

	Title: Disenrollment from DCO	Version: 2
	Owner: Melissa Mitchell (Director of Production)	Approved: 03/22/2018

Purpose: To establish guidelines for the disenrollment of an enrollee from the Dental Care Organization (DCO).

Responsibility: Quality Improvement (QI)/Utilization Review (UR) Committee

Scope: Advantage Dental Services, LLC

Definitions: n/a

Forms: n/a

References: 42 CFR 438.100; OAR 410-141-3080

Policy:

Disenrollment of an enrollee from a DCO is contingent upon a variety of factors and interventions on the part of the DCO. The following procedure is to be followed when requesting disenrollment of an enrollee.

1. MAP may disenroll an enrollee for any of the following causes:

- A. Enrollee commits or threatens an act of physical violence directed at the provider, their office staff, other patients, property or the DCO's employees or representatives to the point that the enrollee's continued enrollment seriously impairs the provider's ability to furnish services to the enrollee, other enrollees, or other patients.
- B. Enrollee commits fraudulent or illegal acts against the provider or in the provider's presence, (i.e. permitting use of his/her medical ID card by others, altering a prescription, theft or other criminal act), their office staff, other patients, property or the DCO's employees or representatives. Any criminal act needs to be reported to the police or Children, Adult & Family (CAF) Fraud Unit as appropriate.

Enrollee's behavior is disruptive, unruly, or abusive to the point that his/her enrollment seriously impairs the provider's ability to provide services to the enrollee, other enrollees, or other patients.

2. Enrollees shall not be disenrolled based solely on the following reasons:

- A. Because of a physical or mental disability;
- B. Because of an adverse change in the enrollee's health;
- C. Because of the enrollee's utilization of services, either excessive or lack thereof;
- D. Because the enrollee requests a hearing;
- E. Because the enrollee has been diagnosed with End State Renal Disease;
- F. Because the enrollee exercises his/her option to make decisions regarding his/her medical care with which the provider disagrees;



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- G. Because of uncooperative or disruptive behavior, including threats or acts of physical violence, that are a result of the enrollee's special health care needs (except when continued enrollment seriously impairs the provider's ability to furnish services to the enrollee or other enrollees).
3. The disenrollment request shall be submitted in writing by the DCO's Case Management Department to the DCO's Prepaid Health Plan (PHP) Coordinator or to the Coordination Care Organization (CCO). Documentation from the provider and Case Management Department must document the reasons for the request, provide written evidence to support the basis for the request and document the attempts at interventions.
 4. The following procedure must be followed when requesting disenrollment prior to requesting disenrollment from MAP:
 - A. In cases of threats of acts of physical violence, the provider should contact the police, and then call the DCO's Customer Service Department;
 - B. Under all other circumstances, there shall be notification from the provider to the DCO at the time the problem is identified, and reported through the Case Management System on the DCO's website. The report must describe the problem and allow time for appropriate intervention by the DCO's Case Management. The behavioral problem must be documented in the enrollee's dental record. The DCO shall conduct provider education regarding early intervention and available services;
 - C. The DCO, through the Case Management Department, shall contact the enrollee either verbally or in writing, depending on the severity of the problem, to develop a Behavioral Contract regarding the problem(s). If contact is verbal, it shall be documented in the enrollee's record. The DCO shall inform the enrollee that his or her behavior may result in disenrollment from the DCO;
 - D. The DCO shall provide enrollee education, counseling, and/or other interventions in a serious effort to resolve the problem;
 - E. The DCO shall contact the CCO and/or the enrollee's Department of Health Services (DHS) caseworker regarding the problem, and if needed, involve the caseworker and other appropriate agencies' representatives in the resolution, within the laws governing confidentiality;
 - F. If the severity of the problem and intervention warrants, the DCO shall develop a care plan that details how the problem is going to be addressed and/or coordinate a case management conference. Involvement in the case management conference should include the provider, DHS caseworkers, enrollee, family, CCO, and other appropriate agencies' representatives as necessary. A release of information to the provider shall be obtained in order to involve other agencies. If a verbal release of information is obtained, it needs to be documented in the enrollee's record;
 - G. If the provider terminates the enrollee/provider relationship the DCO shall attempt to reassign the enrollee to another provider in the DCO's network. If needed, a release of information shall be obtained in order to share information with the new provider. All terminations shall be according to the DCO's policies and must be consistent with the provider's policies for commercial enrollees;

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H. If the problem persists, the DCO may request disenrollment of the enrollee by submitting a written request to the DCO’s PHP coordinator or to the CCO;

I. Documentation shall include the following:

- 1) The reason for requesting disenrollment including, a summary of the DCO’s efforts to resolve the problem and other options attempted prior to submitting request.
- 2) Documentation should be objective, with specific details and direct quotes when problems involve disruptive, unruly, abusive, or threatening behavior.
- 3) Where appropriate, background information including enrollee’s age, diagnosis, mental status (level of understanding of the problem and situation), functional status.
- 4) Where appropriate, separate statements from the provider, caseworker, and other agencies as involved.
- 5) If reason for request is related to Medical Assistance Program (MAP) enrollee’s substance abuse treatment, the DCO shall notify its PHP Coordinator or CCO.
- 6) In cases where the enrollee’s behavior is uncooperative or disruptive, including threats or acts of physical violence, as a result of his/her special needs or disability, the following must also be demonstrated:
 - a. A written assessment of the relationship of the behavior to the disability including: Current medical knowledge or best available objective evidence to ascertain the nature, duration, and severity of risk to the health or safety of others; the probability that potential injury to others will actually occur; and whether reasonable modifications of policies, practices, or procedures will mitigate the risk to others;
 - b. An interdisciplinary team review that includes a mental health professional and/or behavioral specialists to assess the behavior, its history, and previous history of efforts to manage;
 - c. If warranted, a clinical assessment that the behavior will not respond to reasonable clinical or social interventions;
 - d. Documentation of any accommodations that have been attempted;
 - e. Documentation of the rationale for concluding that the enrollee’s continued enrollment seriously impairs the provider’s ability to provide services to the enrollee or other enrollees;
 - f. Any additional information or assessments requested by the DCO’s PHP Coordinator or CCO.

5. Request will be reviewed according to the following process:

A. If there is sufficient documentation, it will be evaluated by a team of PHP Coordinators or the CCO, who may request additional information from other agencies as needed;



Title: Disenrollment from DCO	Version: 2
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- B. If there is not sufficient documentation, the DCO’s PHP Coordinator, or the CCO, will notify the DCO within 2 business days of what additional documentation is needed before the request can be considered;
 - C. The team of PHP Coordinators, or the CCO, will review the request and notify the DCO of the decision within ten (10) working days of the receipt. Written decisions will be sent within fifteen (15) working days from receipt of request and sufficient documentation from the PHP or the CCO;
6. If disenrollment is approved:
- A. The disenrollment date is thirty (30) days after the approval, except in cases of abuse, violence, fraud, or illegal acts;
 - B. The DCO must send the enrollee a letter within fourteen (14) days after the request has been approved, with a copy to the enrollee’s DHS caseworker and MAP’s Health Management Unit (HMU), except in cases where the enrollee is also enrolled in a PHP Medicare HMO. The letter must give the date of disenrollment, reason for disenrollment, and the notice of enrollee’s right to an Administrative Hearing;
 - C. In cases where the enrollee is also enrolled in the Fully Capitated Health Plan’s (FCHP’s) or Physician Care Organization’s (PCO’s) Medicare Advantage Plan, and the plan has received permission to disenroll the enrollee, the FCHP or PCO shall provide proof of the CMS approval to disenroll the enrollee and the date of disenrollment shall be the date approved by CMS. If CMS does not approve the disenrollment, the Enrollee shall not be disenrolled from the PHP Oregon Health Plan (OHP) Plan;
 - D. The disenrollment date is 30 days after the date of approval:
 - a. Unless the PHP Coordinator approves a PHP’s request for disenrollment because of the enrollee’s uncooperative or disruptive behavior, including threats or acts of physical violence directed ant the provider, staff or other patients;
 - b. If an enrollee who has been disenrolled for cause is re-enrolled in the PHP, the PHP may request a disenrollment review by the PHP’s PHP Coordinator or DCO may make the request the CCO;
 - E. If the Enrollee requests a hearing, the Enrollee will continue to be disenrolled until a hearing decision reversing that disenrollment has been mailed to the Enrollee and the Plan;
 - F. The PHP Coordinator will determine when enrollment in another PHP or Primary Care Manager (PCM) is appropriate. PHP Coordinator will contact Enrollee’s DHS caseworker to arrange enrollment;
 - G. When the disenrollment date has been determined, Health Management Unit (HMU) sends a letter to the Enrollee with a copy to the Enrollee’s DHS caseworker and the Plan. The letter shall inform the Enrollee of the requirements to be enrolled in another Plan.
7. In case of violence or abuse:
- A. MAP will inform the enrollee of the disenrollment decision in writing, including the right to request an Administrative Hearing;



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- B. If approved, the enrollee shall be disenrolled as of the date of the DCO’s request for disenrollment;
 - C. All MAP enrollees in the enrollee’s case number may be disenrolled if the DCO requests;
 - D. MAP may require enrollee and/or the additional enrollees with the same case number to obtain services from fee-for-service providers or a Primary Care Case Manager (PCCM) until such time they can be enrolled with another DCO;
 - E. At the time of enrollment with another DCO, MAP shall notify the new DCO that the enrollee and/or the additional enrollees with the same case number were previously disenrolled from another DCO at their request.
8. In case of fraud or illegal acts the following shall apply:
- A. The DCO shall inform the MAP enrollee of the disenrollment decision in writing, including the right to request an Administrative Hearing;
 - B. The enrollee shall be disenrolled as of the date of the DCO’s request for disenrollment;
 - C. At the time of enrollment with another DCO, MAP shall notify the new DCO that the enrollee and/or the additional enrollees with the same case number were previously disenrolled from another DCO at their request.
9. If an enrollee who has been disenrolled is reenrolled with the same DCO, that DCO may request a disenrollment review by the DCO’s PHP Coordinator. An enrollee may not be disenrolled from the same DCO for a period of more than 12 months. If the enrollee is reenrolled after the 12 month period and again disenrolled for cause the disenrollment will be reviewed by DHS for further action.
10. Other reasons for requests for disenrollment may include:
- A. Enrollee is in hospital at time of enrollment;
 - B. Enrollee is in current treatment that cannot be provided by DCO’s panel providers;
 - C. Enrollee moves out of service area or is out of area for longer than 3 months without having made prior arrangements with Plan;
 - D. MAP enrollee is an inmate. Enrollee must have been incarcerated for at least 14 days and currently incarcerated;
 - E. Enrollee is in a state psychiatric institution.
11. MAP may initiate and disenroll Enrollees as follows:
- A. Enrollee has sufficient third party resources;
 - B. If Enrollee moves out of service area;

	Title: Disenrollment from DCO	Version: 2
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C. If Enrollee is no longer eligible;

D. If Enrollee dies.

Approvals:

Date: 03/22/2018

Approved by:

Lorena Reinhart (Executive Assistant), Executive Assistant, Operations

Reviewed and Revised

06/14/2012	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
05/02/2014	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2015	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Laura Donadio
02/23/2016	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Jeff Dover
02/14/2017	Jeanne Dysert	Tamara Kessler	Missy Mitchell	
03/17/2017	QI/UR Committee			
03/12/2018	Jeanne Dysert	Tamara Kessler	Missy Mitchell	Rose Novak