Enrollments, Disenrollments and Reenrollments

The PCCM-e must have policies established to identify it's processes for enrolling, disenrolling and re-enrolling recipients. These polies must in accordance all applicable federal and state regulations and guidelines. Below details regarding the Agency's expectations.

Enrollment

The PCCM-e must not, on the basis of health status or need for health care services, discriminate against recipients. This includes but is not limited to, termination of enrollment or refusal to reenroll a recipient except as permitted under this contract, or any practice that would reasonably be expected to discourage enrollment or reenrollment by recipients whose medical condition or history indicates probable need for substantial future medical services. Violation of this requirement may result in sanctions listed in the RFP.

1. The PCCM-e must not discriminate against recipients to enroll with the PCCM-e on the basis of any protected category listed in 42 C.F.R. § 438.3(d) and must not use any policy or practice that has the effect of discriminating on the basis of any protected category listed in 42 C.F.R. § 438.3(d).

2. The PCCM-e must accept new enrollment from individuals in the order in which they apply without restriction, unless authorized by the Center for Medicare and Medicaid Services (CMS), up to the limits set under the contract in accordance with 42 C.F.R § 438.3(d)(1).

Disenrollment

1. In accordance with 42 C.F.R. § 438.56(b)(1), the PCCM-e may request disenrollment of an recipient for the following reasons:

    a. The recipient loses Medicaid eligibility;

    b. The recipient's eligibility category changes to a category ineligible for the ACHN (e.g., recipient becomes dually eligible for Medicare and Medicaid);

    c. The recipient otherwise becomes ineligible to participate in the ACHN

d. The recipient has become incarcerated;

e. The recipient has died; or

f. The recipient moves out of the Region.

g. The recipient exhibits uncooperative or disruptive behavior which inhibits the PCCM-e's ability to provide services. The PCCM-e must be able to demonstrate, to the Agency's satisfaction, that it has exhausted all reasonable efforts to effectively coordinate the recipient's care.

2. The PCCM-e may not request disenrollment because of:

a. An adverse change in the recipient's health status;

b. The recipient's utilization of medical services;

c. The recipient's diminished mental capacity; or

d. The recipient's uncooperative or disruptive behavior resulting from his or her special needs (except when his or her continued enrollment seriously impairs the PCCM-e's ability to furnish services to the recipient or other recipients).

3. The PCCM-e must not request disenrollment for reasons other than those permitted under this RFP or Contract.

4. A recipient has the right to disenroll from a PCCM-e:

    a. For cause, at any time;

    b. Without cause ninety (90) calendar days after initial enrollment or during the ninety (90) calendar days following notification of enrollment, whichever is later;

    c. Without cause at least once every twelve (12) months; or

    d. Without cause upon reenrollment if a temporary loss of enrollment has caused the recipients to miss the annual disenrollment period.

5. A recipient has the right to disenroll from a PCCM-e without cause when the Agency imposes intermediate Sanctions on the PCCM-e.

6. A recipient may request disenrollment if:

    a. The recipient moves out of the Region; or

    b. The plan does not cover the service the recipient seeks, because of moral or religious objections.

7. A recipient may request disenrollment if the recipient needs related services to be performed at the same time and not all related services are available within the Region. The recipient's PCP or another provider must determine that receiving the services separately would subject the recipient to unnecessary risk.

8. A recipient may request disenrollment for other reasons, including poor quality of care, lack of access to services covered under this RFP, or lack of access to Providers experienced in dealing with the recipient's care needs.

9. A recipient (or his or her representative) must request disenrollment by submitting an oral or written request to the Agency.

10. The PCCM-e shall refer any disenrollment request it receives to the Agency. The effective date of an approved disenrollment must be no later than the first day of the second month following the month in which the recipient requests disenrollment or the PCCM-e refers the request to the Agency.

11. If the Agency fails to make a disenrollment determination within the specified timeframes (i.e., the first day of the second month following the month in which the recipient requests disenrollment or the PCCM-e refers the request to the Agency), the disenrollment is considered approved for the effective date that would have been established had the Agency made a determination in the specified timeframe.

Reenrollment

1. A recipient is automatically reenrolled if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of two (2) months or less.

2. A recipient may choose to reenroll at any time.