

B. The Member Services department documents all attempts to resolve the problem.

C. The Health Plan's Member Services and Medical departments makes reasonable efforts to resolve the issues or problems with the member and offers the following: reassignment of primary care provider, education (member and/or provider), and referral to services such as mental health and/or substance abuse programs, if appropriate.

D. The Compliance Officer submits a written request for disenrollment to the DHCS Contract Manager for review and includes documentation of all attempts to resolve the problem. The documentation may include the following:
   1. Letters from those directly involved e.g. primary care provider, specialty provider.
   2. A copy of any police report or statements from witnesses or involved persons.
   3. Copies of correspondence sent to the member in an effort improve the situation or the member's knowledge and understanding of Health Plan procedures.

E. Once the case has been reported and the pertinent documentation is sent to the DHCS Contract Manager, the Member Services Director ~~shall~~ sends

a warning letter(s) to the member informing the member of potential disenrollment from the Health Plan

F. Once DHCS Contract Manager has authorized the disenrollment the Member Services Director sends a confirmation letter to the member.

   1. The Member is allowed a period of no less than 20-calendar days to respond to the proposed action.

G. The Health Plan continues to provide covered services to the member until the effective date of the disenrollment. Membership ceases at midnight on the last day of the calendar month in which the disenrollment request is approved. On the first day of the month following the approval of the disenrollment request, the Health Plan is relieved of all obligations to provide covered services to the member.

H. The Vice President of Member Services and Support Services is responsible for follow-up, tracking and monitoring of all requests for Plan initiated member disenrollment

Mandatory disenrollments from the Health Plan

A. Disenrollment for the Health Plan is mandatory when:
   1. Member's eligibility for enrollment with the Health has been terminated or eligibility for Medi-Cal is ended.
   2. Enrollment was in violation of Title 22, Section 53891 (a) (2), or the requirements of the contract regarding Marketing, and DHCS or the member requests disenrollment.
   3. Disenrollment is requested due to the Health Plan merger or reorganization
   4. There is change of member's place of residence to outside the Health Plan's service area
   5. Disenrollment is based on the Member's need for the services of a Long Term Care facility for longer than the month of admission plus one month, is approved for a major organ transplant other than kidney, or participates in an HCBS waiver program.

5. <u>Confidentiality of Information</u>

In accordance with SCFHP's Confidentiality Policy, and all applicable state and federal laws, any and all information that is required to be kept confidential, shall be kept confidential.

6. Recordkeeping

Each department is responsible for retaining and maintaining documents/records/paperwork for a minimum of ten (10) years for their own department (refer to policy CP005 Record Retention).