

First Coast Advantage FCA Disenrollment Process

This document will serve as a guideline to help make decisions on disenrolling a member from First Coast Advantage (FCA). A Member may submit to the Agency (Choice Counseling) or Agent (FCA) a request to disenroll without Cause during the ninety (90) Calendar Day change period following the date of the Member's initial Enrollment. A member may also request Disenrollment with Cause every twelve (12) months thereafter.

To request disenrollment on a FCA member:

- Complete a FCA Disenrollment form found on the FCA website at:

www.firstcoastadvantage.com

- All fields must be completed before disenrollment occurs
- Complete a form for each member you want to disenroll
- You may either Fax the form to: 244-9409 attn: Disenrollment Specialist or you may drop the form off at the FCA offices located on the 10th floor of Tower II.
- Please do not forget to sign the form legibly and add your contact information for any follow up questions.
- A member can only be disenrolled for the following reasons via this form:
 - Member moved out of county
 - Member expired
 - Member is ineligible for plan
 - Fraudulent use of Member ID Card
 - Member does not comply with recommended plan of care
 - Member's behavior stops plan from giving service
 - Member has other creditable health insurance coverage
- Per our contract with Medicaid it states that until the member is disenrolled, the plan shall be responsible for the provision of services to that member.
- If a member is disenrolled from FCA and loses their Medicaid eligibility within 180 days of the disenrollment date, the member could be reassigned back to FCA. Since this does occur, FCA tracks disenrollments for 180 days on each member to ensure they are not reassigned back to the plan.

Please remember the following **IMPORTANT** guidelines:

1. If the member has moved, verify on the Duval County Zip Code list that the new zip code is NOT on the list and complete the disenrollment form to remove member from plan. The list of Duval county Zip codes can be found on the FCA website.
 - If a member does not call the local DCF and update their address with Medicaid when FCA requests disenrollment the member will not be disenrolled.
 - The documentation will still be keyed into HAMI for recording purposes.
2. If the member expired, AHCA requires that we send the date of expiration. Please include the date of expiration on the disenrollment form.

3. If the member is ineligible for the plan, AHCA requires we tell them the reason they are ineligible. Please list the reason on the disenrollment request. (For list of ineligibles see page 3).
 - Please indicate on the disenrollment form the date of admission to the facility.
 - When FCA requests disenrollment on a member who is discharged to Skilled Nursing or Hospice it only flags Medicaid that the member is ineligible.
 - The actual disenrollment occurs when the nursing home or Hospice direct submits a claim to Medicaid.
 - FCA is also required to send proof of the members' admission to the facility. The proof/documentation does not guarantee that the member will be disenrolled.
4. If a member has fraudulently used an Enrollee or Medicaid ID card, FCA will need to provide a copy of the ID card for proof of fraud. Please attach the copy to the disenrollment form.
5. If a member does not comply with the recommended plan of care, AHCA requires that we notify the member in writing that they are non-compliant. Please attach a copy of the letter with the disenrollment request.
 - If a member is non-compliant, FCA will first try to change the members PCP to another PCP within 5 miles of their residence before removing them from the plan.
 - Members cannot be disenrolled from a specialist's office; they can only be transferred to another in network specialist.
6. If a members behavior stops FCA from providing services, FCA can request an involuntary disenrollment to the Agency (AHCA) after providing to the Member at least one (1) verbal warning and at least one (1) written warning of the full implications of his/her failure of actions. Please attach all documentation to the disenrollment request to FCA.
7. If a member has Third Party Insurance through another carrier, please attach to the disenrollment request:
 - a. Beneficiary's Name
 - b. Beneficiary's Medicaid Number
 - c. Third Party Insurance Company Name
 - d. Third Party Insurance Phone Number
 - e. Third Party Insurance Policy Number
 - f. Policy Holder's Name
 - g. Date coverage began

Please attach a copy of the members Third Party Insurance Card to the disenrollment form as backup for AHCA.

Ineligible Populations

1. Medicaid Recipients who are members of the Florida Assertive Community Treatment Team (FACT Team).
2. Pregnant women who have not enrolled in Medicaid Reform prior to the effective date of their SOBRA eligibility.
3. Medicaid Recipients who, at the time of application for Enrollment and/or at the time of Enrollment, are domiciled or residing in an institution, **including nursing facilities (and have been CARES assessed)**, sub-acute inpatient psychiatric facility for individuals under the age of 21, or an Intermediate Care Facility/Developmentally Disabled (ICF-DD).
4. Medicaid Recipients whose Medicaid eligibility was determined through the medically needy program.
5. Qualified Medicare Beneficiaries ("QMBs"), Special Low Income Medicare Beneficiaries (SLMBs), or Qualified Individuals at Level I (QI-1s).
6. Medicaid Recipients who have other creditable health-care coverage, such as TriCare or a private health maintenance organization (HMO).
7. Medicaid Recipients who reside in the following:
 - A. Residential commitment programs/facilities operated through the Department of Juvenile Justice (DJJ)
 - B. Residential group care operated by the Family Safety & Preservation Program of the DCF
 - C. Children's residential treatment facilities purchased through the Substance Abuse & Mental Health District ("SAMH") Offices of the DCF (also referred to as Purchased Residential Treatment Services - "PRTS")
 - D. SAMH residential treatment facilities licensed as Level I and Level II facilities
 - E. Residential Level I and Level II substance abuse treatment programs
8. Medicaid Recipients participating in the Family Planning waiver.
9. Participants in the Sub-acute Inpatient Psychiatric Program ("SIPP").
10. Title XXI-funded children with chronic conditions who are enrolled in Children's Medical Services Network.
11. Women eligible for Medicaid due to breast and/or cervical cancer.
12. Individuals eligible under a **hospice**-related eligibility group.