

Advantage Dental

From DentaQuest

Policy Name: Disenrollment from DCO	Policy Number: PL016-Disenrollment from DCO-CARE
Type of Policy: DCO	Effective Date: 06/14/2012
Responsible Department: Plan Operations	
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Approved By: Clinical and Credentialing Sub-Committee	Approved Date: 07/17/2019
PURPOSE: To establish guidelines for the disenrollment of an enrollee from the Dental Care Organization (DCO).	
<p>POLICY:</p> <p>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.</p> <ol style="list-style-type: none"> 1. OHA may disenroll an enrollee for any of the following causes: 2. Enrollee commits fraudulent or illegal acts related to the enrollee's participation in the OHP such as: Permitting the use of their medical ID card by others, altering a prescription, theft, or other criminal acts. The DCO shall report any illegal acts to law enforcement authorities and, if appropriate, to DHS Fraud Investigations Unit at 888-Fraud01 (888-372-8301) or http://www.oregon.gov/DHS/abuse/pages/fraud-reporting.aspx as appropriate, consistent with 42 CFR 455.13; Enrollees shall not be disenrolled based solely on the following reasons: <ol style="list-style-type: none"> (a) Because of a physical, intellectual, developmental, 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 exercises their option to make decisions regarding their medical care with which the CCO disagrees; (f) Because of uncooperative or disruptive behavior resulting from the enrollee's special needs. <p>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.</p> 3. The following procedure must be followed when requesting disenrollment prior to 	

requesting disenrollment from OHA:

- A. In cases of threats of acts of physical violence, the provider should contact the police, and then call the DCO's Member Services 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 their behavior may result in disenrollment from the DCO;
- D. The DCO shall provide enrollee education, counseling, and/or other interventions 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, representative, CCO, and other appropriate agencies' representatives as necessary;
- 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. The DCO shall determine whether the PCD's termination of the provider/patient relationship is based on behavior related to the enrollee's disability and shall provide education to the PCD about disability discrimination laws;
- 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 Oregon Health Authority (OHA) 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 their 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.

4. The following procedures apply to all approved disenrollment requests:

- (a) The PHP Coordinator or CCO shall send the enrollee a notice within five days after the request was approved with a copy to the CCO and the enrollee's care team;
- (b) The notice shall give the disenrollment date, the reason for disenrollment, and the notice of the enrollee's right to file a complaint as specified in OAR 410-141-3230 through 410-141-3248 and to request an administrative hearing and the option to continue enrollment in the DCO pending the outcome of the hearing in accordance with 42 CFR 438.420. If the enrollee requests a hearing, the disenrollment shall proceed unless the enrollee requests continued enrollment pending a decision;
- (c) The disenrollment effective date shall be ten calendar days after the disenrollment notice is sent to the enrollee, unless the enrollee requests a hearing and ongoing enrollment pending a hearing decision. The disenrollment shall become effective immediately upon the issuing of an administrative law judge's decision to uphold disenrollment;
- (d) If disenrollment is approved, the PHP Coordinator or CCO shall contact the enrollee's

care team to arrange enrollment in a different plan. The Division may require the enrollee to obtain services from FFS providers until such time as they can be enrolled with another DCO;

- (e) (e) If no other DCO is available to the enrollee, the enrollee shall be exempt from enrollment in that type of managed care plan for 12 months. If an enrollee who has been disenrolled for cause is re-enrolled in the DCO, the DCO may request a disenrollment review by the PHP Coordinator or CCO. An enrollee may not be involuntarily disenrolled from the same DCO for a period of more than 12 months. If the enrollee is re-enrolled after the 12-month period and the DCO or the enrollee again requests disenrollment for cause, the request shall be referred to the Authority's assessment team for review.

Reviewed and Revised By:

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