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TITLE: Disenrollment Process

PURPOSE: To document the process for disenrollment from First Coast Advantage

PROCEDURE:

A. General Provisions

1. **Revised 9/1/09: If the contract is renewed**, the Enrollment status of all Members shall continue uninterrupted.
2. Members will not be restricted from the event process to disenroll.
3. Revised 7/23/08: FCA or its agents shall not provide or assist in the completion of a Disenrollment request or assist the Agency's Choice Counselor/Enrollment Broker in the Disenrollment process.
4. Members that disenrolled and wish to file an appeal will have the opportunity to do so.
5. All Members or their representatives will be given the right to file an appeal except for the following reasons for disenrollment:
  - a. Moving out of the Service Area
  - b. Loss of Medicaid eligibility
  - c. **Revised 9/1/09: Determination that a member is in an excluded population.**
  - d. Member death
6. A Member **Revised 9/1/09: subject to open enrollment** may submit to the Agency or its Agent a request to disenroll Revised 6/8/06: without Cause during the ninety (90) Calendar Day change period following the date of the Member's initial Enrollment with or the date the Agency or its Agent sends the Member notice of the Enrollment, whichever is later. Revised 6/8/06: (Notice of disenrollment letter attached – FCA-0806-L11.)
7. A Member may request Disenrollment with Cause every twelve (12) months thereafter **Revised 9/1/09: during the annual open enrollment period. Those not subject to open enrollment may disenroll at any time.**
8. The effective date of an approved Disenrollment shall be the last Calendar Day of the month in which Disenrollment was made effective by the Agency or its Agent, but in no case will Disenrollment be later than the first (1<sup>st</sup>) Calendar Day of the second (2<sup>nd</sup>) month following the month in which the Member or First Coast Advantage files the Disenrollment request.
9. **Revised 09/01/09: The Agency or its agent will process all disenrollments from FCA.**

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10. Revised 09/01/09: The Agency or its agent will make final determinations about granting disenrollment requests and will notify FCA by file transfer and the member by surface mail of any disenrollment decision. Members dissatisfied with an Agency determination may request a Medicaid Fair Hearing.
11. If the Agency or its Agent fails to make a Disenrollment determination within this timeframe, the Disenrollment is considered approved.
12. Revised 09/01/09: When disenrollment is necessary because a member loses Medicaid eligibility, disenrollment shall be at the end of the month in which eligibility was lost.
- B. Revised 9/1/09: When Disenrollment Can Occur
1. A member may request disenrollment at any time. The Agency or the choice counselor/enrollment broker performs disenrollment as follows:
    - a. For cause at any time
    - b. Without cause, for members subject to open enrollment, at the following times:
      1. During the 90 days following the member's initial enrollment, or the date the Agency or its agent sends the member notice of the enrollment, whichever is later.
      2. At least every 12 months.
      3. If the temporary loss of Medicaid eligibility has caused the member to miss the open enrollment period.
      4. When the Agency or its agent grants the member the right to terminate enrollment without cause (done on a case-by-case basis).
      5. If the individual chooses to opt out and enroll in an employer-sponsored health plan.
    - c. Without cause, for members not subject to open enrollment, at any time.
- C. Revised 6/9/06: Cause for Disenrollment
1. A Mandatory Member may request Disenrollment from FCA for Cause at any time. Such request shall be submitted to the Agency or its Agent.
    - a. Revised 9/1/06: The Member moves out of the county, or the Member's address is incorrect and the Member does not live in the county Revised 9/1/09: where FCA is authorized to provide services.
    - b. The Provider is no longer with the PSN.
    - c. The Member is excluded from enrollment.
    - d. A substantiated marketing Revised 3/1/09: or Community Outreach violation occurred.
    - e. The Member is prevented from participating in the development of his/her treatment plan.



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- f. The Member has an active relationship with a provider who is not on the PSN's panel, but is on the panel of another Health Plan.
  - g. Revised 9/1/06: The Member is enrolled in the wrong PSN as determined by the agency.
  - h. The PSN no longer participates in the county.
  - i. The State has imposed intermediate sanctions upon the PSN, as specified in 42 CFR 438.702(a)(3).
  - j. The Member needs related services to be performed concurrently, but not all related services are available within the PSN network; or, the Member's PCP has determined that receiving the services separately would subject the Member to unnecessary risk.
  - k. The PSN does not, because of moral or religious objections, cover the service the Member seeks.
  - l. The Member missed his/her Open Enrollment due to a temporary loss of eligibility, defined as 180 days or less.
  - m. Reasons per 42CFR 438.56(d)(2), including, but not limited to, poor quality of care; lack of access to services covered under the Contract; inordinate or inappropriate changes of PCPs; service access impairments due to significant changes in the geographic location of services; lack of access to Providers experienced in dealing with the Member's health care needs; or fraudulent Enrollment.

2. Voluntary Members may disenroll from FCA at any time.