

482-000-4 Waiver of Enrollment Procedure Guide

Note: For purposes of this guide, the term plan is defined to mean the physical health plan or the MH/SA plan, or as specifically noted.

Overview

A waiver of enrollment occurs in two situations:

1. An eligibility change, and
2. A special circumstance.

Waiver of Enrollment Due to Eligibility Changes

Waiver of enrollment shall occur automatically in the following situations:

1. The client's Medicaid case is closed or suspended;
2. A sanction is imposed on the client; or
3. The client is no longer mandatory for managed care.

The Department shall notify the client, and plan of the waiver of enrollment. Waiver of enrollment is prospective and is effective the first month possible, given system cutoff.

Waiver of Enrollment Due to Special Circumstance

The Department shall manually waive the client in the following situations by entering the waiver of enrollment on the Managed Care File:

1. The client is a transplantation recipient; or
2. The client is residing out of the service areas and the Department determines that it is no longer appropriate for the client to remain in physical health managed care.

Form MS-27, Nebraska Health Connection (NHC) Waiver of Enrollment Request (See Attachment A) is used to notify the Department of the request for waiver of enrollment. The Department shall enter the status of the request in the Managed Care File. Note: The client may be disenrolled from the Physical Health and/or Mental Health/Substance Abuse (MH/SA) components of Managed Care.

The Department shall notify the client of the waiver of enrollment, whether s/he is waived from the Physical Health and/or the MH/SA components, and whether s/he shall remain eligible for Medicaid on a fee-for-service basis.

The Department shall report all waiver of enrollments to the plan on the enrollment report.

Some waivers of enrollment are permanent, e.g., transplantation; while others will be approved for a specified period of time, e.g., pregnancy-related. These time limits will be identified on the client Notice, and will be reported to the EB. As appropriate, the Department will monitor the duration of the waiver.

Attachment A - Form MS-27, Nebraska Health Connection (NHC) Waiver of Enrollment Request Form

This form is used by the Enrollment Broker (EB) to request the waiver of enrollment of a client from managed care. The form is completed as follows:

1. Complete the client information and check the appropriate boxes for managed care status and complete the appropriate sections.
2. Check in which situations the EB is categorizing the client's request and provide any additional information.
3. Check the required steps that have been undertaken by the EB.
4. Route the form and all related documentation to the Department via the Managed Care fax at 402-742-2337 or secure email to the Managed Care email address at DHHS.Medicaid.Managed.Care@nebraska.gov (ATTN: Managed Care Unit).

