

482-000-3 Health Plan Disenrollment/Primary Care Physician (PCP) Transfer Procedure Guide

Note: For purposes of this guide, the term plan is defined to mean the physical health plan only.

Overview

A disenrollment is a change in a client's enrollment from one health plan to another. A transfer is a change in a client's PCP to another PCP. A disenrollment/transfer may be made at the client's request (See 482 NAC 2-003.01) or at the PCP and plan's request (See 482 NAC 2-003.03).

A transfer may also be made from one PCP location to another PCP location.

Client Requested Health Plan Disenrollment

The client must contact the Enrollment Broker (EB) to request a disenrollment from their health plan. The EB must assist the client in requesting a disenrollment by:

1. Discussing the reasons for disenrollment with the client and attempt to resolve any conflicts, when in the client's best interest;
2. The EB will determine if the disenrollment request is within the client's initial enrollment or anniversary period or if the request will have to be reviewed for good cause;
3. Reviewing the client's needs to facilitate the client's choice of health plan and processing that request if it is within the initial enrollment or anniversary period;
4. If the request is outside of the initial enrollment or anniversary period, the EB will complete Form MS-25 Plan Disenrollment Client Request Form and submit to the Department within ten days of the request;
5. The Department will take action to approve or deny the request within 5 working days of receipt of the request (See 482 NAC 2-003.02B);
6. The Department will notify the EB of the decision who will process the disenrollment by entering the information on the Managed Care File;
7. If the disenrollment is denied, the Department shall issue notification to the client. (See 482 NAC 7-000 for the client's grievances/appeals process).
8. If the disenrollment is approved, the EB will contact the client and inform the client of the approval and effective date. The plan will be notified via the enrollment report.
9. The effective date of an approved disenrollment will be the first day of the month following the decision given system cutoff but no later than the first day of the second month following the request.

The plan may work with the EB to resolve any issues raised by the client at the time of request for transfer but may not coerce or entice the client to remain with them as a member.

Client Requested PCP Transfer

The client must contact their health plan to request a PCP transfer. The health plan must discuss the following:

1. The importance of maintaining a medical home;
2. How the client's medical care may be affected by the transfer and what the client's responsibility is in obtaining new referrals or authorizations;
3. That outstanding services may require additional referrals/authorizations in order to maintain the continuation of medical care; and
4. That services approved or authorized by one PCP is no guarantee of approval/authorization of the same service with the new PCP.

The health plan will document the reason for the request/transfer and then report the transfer reason and new assigned PCP on the PCP Transfer file. The transfer reason and PCP will be entered into the Managed Care File via the PCP Transfer file. Any transfer for a client under a "lock-in" provision must be completed per lock-in procedures (see 482-000-07).

The PCP and plan shall maintain responsibility for providing the services in the basic benefits package to the client until a transfer is completed.

PCP and Health Plan Requested Transfer

The PCP and health plan may request that the client be transferred to another PCP and/or health plan, based on the following or similar situations:

1. The PCP and health plan has sufficient documentation to establish that the client's condition or illness would be better treated by another PCP and health plan;
2. The individual physician retired, left the practice, died, etc.;
3. The PCP and health plan has sufficient documentation to establish fraud or forgery, or evidence of unauthorized use/abuse of Medicaid services by the client.

The health plan shall provide documentation that attempts were made to resolve the reason for the transfer request through contact with the client or his/her legal representative, the PCP, or other appropriate sources.

The PCP and health plan shall maintain responsibility for providing the NHC benefits to the client until a transfer is completed.

The PCP and plan may not request a disenrollment/transfer due to an adverse change in the client's health, or because the client's utilization of medical services, diminished capacity, or uncooperative or disruptive behavior resulting from his/her special needs (except when his/her continued enrollment seriously impairs the MCO's ability to furnish services to either the client or other clients).

The following procedure applies when a PCP requests a transfer.:

1. The PCP shall contact the health plan and provide documentation of the reason(s) for the transfer. The health plan is responsible for investigating and documenting the reason for the request. Where possible, the health plan shall provide the PCP with assistance, education, etc., to try to maintain the medical home;
2. The health plan will submit the request to the Department within ten days of the request;
3. The Department approves or denies the request for transfer within five working days of receipt of the request and responds to the health plan;
4. If a PCP transfer is approved, the health plan will contact the client and assist the client in choosing a new PCP and document the transfer on the PCP Transfer report;
5. If the client does not select a PCP within fifteen (15) calendar days after the decision, the health plan will automatically assign a PCP and document the transfer on the PCP Transfer report;
6. The effective date of the transfer is the first of the next month possible, given system cutoff.

Form MS-24 Nebraska Health Connection (NHC) Plan/PCP Requested Transfer, is utilized for PCP requested transfers (see Attachment B).

The following procedure applies when a health plan requests a transfer:

1. The health plan shall contact the Department and provide documentation of the reason(s) for the transfer. The plan is responsible for investigating and documenting the reason for the request;
2. The Department shall review the documentation and conduct any additional inquiry to clearly establish the reason(s) for transfer;
3. The Department approves or denies the request for transfer within five working days of receipt of the request and responds to the health plan;

4. If a disenrollment is approved, the Department will also notify the EB who will contact the client and assist the client in selecting a new health plan;
5. The EB shall enter the choice of health plan in the Managed Care File. The client and health plan are notified of the approval or denial of the transfer.
6. The effective date of the approved transfer is the first of the next month possible, given system cutoff.

Form MS-24 Nebraska Health Connection (NHC) Plan/PCP Requested Transfer, is utilized for health plan requested transfers (see Attachment B).

Attachment A - Form MS-25, Nebraska Health Connection Plan Disenrollment Client Request Form

This form is used by the Enrollment Broker (EB) to notify the Department of a client's request to disenroll from a plan for a good cause determination. The form is only when the request is not within the client's initial enrollment or anniversary period and is completed as follows:

1. Enter the listed client information;
2. Complete the section on reason for disenrollment request. This section must be completed by the client or as stated by the client;
3. Check the appropriate box regarding the PCP change;
4. Check the appropriate boxes regarding the reason(s) for request;
5. Complete the additional information to further explain how the request meets the reason for request listed above;
6. Indicate the name of the person completing the form and a telephone number; and
7. Route the form to the the Department by faxing to the Managed Care fax at 402-742-2337 or secure email to the Managed Care address at DHHS.Medicaid.Managed.Care@nebraska.gov.



**Nebraska Health Connection (NHC)
Plan Disenrollment Client Request**

Name of Client	
Client Medicaid Number	Date of Disenrollment Request
Name/Number/Location of Primary Care Physician (PCP)	
Name of Health Plan	Requesting Transfer to Health Plan
Reason for disenrollment request, as stated by client	

Enrollment Broker Services

- Client does not want to change PCPs.
- Client does want to change PCPs. Forward any information already known to the plan about the client-PCP situation for inclusion in the transfer notes.

Reason for the Request (Check all that applies)

- Poor Quality of Care.
- Lack of access to needed services.
- Lack of access to needed providers.
- Other:

Additional Information

Name of Person Completing Form	Telephone Number
Date Form Completed	Date Forwarded to Central Office

For Central Office Use

- Transfer Approved
Effective date of transfer _____
- Transfer not Approved
Date Notice Sent to Client _____

Attachment B - Form MS-24, Nebraska Health Connection (NHC) Plan/PCP Requested Transfer Form

This form is used by the Health Plan (EB) to notify the Department of a Primary Care Physician's (PCP) transfer request or a Health Plan disenrollment request. The form is completed as follows:

1. Enter the listed client information;
2. Enter the PCP/Plan information;
3. Complete the section on reason for request including the recommendations provided to the client and the assessment of the impact on the client;
4. Attach the identified documentation provided with the request;
5. Indicate the name of the person completing the form and a telephone number; and
6. Route the form and attachments to the Department by faxing to the Managed Care fax at 402-742-2337 or secure email to the Managed Care address at DHHS.Medicaid.Managed.Care@nebraska.gov.



**Nebraska Health Connection (NHC)
Plan/PCP Requested Transfer**

Name/Address of Client

Client's Medicaid Number

Name/Address of Primary Care Physician (PCP) Requesting Transfer

Name of Health Plan / Requesting Transfer / Contact Name

Reason for the Request (Check all that applies):

- Client's condition or illness would be better treated by another PCP / Plan
- Client / Provider relationship is not mutually acceptable, e.g., the client is uncooperative, disruptive, does not follow medical treatment, does not keep appointments, etc. (PCP Request only)
- Travel distance substantially limits the client's ability to follow through with PCP services / referral (PCP Request only)
- Fraud or forgery or evidence of unauthorized use / abuse of NHC services by the client
- Other (specify)

Provide a recommendation of viable alternatives to provide to the client

Provide an assessment of the positive / negative effects on the client's continuity of care specific to an approval or denial of the request

Identify what documentation is attached (check all that apply)

- Detailed accounting of the reason for the transfer request
- Detailed accounting of the attempt(s) made by the PCP / Plan to resolve the issue and work with the client
- Documentation that the client continues to have behavior that is disruptive, abusive, or uncooperative
- Documentation that the client's behaviors have been evaluated to determine if the behaviors are due to a mental illness and whether the condition / behaviors can be treated / controlled through appropriate interventions
- Documentation that the PCP / Plan have explored appropriate alternatives with the client, and a recommendation as to the most appropriate alternative
- Other (specify)

Name of Person Completing Request

Telephone Number

Date

For Central Office Completion

- Plan Transfer Approved Effective Date _____
- Plan Transfer Denied Plan Notification Date _____
- PCP Transfer Approved Effective Date _____
- Client assigned Lock-in Status Lock-in Status Level _____
Client Notification Sent _____