blue california
Promise Health Plan

Policy Title: Member Disenrollment		POLICY #: 10.2.24 Line of business: Medi-Cal	
Department Name: Utilization Management	**Original Date** 1/02	**Effective Date** 5/19	**Revision Date** 12/18
Department Head: Sr. Director, UM		**Date: 3/21**	
Medical Services/P&T Committee: (If Applicable) PHP CMO		**Date: 3/21**	

PURPOSE

To establish a process to follow for disenrolling members from Blue Shield of California Promise Health Plan (Blue Shield Promise) when there has been a breakdown in relationship between Blue Shield Promise or the provider and the member.

POLICY

Blue Shield Promise Health Plan's policy to ensure a process is followed for disenrolling members efficiently and effectively.

PROCEDURE

Plan Initiated Disenrollment:

Definition: Disenrollment refers to termination of a member's enrollment in Blue Shield Promise Health Plan.

Plan initiated request for disenrollment must be based on documentation validating that there has been a breakdown in the relationship between Blue Shield Promise and the member, or between the provider and the patient.

Request for disenrollment resulting from a breakdown in the provider/member relationship must include documentation of any one of the following circumstances:

1. The member is verbally or physically abusive to the provider or administrative staff or to other members
2. The member fails to follow prescribed treatment, or repeatedly fails to keep scheduled appointments
3. The member repeatedly uses providers not affiliated with Blue Shield Promise for non-emergency services without prior authorization
4. The member persists in conduct, which interferes with the effective rendition of health care
5. The member allows someone to use the Blue Shield Promise ID card.

Reasonable efforts should be made to:

1. Counsel or modify the member's behavior and;
2. Provide the member the opportunity to develop an acceptable provider/patient relationship with another provider at the Participating Provider Groups (PPGs). These

efforts must be documented and will begin the member's disenrollment process. The documentation must indicate that counseling has been unsuccessful.

Blue Shield of California Promise disenrollment (This involuntary disenrollment must go through the Blue Shield Promise grievance process):

1. Member identified as a potentially non-compliant
2. Referral to Case Manager
3. Case Manager sends out introductory letter to member – Letter #1 (Attachment A)
4. Case logged and discussed at Case Management Meeting (Attachment B)
5. Case Manager continues to attempt to reach member and offer assistance
6. If no response from member after 30 days, Case Manager sends out Letter #2 (Attachment C)
7. Case Manager continues to attempt to reach member and offer assistance
8. If no response from member after 30 days, Case Manager brings case to case management/Medical Director for a review and determination
9. If member is determined to be non-compliant, Case Manager sends out Letter #3 (Attachment D).

IPA/Medical Group Disenrollment:

1. Member identified as a potentially non-compliant
2. Referral to case manager
3. Case manager sends out introductory letter to member – Attachment E
4. Case logged and discussed at case management meeting
5. Case manager continues to attempt to reach member and offer assistance
6. If no response from member after 30 days, case manager sends out – Attachment F
7. Case manager continues to attempt to reach member and offer assistance
8. If no response from member after 30 days, case management brings case to Case Management Meeting/Medical Director review and determination
9. If member is determined to be non-compliant, case manager notified Blue Shield Promise the need to send out Attachment D.

Member Initiated Disenrollment

Members may disenroll from Blue Shield Promise at their own discretion.

Under certain circumstances, a member may be mandatory disenrollment from managed care:

1. Loss of Medi-Cal eligibility
2. Relocation outside of County
3. Change of aid code to a managed care ineligible code
4. Certain medical conditions such as need for major organ transplantation (except Kidney and Eye), result in mandatory disenrollment

For cases in which disenrolled members reverts to fee-for-service Medi-Cal, the former member could be feasibly continuing to receive care from the same provider(s) on a fee-for-service basis. The disenrollment request will be processed by HCO and not through Blue Shield Promise grievance process. Members are to send completed disenrollment forms directly to HCO.

When the member's coverage of services ends while a member still needs care, Blue Shield Promise Health Plan will offer to educate the member (or the member's designated representative) about alternatives for continuing care and how to obtain care, as appropriate.

Member's whose benefits will end, but who will still need care, are identified from reports through the case management or authorization referral process, or through review of member eligibility

requirements for linked and Carved-Out Services. Blue Shield Promise Health Plan will identify available resources and educate members regarding those resources within the member's local community.

Case Manager Case type assignment:

- Frequent ER visits
- Noncompliant member
- OB Case
- Inappropriate assignment by State (often referred by inpatient CMs)
- Out of Area
- LTC

REFERENCES