

SECTION: 017 **Disenrollment**

Effective: 11/06/12
Last Reviewed/Revised: 06/16/20

17.1 Voluntary Disenrollment

Policy: A participant may voluntarily disenroll from the Program without cause at any time.

Voluntary disenrollments shall be by the most expedient process allowed by Medicare and Medicaid procedures while ensuring a coordinated disenrollment date. Until enrollment is terminated, all services provided for the LIFE-NWPA participant must continue to be authorized by the program. LIFE-NWPA remains liable for payment. LIFE-NWPA will ensure that employees and contractors do not engage in any practices that would reasonably be expected to have the effect of steering or encouraging disenrollment of PACE participants due to a change in health status.

Procedure:

- 1) A Disenrollment Summary and Social Service progress note will be completed in full (Attachment 17.1)
- 2) All efforts will be made to coordinate care for individuals seeking to voluntarily disenroll from the program until the most expedient disenrollment date can be negotiated. LIFE-NWPA remains responsible for authorized care until the effective date of disenrollment.
- 3) The Interdisciplinary Team will be notified immediately of any plans of participants to seek voluntary disenrollment. Care planning activities will be initiated to assure adequate referrals to primary care and other community resources.
- 4) Participants seeking disenrollment should preferably indicate their wishes in writing with as much advance notice as possible. If limited notice should occur, all efforts will be made to disenroll as soon as possible, especially in cases where the participant is moving outside the service area.
- 5) A letter acknowledging the request will be forwarded to the participant/family, noting referrals to the community system, the process for reapplying to LIFE-NWPA should they so wish, in the future, and, if Medicaid eligible, any steps necessary to ensure continued coverage.
- 6) An Interdisciplinary Team assigned staff will initiate the appropriate disenrollment forms and forward to Data Coordinator.
- 7) The LIFE-NWPA Management Team will review all voluntary disenrollments for trends and patterns as part of the Quality Improvement process.

- 8) A copy of the completed and signed form will be given to the Participant when requested, the provider, and the Department of Human Services (DHS)
- 9) A disenrollment summary will be completed for each individual who voluntarily or involuntarily disenrolls from the program. The summary will include detailed reasons for the disenrollment, and activities or incidents that may have led to the disenrollment. The summary will be included with the quarterly report to the Department and forwarded to the Quality Management Committee for review. All disenrollment summaries will be documented and available for review upon request by the Department. The Interdisciplinary Team will perform each step per the Disenrollment Checklist (see Section 17 Attachment 03)
 - a) All documentation will be made available for review by CMS and the State Administering Agency

Rescinded Voluntary Disenrollment

If a participant chooses to revoke his or her voluntary disenrollment agreement, LIFE-NWPA will intervene as soon as possible in an attempt to coordinate continued coverage under its plan. A participant will let LIFE-NWPA know as soon as possible if he or she intends to revoke a disenrollment.

*If a participant chooses to revoke disenrollment **prior** to the last day of the month:*

- If disenrollment documentation has already been submitted to CMS or the Department of Health and Human Service, the Center Manager will notify the Executive Director, Chief Financial Officer, Vice Presidents of Finance, Controller, and the Director of Center Operations.
- The Center Manager will obtain a signed notice from the participant indicating his or her intention to revoke the disenrollment, scan into the participant's records, and send a copy to all of the staff mentioned in the prior step.
 - The Center Manager may be asked to obtain a newly signed Enrollment Agreement if there are any perceived problems from Executive Management regarding timeframes for submission.
- The Executive Director will send a copy of the revocation document directly to the Department of Health and Human Services Account Manager
- The Controller will coordinate the notification to CMS and any appropriate third-parties

*If a participant chooses to revoke disenrollment **following** the last day of the month:*

In instances where a participant desires to revoke his or her disenrollment request after the last day of his or her enrollment has passed, it is understood that the disenrollment will have already been finalized. LIFE-NWPA will begin working with the participant on reenrolling as described in LIFE Policy – Section 016 – Intake and Enrollment.

17.2 Involuntary Disenrollment

Policy: Involuntary disenrollments require prior approval of the PA Department of

Human Services (DHS)

An involuntary disenrollment may occur under the following circumstances:

- Participant moves or is out of the service area for more than 30 consecutive calendar days unless LIFE-NWPA agrees to a longer absence due to extenuating circumstances.
- The participant engages in disruptive or threatening behavior, which is a participant whose behavior jeopardizes his or her health or safety or the safety of others, or a participant with decision-making capacity who consistently refuses to comply with his or her individual plan of care or the terms of the enrollment agreement. Additionally, involuntary disenrollment can be sought out in instances in which a participant's caregiver (i.e. any individual involved in the participant's care) engages in disruptive or threatening behaviors that jeopardizes the participant's health or safety, or the safety of the caregiver or others.
 - LIFE-NWPA may not disenroll a noncompliant participant if the behavior is related to a mental or physical condition of the participant, unless the participant's behavior jeopardizes his/her health or the safety of others.
- LIFE-NWPA's agreement with CMS and DHS is not renewed or is terminated.
- LIFE-NWPA is unable to offer healthcare services due to the loss of state licenses or contracts with outside providers.
- The participant is no longer eligible based on not meeting the established level of care guidelines and is not deemed eligible.
- The participant fails to pay or make satisfactory arrangements to pay any premium and/or patient liability due to LIFE-NWPA after a 30 calendar day grace period.
- The participant, after a 30-day grace period, fails to pay or make satisfactory arrangement to pay any applicable Medicaid spend down liability or any amount due under the post-eligibility treatment of income process, as permitted under 460.182 and 460.184.

Before an involuntary disenrollment is effective, the Department must review and determine that the Provider has adequately documented acceptable grounds for the disenrollment. All appropriate documents shall be provided to the Department with a proposed date of disenrollment. The Department's determination will be communicated to the Provider in writing. Provider must give Participant at least 30 calendar days advance written and oral notice prior to the effective date of involuntary disenrollment. A participant's involuntary disenrollment is effective on the first day of the next month that begins thirty (30) days after the day the PACE organization sends notice of the disenrollment to the participant.

At the Provider's request the Department may authorize the Provider to issue 30 calendar days advance notice of an involuntary disenrollment concurrent with the impartial third

party review and Department review, or waive the impartial third party review process. This authorization will be given to the Provider in writing and made on a case-by-case basis at the Department's discretion, primarily if the disenrollment is related to the Department's action, or will significantly impact the health and safety of the Participant. The authorization will be made with the understanding that if – as of the proposed date of disenrollment – the final determination is not made, the Provider will not disenroll the Participant.

Procedure:

- 1) All efforts will be pursued by the Interdisciplinary Team to resolve areas of conflict or jeopardy through negotiation and open communication among the team, the participant and/or the family. If such efforts result in an impasse, disenrollment may be pursued under the guidelines noted above.
 - a) If an involuntary disenrollment is pursued related to disruptive or threatening behavior, the reasons for proposing to disenroll the participant and all efforts made to remedy the situation will be documented in the participant's medical record
- 2) The Interdisciplinary Team must approve all recommendations for disenrollment and develop a transition plan for continuing care. A referral to primary care must be sought for all disenrollments to ensure the medical records are available to new provider in a timely manner.
- 3) The Program Director, or Director of Center Operations will evaluate all disenrollments prior to proceeding with formal disenrollment.
- 4) The Program Director, or Director of Center Operations will review the circumstances of the disenrollment with PA Department of Human Services (DHS) for approval to move forward with the involuntary disenrollment process. Written documentation necessary of acceptable grounds for the disenrollment with a proposed disenrollment date will be submitted to the PA DHS for review. A verbal agreement will be mutually decided upon by PA DHS and LIFE-NWPA as to the next course of action.
- 5) The verbal agreement would then be developed into a formal written request from LIFE-NWPA to PA DHS for approval of the plans for disenrollment of the participant in question. This written request will be completed within two working days of the verbal agreement.
- 6) PA DHS will respond with a written notice supporting or rejecting the request to move forward with the involuntary disenrollment process.
 - a) All involuntary disenrollments due to non-compliant behavior, failure to meet conditions of participation, failure to pay, or being out of service area without special arrangements are automatically considered appeals, and are subject to the following process prior to issuing 30 calendar days advance notice of effective date of disenrollment.

- i) Provider will notify the Department of proposed disenrollment.
 - ii) Provider will initiate impartial third party review of proposed involuntary disenrollment.
 - iii) Provider will notify Participant in writing of plans to involuntarily disenroll including specific reasons for proposed involuntary disenrollment, automatic appeal process, and their right to participate in third party review of the disenrollment. Participant shall be given adequate advance notice of date, time and location of third party review.
 - iv) Following the third party review, the third party must prepare a written report. Report must include a description of the reasons for the proposed involuntary disenrollment, actions taken by provider to address issues, and outcome of third party review. Report must include printed name(s) of third party reviewer(s), their affiliation, and be signed and dated.
 - v) If third party review determines there is not adequate documentation of acceptable grounds for disenrollment, disenrollment will not proceed.
 - vi) If third party review determines there is adequate documentation to support acceptable grounds for disenrollment, Provider will forward all documentation related to involuntary disenrollment to the Department. Documentation must include but is not limited to: the medical record; approved report from the third party, including names of representatives and their affiliation; and any other documentation related to the disenrollment
 - vii) Upon receipt of written confirmation from DHS's determination of acceptable grounds for disenrollment, Provider will issue notice of involuntary disenrollment to Participant at least 30 calendar days prior to effective date of disenrollment. Notice must include specific reasons for disenrollment and information on further appeal rights through the Department.
 - viii) If the Department determines the Provider has not adequately documented acceptable grounds for disenrollment, the disenrollment will not proceed.
- 7) A disenrollment letter will be initiated, signed by the Center Manager or in his or her absence the Clinical Manager noting the reason for disenrollment, what referrals have been made to other community resources, and the individual's right to appeal internally. If Medicaid eligibility is jeopardized by disenrollment, all efforts will be made to coordinate continuing eligibility through the DHS, contingent upon their capacity to serve. A minimum of a 30 calendar day notice is given for all involuntary disenrollments. LIFE-NWPA will continue to provide all services to the participant in question until that time.
- 8) All disenrollments, will be reviewed retrospectively by LIFE-NWPA Management Team to ensure appropriateness and consistency in decision making.
- 9) Upon initiation of the disenrollment process, a disenrollment form and certificate of

enrollment/disenrollment is completed by the Center Manager, or Social Worker and forwarded to the Business Department and the Data Coordinator.

- 10) If the participant chooses to appeal internally and the Center Manager overturns the team's decision to involuntarily disenroll the participant, the effective date of disenrollment will be canceled. If the Center Manager supports the team's decision, the participant will be notified verbally and in writing of the additional appeal rights under Medicaid, assist the participant in choosing which appeal process to pursue, and then forward the appeal to the appropriate external entity, if applicable.
- 11) Involuntary disenrollment occurs after LIFE-NWPA meets the requirements set forth in this policy. The effective date of involuntary disenrollment is the first day of the next month that begins 30 calendar days after the day LIFE-NWPA sends notice of the disenrollment to the participant.
- 12) A disenrollment summary will be completed for each individual who voluntarily or involuntarily disenrolls from the program. The summary will include detailed reasons for the disenrollment, and activities or incidents that may have led to the disenrollment. The summary will be included with the quarterly report to the Department and forwarded to the Quality Management Committee for review. All disenrollment summaries will be documented and available for review upon request by the department. The Interdisciplinary Team will perform each step per the Disenrollment Checklist (see Section 017 Attachment 03)
 - a) All documentation will be made available for review by CMS and the State Administering Agency

Disenrollment for Non-payment of Patient liability

Policy: In order to maintain consistency with current operational practices and Medicaid eligibility for permanent institutional placement, LIFE-NWPA will continue the practice of disenrollment of participants in circumstances where the participant fails to pay, or make satisfactory arrangements to pay, any patient liability or share of cost that has been determined to be applicable by the PA DHS.

Patient liability is only triggered when a LIFE-NWPA Participant is permanently placed in an institutional facility and spousal impoverishment regulations do not apply. The following procedure occurs if the participant or their responsible party fail to pay or make arrangements to pay the predetermined patient liability.

Procedure:

- 1) Should a participant and/or family member fail to pay or make arrangements to pay the patient liability by the end of the calendar month due, then a notice of nonpayment is issued. The Interdisciplinary Team is notified of nonpayment and specifically the social work staff is involved to assist with the determination of the circumstances of nonpayment.

- 2) If no satisfactory arrangements are made to pay the patient liability, then involuntary disenrollment occurs. The first step of which is a 30 calendar days written notice to the participant and/or family indicating the reason for involuntary disenrollment as outlined in the LIFE-NWPA Disenrollment policy. Due to the nature of this process at the least a 60 calendar days' time period has elapsed since the initial default of patient liability.

For example: Participant is billed \$250 for the month of January. Payment is to be received no later than January 10th. If no payment is received for the January care rendered, then an involuntary disenrollment is implemented with disenrollment by March 1 to allow reinstatement in the Medicaid fee for service system.

It should be noted, that it is not LIFE-NWPA's philosophy or intent to abandon this most needy and vulnerable population. Therefore, a request for involuntary disenrollment would be made only when the Team has exhausted all available options.

17.3 Effective Date of Disenrollment

Policy: LIFE-NWPA will use the most expedient process allowed for by Medicaid procedures as specified in the PACE program agreement while ensuring that the disenrollment date is coordinated between Medicaid and Medicare, if applicable, and that reasonable advance notice is given to the participant. It is understood that the participant must continue to use LIFE-NWPA's services and remain liable for any applicable premiums, and that LIFE-NWPA will continue to furnish all needed services.

In instances of involuntary disenrollment, a minimum of 30 calendar day notice will be given with the effective date of disenrollment being the first day of the calendar month following the 30 calendar day period. One copy shall immediately be forwarded to the Department.

For voluntary disenrollments, the effective date of disenrollment will be the first day of the month following the date in which LIFE-NWPA receives the participant's notice of voluntary disenrollment (ex. a disenrollment signed on May 25th will be effective June 1st).

17.4 Reinstatement and Coordination of Services

Policy: A former LIFE-NWPA participant will not be limited as to the number of times in which he/she may re-enroll into the program. Previously disenrolled participants may be reinstated into LIFE-NWPA. A LIFE-NWPA participant can be reinstated into LIFE-NWPA with no break in coverage if the reason for the disenrollment was failure to pay the premiums and the participant pays a premium prior to the effective date of disenrollment.

LIFE-NWPA will be pro-active in encouraging potential disenrollees to enroll in another Part D plan. Disenrolling participants and/or caregivers will be counseled and educated concerning their choices based on the individual situation and the Part D plans that are available. All efforts and close coordination will occur between LIFE-NWPA and PA DHS to assure that the participant does not experience a break in drug coverage.

LIFE-NWPA will be responsible for facilitating a participant's reinstatement in other Medicaid programs after disenrollment from LIFE-NWPA. LIFE-NWPA will make appropriate referrals and ensure medical records are made available to new providers within 30 calendar days. LIFE-NWPA will work with PA DHS to reinstate the participant in other Medicare and Medicaid programs for which they are eligible and establish a new primary care provider for him/her within 30 calendar days.

17.5 Changes into Different Insurance Coverage during Enrollment

Policy: Instances may sometimes occur where a participant accidentally enrolls into a different medical insurance coverage plan while enrolled in LIFE. LIFE-NWPA will take steps to verify whether this was done deliberately, or by accident. If it is found that the participant intended to enroll in a different medical insurance coverage plan, then the steps outlined in *17.1 – Voluntary Disenrollment* will be followed. If the enrollment into a new medical insurance plan was accidental and/or unintended, then the following steps will be followed:

Procedure:

1. The Controller will contact the Executive Director and Director of Center Operations with the participant's name, plan that he or she enrolled into, and any contact information available for the enrolled plan.
 - a. It is intended that LIFE-NWPA will intervene on these cases prior to the end of the month in which the participant enrolls into a different coverage plan, so long as the enrollment is identified prior to the last day of the month which LIFE coverage would transition.
2. The Director of Center Operations will have the Center Manager follow up with the participant to determine if disenrollment was intended by the participant
 - a. If disenrollment *was* intended, then the steps outlined in *17.1 – Voluntary Disenrollment* will be followed
3. If disenrollment was not intended by the participant, then the Center Manager will contact the new insurance provider with the participant present and identify that the participant intends to rescind the enrollment into that plan.
 - a. The Center Manager will provide any necessary documentation to the plan to prove the participant's intention to remain enrolled through LIFE-NWPA
4. The Center Manager will request a signed document from the insurance agency identifying that the participant will **not** be enrolling into its services.
 - a. This document will be scanned into the participant's chart and a copy will be provided to the Controller, Executive Director, and Director of Center

Operations.

5. If the rescission occurs **prior** to the end of the month then there will be no lapse in LIFE-NWPA coverage for the participant. If the rescission occurs **after** the end of the month, a new enrollment agreement will be signed, and the Department of Health and Human Services Account Manager will be contacted for further guidance.