

Subject: Disenrollment of Members

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Objective:

- I. To ensure a process by which non-compliant Tuality Health Alliance (THA) members may be dis-enrolled.

Definition:

THA has a full Case Management program that is designed to facilitate member care and communication. It is not the intent of THA to dis-enroll any member, but rather to identify solutions that will be to the member's advantage and to assist the member in finding the best venue for care.

In the event that THA Case Management is not successful in coordinating care for a difficult or non-compliant member, this policy establishes a process for that member's disenrollment.

Policy:

- I. THA may request disenrollment of an Oregon Health Plan (OHP) Division of Medical Assistance Program (DMAP) member. The request is subject to Americans with Disabilities Act requirements.
- II. THA may request plan disenrollment of an DMAP member who exhibits any of the following acts of non-compliance:
 - *Missed Appointments*

The number of missed appointments constituting disenrollment is to be established by the provider or THA and must be the same as for commercial members. The provider must document attempts to ascertain the reasons for the member's missed appointments and associated assistance to the member.
 - *Poor Behavior*
 - The member's behavior is disruptive, unruly, or abusive to the point that seriously impairs the provider's ability to furnish services to that member or other members.
 - The member commits or threatens an act of physical violence that is directed at a medical provider or property, the provider staff, other patients, or THA staff.
 - *Fraudulent or Illegal Acts***
 - Permitting the use of his/her medical ID card by others;
 - Altering a prescription;
 - Theft or other criminal acts committed in/on provider or THA premises;

** The provider or THA shall report any illegal acts to law enforcement authorities and will notify the Children, Adults, and Families (CAF) Fraud Unit as Appropriate.

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- III. The member may be administratively dis-enrolled if any of the following issues applies:
- The member is a DMAP client who has been exempted from mandatory enrollment with THA, due to his/her eligibility through a hospital hold process;
 - The member has a third party insurer;
 - The member moves out of the THA service area;
 - Services are not provided in the Member's preferred language;
 - Services are not provided in a culturally appropriate manner;
 - The member is a Native American or Alaskan Native with Proof of Indian Heritage who wishes to obtain primary care services from his or her Indian Health Service facility, tribal health clinic/program, or urban clinic and the Fee-For-Service (FFS) delivery system;
 - The member is an inmate who is serving time for a criminal offense or confined involuntarily in a State or Federal prison, jail, detention facility, or other penal institution; or
 - The member has surgery scheduled at the time of effective enrollment, but the surgical provider is not on the THA Provider Panel, and the member wishes to have the services performed by that surgical provider.
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- IV. A member may not be dis-enrolled solely for the following reasons:
- Because of a physical or mental disability;
 - Because of an adverse change in the member's health;
 - Because of the member's utilization of services (either excessive utilization or lack utilization);
 - Because the member has been diagnosed with End Stage Renal Disease;
 - Because the member exercises his/her option to make decisions regarding medical care to which THA disagrees; or
 - Because of uncooperative or disruptive behavior that includes, but is not limited to, threats or acts of physical violence resulting from the member's special needs – an exception to this is when continued enrollment seriously impairs THA's ability to furnish services to the member or other members.
- V. Before requesting disenrollment of a non-compliant member, THA must compose a written assessment of the relationship between the member's non-compliant behavior and special needs or disability; THA must assess whether the member's behavior poses an unmanageable direct threat to the health or safety of others.
- a. The THA Nurse Case Manager will make an individualized disenrollment assessment, based on reasonable judgment and relying on current medical knowledge or evidence to identify the nature, duration, and severity of the

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- member's risk to the health or safety of others and the probability that potential injury will actually occur.
- b. THA Case Management will make every reasonable effort to complete an interdisciplinary review that includes a mental health professional or behavioral specialist from Washington County Mental Health; this specialist must have the expertise in treating the member's condition and be able to assess the behavior and any history or previous efforts to manage the behavior.
 - c. Any THA provider involved in the disenrollment action will notify THA Case Management of the member's non-compliance and will allow time for appropriate intervention by THA. This notification will be documented in the member's clinical record.
 - d. The THA Nurse Case Manager will contact the member, either verbally or in writing, to inform him/her of the non-compliance issues and the pending disenrollment in attempt to reach a resolution through educating/counseling the member.
 - e. THA will notify the member's Department of Human Services Caseworker, within the laws of confidentiality, in an effort to resolve the issue.
- V. THA Case Management will formally request disenrollment of a non-compliant member by submitting a request in writing to the Coordinated Account Representative (CAR) with documented assessment in accordance with 42 CFR 438.56 evidence to support the basis for the request and the interventions taken in an effort to resolve the member's non-compliance.

References: Health Share RAE Participation Agreement

OAR 410-141-3080
OAR 410-141-0060 (4)
42 CFR Part 438 Subsections (B) – (D)
Oregon Health Authority Health Plan Services Contract
THA Policy VI-6: Continuity and Coordination of Care

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