

HEALTH PLAN OF SAN JOAQUIN			
Subject: Plan Initiated Member Disenrollment			
Department: CS			Policy #: CS 20
Applies to: Medi-Cal			Scope: MS, QA, PS, CO
Effective Date: 8/1/03	Revised Date: 9/05	Approved by: <i>Signature on file</i> Chief Operating Officer	

POLICY

HPSJ will request the Department of Health Services (DHS) to disenroll a Medi-Cal member in the event of a breakdown in the “Contractor/Member relationship” which makes it impossible for HPSJ and its providers to render services adequately to the member.

PROCEDURE

- A. Plan-initiated disenrollments must be prior approved by DHS and shall be considered only under the following circumstances:
- The member is repeatedly verbally abusive to HPSJ staff, providers and their staff, or to other Plan members.
 - The member physically assaults a HPSJ staff person, a provider or provider’s staff, or other member, or threatens another individual with a weapon on HPSJ premises or a provider’s premises. In this instance, HPSJ or the provider shall file a police or security agency report and file charges against the member. The member is disruptive to Plan operations in general.
 - The member habitually uses providers not affiliated with HPSJ for non-emergency services without required authorizations (causing HPSJ to be subjected to repeated provider demands for payment for those services or other demonstrable degradation in HPSJ’s relations with community providers).

- The member's fraudulent use of Medi-Cal coverage which includes allowing others to use the Member's Identification Card to receive services from HPSJ contractors and/or subcontractors.
- B.** A member's failure to follow prescribed treatment, including the failure to keep established medical appointments, shall not, in and of itself, be good cause for the approval by DHS of a Plan-initiated disenrollment request unless HPSJ can demonstrate to DHS that, as a result of the failure, HPSJ is exposed to a substantially greater and unforeseeable risk than otherwise contemplated under the contract and rate-setting assumptions.
- C.** When a pattern of behavior as defined above develops, such behavior must be documented in the member's Customer Contact Log (CCL).
- D.** All efforts will be made to resolve the member's and any provider's issues to meet the member's or provider's needs, including, but not limited to reassignment of the member to another PCP, education, or referral to services, such as mental health or substance abuse programs.
- E.** When it has been determined by the Member Services Director, QI Nurse, Case Manager and/or Compliance Officer that the member's behavior is irreparably harming his or her relationship with the plan and/or providers, a written summary of the case will be provided to the Compliance Officer.
- F.** A letter warning the member of the Plan's intention to seek termination will be prepared by the Grievance Coordinator and/or the QI Nurse and sent to the member via registered mail to the last known address of the member as it appears in the Medi-Cal database (MEDS), and includes the following information:
- A statement that the member's own actions are harming his or her ability to obtain care.
 - A statement of the HPSJ's intention of seeking termination of plan membership through DHS.
 - A statement that this action is being undertaken based on member behavior and not on the member's use of or need for services.
 - A date specific accounting of the events leading to this decision.

- A 20-day cure period in which the member may propose, in writing, a method of resolving the situation and an agreement in which to discontinue the behavior.
- G. If the member responds to the termination letter, proposes a reasonable resolution and agrees to modify his/her behavior, staff will continue to monitor the member and work with the member to implement the resolution.
- H. If the member fails to respond to the letter, does not offer a reasonable resolution, and/or continues to engage in a pattern of damaging behavior, at the end of the 20-day period, a letter will be prepared by the Compliance Officer and sent, along with supporting documentation, establishing the pattern of behavior and HPSJ's efforts to resolve the problem, to the DHS contract manager requesting disenrollment.
- If the disenrollment request is based on an act of physical violence, or requires intervention by law enforcement, a police report must accompany the disenrollment request.
 - If the disenrollment request is based on fraud, a copy of the Form 609 submitted to the DHS Program Integrity Unit must accompany the disenrollment request.
- I. DHS will render a decision and notify HPSJ within ten (10) days. If the DHS decision supports the Plan's request for termination, DHS will notify the enrollment contractor.
- The enrollment contractor will notify HPSJ of the effective date of disenrollment, which is no later than midnight on the last day of the first calendar month after the Member's disenrollment request and all required supporting documentation is received by DHS.
- J. HPSJ will notify the member in writing within two (2) days of receiving the DHS decision.
- K. If the request is granted, the Plan and providers will continue to provide care until disenrollment is completed.

REFERENCE

- A. DHS Contract, Exhibit A, Attachment 16, #3. Disenrollment.

Attachments

Member Disenrollment Checklist – DHCS

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
9/05 N. Raymond	Reviewed 2/1/07 w/no revisions NRaymond				



DEPARTMENT OF HEALTH CARE SERVICES

MEMBER FRAUD & ABUSE

Plan Initiated Disenrollment Checklist for:

- Disenrollment request form (Signed by QI Manager)
- Intent to Investigate or MC609 form
- Warning letter copy with certified receipt
- Disenrollment letter to member

Supporting Documentation:

- Case History, Case Management Progress notes, etc.
- Correspondences
- Pharmacy documentation – (CURES report, copy of fraudulent RX, pharmacy utilization history)
- Referral to Behavioral Health, Substance Abuse, Pain Management
- Reassignment of PCP (eligibility listing, call logs)

- Copy of Educational Material sent to member (when to use ER, importance of keeping medical appointments, freeze log showing member frozen to one pharmacy and/or from changing PCP without prior Case Management Approval)
- Documentation of lack of member cooperation and continued misuse of services