

**Subject: Plan Disenrollment for Non-compliant
Members**

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Goal:

To ensure compliance with Tuality Health Alliance (THA) standards and provide consistency between the participating health plans when utilizing the Disenrollment procedure.

Policy:

- I. THA has a full case management program designed to facilitate care and communication with members. It is not THA's intent to disenroll members but to attempt to identify solutions that will be to the member's advantage and assist in finding the best venue for the member's care.
- II. In the event that case management is not successful in coordinating care for difficult or non-compliant members, a procedure has been established that provides a process for disenrollment.
- III. THA may request disenrollment of a Division of Medical Assistance Program (DMAP) member subject to the American with Disabilities Act requirements. This may include the following:
 - A. Missed appointments:

The number of appointments is to be established by the provider or THA. The number must be the same as for commercial members. The provider must document they have attempted to ascertain the reasons for the missed appointments and to assist the member in receiving services.
 - B. Behavior:
 1. Member's behavior is disruptive, unruly, or abusive to the point that his/her enrollment seriously impairs the provider's ability to furnish services to either the member or other members.
 2. The member commits or threatens an act of physical violence directed at a medical provider or property, the provider's staff, or other patients or THA's staff to the point that THA cannot furnish services.
 - C. Exceptions to "B" above:

A member may not be disenrolled solely for the following reasons:

 1. Because of a physical or mental disability
 2. Because of an adverse change in the member's health

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3. Because of the member's utilization of services, either excessive or lack thereof;
 4. Because the member has been diagnosed with End Stage Renal Disease
 5. Because the member exercises their option to make decisions regarding their medical care with which THA disagrees
 6. Because of uncooperative or disruptive behavior, including but not limited to threats or acts of physical violence, resulting from the member's special needs (except when continued enrollment seriously impairs THA's ability to furnish services to the member or other members).
- D. The member commits fraudulent or illegal acts such as:
1. Permitting the use of his/her medical ID card by others
 2. Altering a prescription
 3. Theft or other criminal acts committed in/on any provider's or THA's premises.
 4. The PCP shall report any illegal acts to law enforcement authorities
 5. THA will notify the Children, Adults and Families (CAF) Fraud Unit as Appropriate.
- E. DMAP Clients who have been exempted from mandatory enrollment with THA, due to the DMAP Client's eligibility through a hospital hold process and placed in the Adults/Couples Category as required under OAR 410-141-060.
- F. The member is enrolled with THA after the first day of inpatient hospitalization
- G. If the member has End Stage Renal Disease at the time of enrollment
- H. If the member has a third party insurer.
- I. If the member moves out of THA's service area.
- J. If the member is an inmate who is serving time for a criminal offense or confined involuntarily in a State or Federal prison, jail, detention facility, or other penal institution.

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- K. If the member has surgery scheduled at the time their enrollment is effective with THA, the Provider is not on THA's Provider panel, and the member wishes to have the services performed by that Provider.

- IV. THA must compose a written assessment of the relationship of the behavior to special needs or disability of the member and whether the member's behavior poses a direct threat to the health or safety of others. This means a significant risk to the health or safety of others that cannot be eliminated.
 - A. The THA Case Manager will make an individualized assessment, based on reasonable judgment that relies on current medical knowledge or evidence to identify the nature, duration and severity of the risk to the health or safety of others and the probability that the potential injury will actually occur.

 - B. THA Case Management will make every reasonable effort to complete an interdisciplinary review that includes a mental health professional or behavioral specialist from Washington County Mental Health. This specialist must have the expertise in treating the member's condition and be able to assess the behavior and any history or previous efforts to manage the behavior.

 - C. THA must document the rationale for concluding that the Member's continued enrollment with THA seriously impairs THA's ability to furnish services to the member.

- V. THA Case Management will put the request for disenrollment in writing with evidence to support the basis for the request and document the interventions taken in an effort to resolve the conflict. This will be submitted to THA's Prepaid Health Plan (PHP) Coordinator for approval.
 - A. The THA provider involved in the action will notify THA Case Management of the problem and describe the problem and allow time for appropriate intervention by THA. This notification will be documented in the Member's Clinical record.

 - B. THA will contact the member either verbally or in writing to inform the member of the problem and attempt to resolve the problem by educating the member and or, providing counsel. Document in the medical record.

 - C. THA will notify the member's Department of Human Services Caseworker

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within the laws of confidentiality in an effort to resolve the issue.

- VI. If the physician terminates the member from their practice, THA will attempt to locate another physician on THA's panel that will accept the member. THA case management will follow the continuity of care policy.

Refer: OAR 410-141-0080
THA Policy VI-6 Continuity and Coordination of Care

Formulated: October 1997
Revised: May 1998
July, 1999
July 2002
November 2006
February 2009
June 2011

THA Plan Director

THA Medical Director