



Administrative Policy

Involuntary Member Transfer or Plan Disenrollment Request

Policy Number: PR 9.6

Version Number: 4

Version Effective Date: 06/01/2023

Impacted Products

- All Products**
- NH Medicaid
- NH Medicare Advantage
- MA MassHealth ACO
- MA MassHealth MCO
- MA Qualified Health Plans/Employer Choice Direct
- MA Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan is expected to make all reasonable efforts to support and furnish services to all members, including members who exhibit disruptive behavior which may impair the provider's ability to furnish services to that member or other members.

In an extremely limited number of circumstances, the involuntary disenrollment of a member from a Primary Care Provider (PCP) panel, from specialty or ancillary services, or from the Plan may be considered.

This policy describes the processes and EOHHS requirements that must be considered in the event of a member's involuntary disenrollment from a PCP panel, a specialty or ancillary provider, or the Plan.

Definitions

Terms:

Acronyms

ACPP - A MassHealth-contracted Accountable Care Partnership Plan

MCO - Managed Care Organization

Levels of Involuntary Disenrollment

1. Primary Care Level: Disenrollment of a member from a PCP panel

2. Plan Level: Disenrollment of a member from a health plan
3. Specialty or Ancillary Care Level: Disenrollment of a member from services being rendered by a specialist or ancillary care provider (Home Health, LTSS, etc.)

Policy

Compliance with applicable Federal and State Requirements

This policy and the defined processes are consistent with EOHHS requirements, including applicable federal and state law, guidance issued by CMS related to comparable requirements for Medicare-Medicaid plans, and any forthcoming amendments to the regulations, ACPP, and MCO contracts, MassHealth regulations and Participating Provider contracts.

Involuntary disenrollment of a member is reserved for rare and extraordinary circumstances only and will not be considered under the following circumstances:

- An adverse change in the member's health status
- The member's utilization of medical services
- The member's diminished mental capacity
- Missed appointments
- The member exercises their option to make treatment decisions with which the Provider or Plan disagrees, including the option to decline treatment or diagnostic testing
- The member's uncooperative or disruptive behavior resulting from his or her special needs (except when the member's enrollment seriously impairs the provider's and other staff's ability to furnish services to the particular member or other members)

"Serious Efforts" Requirements

The Plan must make serious efforts to work with the member to resolve any issues, including, but not limited to:

- Follow up and communication with the member or guardian (e.g., in-person discussions, phone calls) regarding the precipitating event(s)
- Provision of reasonable accommodations as appropriate (e.g., for individuals with mental or cognitive conditions, including mental illness and developmental disabilities)
- Provide other resources to meet the member's needs (e.g., BH services, care management, involvement of Community Partner, referral to other state agencies like the Department of Developmental Services or the Department of Mental Health, available housing supports such as a Community Support Program for the chronically homeless or Flexible Services)
- Furnish medically necessary services to the member through at least three (3) providers before plan-level disenrollment is considered, unless circumstances warrant consideration of immediate termination
- Work with the member to ensure they are aware of their ability to voluntarily change their PCP, and their ability to voluntarily change plans during the Plan Selection Period or by requesting a Fixed Enrollment Exception.

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Primary Care and Specialty or Ancillary Care Level Involuntary Disenrollment

1. Provider Actions

Except in circumstances involving an immediate safety concern, the provider must first attempt serious and reasonable efforts to work with the member to resolve the issue(s) presented and provide the member with at least one written notice in advance of further action.

If those efforts are not successful and the provider still wishes to disenroll the member from their panel, the Provider must then submit the request to the Plan using the Involuntary Member Transfer Request Form available on our website.

2. Plan Actions

Plan representatives from Provider Network Management, the Office of Clinical Affairs, Public Partnerships, Legal, and Compliance must review the request and make further serious efforts to work with the member to resolve the issue(s) presented (e.g., referral to Care Management)

The Plan will consider whether there is valid cause to disenroll the member from the PCP panel, and if so, may disenroll the member directly after review of appropriate documentation.

3. Documentation/Reporting Requirements

The involuntary transfer request must include the following details:

a. Situation Details:

- A thorough, objective explanation of the reason for the request detailing how the members behavior has impacted the Plan's ability to arrange for or provide services to that member or to other members of the Plan.
- Statements from the provider(s) describing their experience with the member
- Any information provided by the member (e.g., complaints, statements)

b. Member Details

- Member age, diagnosis, mental and functional status
- A description of the member's social support systems
- Any other relevant information

c. Follow up/Interim Steps

- Outline and supporting documentation of the serious efforts to resolve the problem with the member, including the provision of reasonable accommodations
- Attestation that the member received at least one written notice in advance

d. Other

- Establish that the member's behavior is not related to the use, or lack of use, of medical, BH or other services
- Describe any extenuating circumstances

4. Operationalization

The ACPP/MCO will:

- Contact the member and assist in assigning them to a new PCP of their choice within the ACPP/MCO network or assist in finding another Specialty or Ancillary Care Provider

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- Send a Planned Action Notice to the member informing them of the good cause basis for transfer and the right to appeal
- Report, in a form and format specified by EOHHS, any Primary Care Level member transfers approved

If the member is unreachable after three (3) documented outreach attempts (at least one of which must be written) over three (3) consecutive days, the member will be assigned to the PCP of the ACP/MCO's choice. The new PCP must meet access and availability requirements.

The Plan shall report to EOHHS any involuntary PCP transfers.

Plan Level Involuntary Disenrollment

1. Plan Actions

The Plan must attempt serious efforts to work with the Provider(s), ACO partner (if applicable), and Member to resolve the issue(s) presented

If the serious efforts do not resolve the concerns, the Plan must send an Advance Notice to the member.

In the case of a member's disruptive behavior, the Advance Notice will:

- Describe the behavior identified as disruptive and how it has impacted the Plan's ability to furnish services to the member or other members
- Inform the member that the consequences of continued disruptive behavior may include disenrollment

If interim efforts are not successful and the Plan still wishes to disenroll the member from the Plan, the Plan must send a Notice of Intent informing the member of the Plan's intent to request EOHHS to disenroll the member.

The Plan must concurrently send the Notice of Intent to the member and send EOHHS appropriate documentation to request disenrollment of the member.

2. Member Notice Requirements

Advance Notices and Notices of Intent should:

- Make clear that the member's current plan coverage is still in effect
- Not include a projected effective date of disenrollment
- Provide information about who the member may contact for more information or to ask questions about the notice
- Advise the member of their right to use the Plan or MassHealth grievance procedures and to submit any information or explanation

The Plan must include a copy of these notices and the date they were provided to the member in any involuntary disenrollment requests submitted to EOHHS

In cases of disruptive behavior, if the disruptive behavior ceases after the member receives notice and the Plan no longer wishes to pursue disenrollment:

- The Plan must promptly notify the member in writing that the issue has been addressed and that their enrollment will continue
- If the disruptive behavior later resumes, the Plan must begin the process again. This includes sending another Advance Notice.

3. Documentation/Reporting Requirements

The Plan must include the following information with a request to EOHHS to involuntarily disenroll a member from the Plan:

A. Situation Details

- A thorough, objective explanation of the reason for the request detailing how the Members' behavior has impacted the Plan's ability to arrange for or provide services to that member or to other members of the Plan.
- Statements from the provider(s), including all PCPs the member was assigned to, describing their experience with the member
- Any information provided by the member (e.g., complaints, statements)

B. Member Details

- Member age, diagnosis, mental and functional status
- A description of the member's social support systems
- Any other relevant information

C. Follow up/Interim Steps

- Outline of the serious efforts to resolve the problem with the member, including the provision of reasonable accommodations
- Documentation of Advance Notice and Notice of Intent

D. Other

- Establish that the member's behavior is not related to the use, or lack of use, of medical, BH or other services
- Describe any extenuating circumstances

4. Review Process

MassHealth will confirm receipt of any involuntary disenrollment requests from the Plan.

MassHealth will review all documentation submitted by the Plan and will follow up, as needed.

MassHealth will determine whether the provider and Plan have demonstrated to EOHHS' satisfaction that serious efforts to work with the member to resolve the issue have been taken

If MassHealth determines that the request has merit, MassHealth Customer Service may first attempt to outreach to the member three (3) times to give the member the option to voluntarily change their plan enrollment before the involuntary disenrollment is further considered.

Once all required documentation is submitted, EOHHS will make best efforts to provide a decision:

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- As soon as practicable for urgent requests (when disruptive behavior presents a credible threat to physical safety)
- Within twenty (20) business days for non-urgent requests

Members are entitled to appeal Plan level involuntary disenrollment.

5. Operationalization

If the request is denied by EOHHS, the Plan must inform the member of that decision in writing including clarification that the Plan will continue to serve the member.

If the involuntary disenrollment is approved, the MassHealth Customer Service Center will send a Planned Action Notice informing the member of the good cause basis for disenrollment and the right to appeal. The Planned Action Notice shall include the following information:

- The disenrollment was approved by EOHHS at the request of the Plan, as the request met the requirements for disenrollment
- Information on who to contact for information around the decision, how to file a grievance or an appeal, and how to select another plan
- Date on which the member's coverage with their old plan will end (in the event the member does not take action)

MassHealth Customer Service Center will also call the member and assist them in selecting a new plan. If the member is unreachable after three (3) documented outreach attempts over three (3) consecutive days, EOHHS will auto-assign the member into another managed care plan.

Members will have a new Plan Selection Period and thirty (30) day Continuity of Care period. At EOHHS' discretion, a MassHealth contract manager may reach out to the Key Contact of the new Plan to inform them (in limited detail) of the member's involuntary disenrollment from their original plan.

6. Member Re-Enrollment Policy

Involuntary disenrollment of a member from a PCP panel/Plan does not preclude the member from being re-enrolled into the PCP panel/Plan from which they were disenrolled.

Members may be re-enrolled back into the PCP panel/Plan no earlier than one year after the date of their disenrollment.

Prior to such date, EOHHS will make best efforts to ensure the member is not re-enrolled into the PCP panel/Plan from which they were originally disenrolled; however, exceptions may apply.

MassHealth Contact for Involuntary Disenrollment

All involuntary disenrollment requests that require EOHHS review should be emailed securely to Karen Powell (Karen.Powell@MassMail.State.MA.US) and to the EOHHS Contract Manager.

All involuntary disenrollment requests must be flagged as "High Importance" and include "Involuntary Disenrollment Request" in the subject line.

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In extremely urgent situations please call the EOHHS Contract Manager.

Responsibility and Accountability

Member Services
Provider Engagement
Public Partnerships

Policy History

Original Approval Date	Original Effective Date and Version Number	Policy Owner	Original Policy Approved by
04/03/2020	04/03/2020 Version 1	Provider Network Management	QIC

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date and Version Number	Approved by
04/01/2021	No Revisions	Date Version: N/A	QIC
04/01/2022	No Revisions	Date Version: N/A	QIC
6/15/2023	Updated Template	Date Version: 6/15/23	QIC

Next Review Date

6/15/2024

Other Applicable Policies

- Member Transfer Request

References

- "Policies and plan requirements regarding members exhibiting disruptive behavior," EOHHS, August 2019

Disclaimer Information:

N/A

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Appendix: Policy History

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