17. MEMBER TRANSFERS AND DISENROLLMENT

A. Primary Care Provider Transfers

1. Voluntary

APPLIES TO:

A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

A. IEHP makes best efforts to accommodate Member requests for transfer of Primary Care Providers (PCPs) whenever possible.

B. IEHP's goal is to respond to Member needs, facilitate continuity of care, and retain IEHP Membership.

C. IEHP Members can change PCPs on a monthly basis.

PROCEDURES:

A. A Member may request to transfer to another PCP by calling an IEHP Member Services Representative (MSR) (877) 273-IEHP (4347) or by logging into the secure Member portal at www.iehp.org.

B. Members present at the Doctor's office may be granted retroactive PCP changes if the Doctor will see them that day.

C. Members who are not able to get an appointment the same day at their PCP's office and who call Member Services, may choose to be retroactively assigned to a PCP that will see them that day.

D. If the request to change a PCP is received during the current month, IEHP changes the Member's PCP effective the first day of the following month.

E. If the Member is hospitalized, confined in a Skilled Nursing Facility (SNF), or receiving other acute institutional care at the time of request, the change is effective the first day of the next month following the Member's discharge from the facility.

F. A Member's request for transferring to another PCP may be denied by IEHP for the following reasons:

1. The requested PCP is closed to new enrollees due to capacity limitations.
2. The requested PCP is no longer credentialed or contracted with IEHP Direct or an IEHP affiliated IPA.
3. The IEHP Chief Medical Officer (CMO) or Medical Director determines the transfer would have an adverse effect on the Member's quality of care.

G. IEHP must notify Members of any termination, breach of contract, or other inability to provide services by the Member's PCP or IPA a minimum of thirty (30) days in advance of the

inability to provide services. In this event, the Member may continue to receive care from the PCP until IEHP has made provisions for the assumption of health care services by another PCP and notified the Member by mail.

H. The plan for assuring Member continuity of care must include options for the new PCP assignment and transfer of care. The IPA has two (2) options:

1. Recommend assigning the Member to another PCP within the IPA with subsequent transfer of care facilitated by the IPA.
    a. Member's medical records, including approved authorizations, need to be forwarded to the new PCP. Since there is no change in IPA, Member will receive uninterrupted care.
2. Refer the Member to IEHP Member Services for new PCP assignments with a different IPA and transfer of care.
    a. Member's Medical records, including approved authorizations, need to be forwarded to the new PCP. Since there is a change in IPA the new IPA must honor the approval from the previous IPA, either seeking a Letter of Agreement (LOA) with the Specialist approved by the previous IPA or directing the Member in network to another Specialist that can perform the approved services.

I. Under specific circumstances, Member transfers may be retroactive.

1. Retroactive PCP transfers for Members that have been enrolled with IEHP for ten (10) days or less, can occur if all the following are met:
    a. The newly enrolled Member, the Member's parent, or legal guardian contacts Member Services by the 10th of their first month of enrollment.
    b. The Member has not accessed any medical services (e.g., E.D. visit, PCP visit, etc.).
    c. The assigned Member is not in the middle of care.
2. Retroactive PCP transfers for Members that have been enrolled with IEHP for greater than ten (10) days can occur under the following circumstances:
    a. Members assigned to a PCP greater than ten (10) miles or fifteen (15) minutes from their home[1], or assigned to a Hospital greater than thirty (30) miles or forty-five (45) minutes from their home;[2] or Members assigned to an inappropriate PCP specialty type (e.g., adult assigned to a pediatrician); or Members assigned to a PCP different than other family Members (assuming appropriate specialty of PCP).

[1] CMS Medicare-Medicaid Plan (MMP) Application & Annual Requirements, CY 2020 MMP Health Service Delivery Network Adequacy Standards Criteria Reference Table
[2] Ibid.

b. For all the above, the Member must not have chosen the PCP, and must not have accessed services during the current month.

c. The request for a retroactive transfer is made by the Member, the Member's parent, or legal guardian if Member was auto assigned or new to the plan.

3. Other retroactive PCP transfers can occur due to continuity of care or other circumstances as approved by the Chief Operating Officer and Director of Provider Relations, or designees.

J. If a Provider notifies IEHP that a Member is assigned to a PCP greater than ten (10) miles or fifteen (15) minutes from the Member's residence, to a Hospital more than thirty (30) miles or forty-five (45) minutes from the Member's residence[3], to the wrong specialty type, or that family members are split between PCPs, IEHP researches how the Member was assigned to the PCP.

1. If the Member did not choose the PCP, IEHP will assign a PCP to the Member who does not choose one using family relationships or random assignment utilizing an auto-assignment algorithm.

2. If the Member actively chose the PCP, the Member remains assigned.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Operating Officer	**Revision Date:**	January 1, 2022

[3] CMS MMP Application & Annual Requirements, CY 2020 MMP Health Service Delivery Network Adequacy Standards Criteria Reference Table

17. MEMBER TRANSFERS AND DISENROLLMENT

A. Primary Care Provider Transfers
2. Involuntary

APPLIES TO:

A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

A. Involuntary Primary Care Provider (PCP) transfers can occur upon request by the PCP, after specific criteria are met and approved by the IPA Medical Director and the IEHP Provider Relations team. .

B. In cases when an involuntary PCP transfer for a Member has occurred, Member cannot be involuntarily transferred out of an IPA unless there have been three (3) involuntary transfers that occurred within the same IPA within six (6) month period. In that instance, the IPA Medical Director may contact IEHP to request transfer of the Member to another IPA.

C. Except as defined below, Member PCP transfers are a voluntary process performed at the request of the Member, within timeframes and processes as noted in Policy 17A1, "Primary Care Provider Transfers – Voluntary."

PROCEDURES:

A. Involuntary PCP transfers can be requested by a PCP due to a breakdown of the PCP Member relationship and the inability of the PCP to continue providing care to the Member. The PCP must make his/her request in writing to the IPA Medical Director. If Member is assigned under IEHP Direct, the PCP must make his/her request in writing to the IEHP Provider Relations team at fax (909) 890-4342 and include at a minimum the following information:

   1. Name and identification number of Member.
   2. Reason for request of involuntary PCP change.

B. The IPA Medical Director is responsible for assessing the PCP-Member relationship and/or the eligibility and medical status of the Member that has resulted in the request for involuntary PCP change.

C. All efforts are made by the PA to preserve PCP-Member relationships to ensure continuity of care.

D. If the IPA Medical Director determines after the assessment that the PCP-Member relationship has deteriorated to the point that it impacts or potentially impacts the care of the Member, the IPA Medical Director must notify the IEHP Provider Relations team. The written description should be sent via fax (909) 890-4342 to the IEHP Provider Services Specialist (PSS) to which the IPA is assigned and must include:

   1. The name and identification number of the Member.

2. Reasons for request of involuntary PCP change.
3. Plan for assuring Member continuity of care.

E. The plan for assuring Member continuity of care must include options for the new PCP assignment and transfer of care. The IPA must:

1. Recommend assigning the Member to another PCP within the IPA with subsequent transfer of care facilitated by the IPA.

    a. Member's Medical records, including approved authorizations, need to be forwarded to the new PCP. If there is a change in IPA the new IPA must honor the approval from the previous IPA, either seeking a Letter of Agreement (LOA) with the Specialist approved by the previous IPA or directing the Member in network to another Specialist that can perform the approved services.

F. IEHP monitors involuntary PCP transfers for Members within an IPA. In cases when an involuntary PCP transfer for a Member has occurred, Member cannot be involuntary transfers out of an IPA unless there have been three (3) involuntary transfers that occurred within the same IPA within six (6) months. The IPA Medical Director must submit a letter to IEHP's Director of Provider Relations to request an involuntary transfer from the IPA if they meet the qualification cited above.

G. The IEHP Provider Relations team reviews the request, obtains additional information from the IPA, the Member, the PCP and IEHP staff as needed, and then executes the request.

H. If the request for transfer is approved, IEHP informs the IPA and the Member regarding the transfer, including specifics of the new PCP and timeframes for the transfer.

I. The IPA remains responsible for any medically necessary care required by the Member for thirty (30) days during the divorce process and until the PCP transfer is completed.

J. If required, the Peer Review Subcommittee serves as the review body for any disagreements between the PCP, Member, IPA and/or IEHP regarding involuntary PCP changes.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Operating Officer	**Revision Date:**	January 1, 2022

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Disenrollment From IEHP
1. Voluntary

APPLIES TO:

A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

A. IEHP will not accept disenrollment requests directly from individuals; IEHP will forward all disenrollment requests to the Department of Health Care Services' (DHCS) enrollment broker, Health Care Options (HCO).

B. Final disenrollment decisions are handled entirely by the Centers for Medicare and Medicaid Services (CMS) and/or DHCS.

C. Members may request a disenrollment at any time but only for the Medicare portion of their enrollment. Members will remain with IEHP for their Medi-Cal.

D. IEHP will not request or encourage any Member to disenroll, except as provided for in §40 of the *Medicare-Medicaid Plan Enrollment and Disenrollment Guidance.*

E. IEHP will accept all disenrollment requests it receives from DHCS and CMS.

PROCEDURES:

A. A Member may request disenrollment from IEHP DualChoice in any month and for any reason.

B. The Member may disenroll by[1]:

1. Enrolling in another Medicare health or Part D plan;
2. Enrolling in another Medicare – Medicaid Plan;
3. By calling 1-800-MEDICARE (1-800-633-4227); or
4. Calling DHCS' enrollment broker, HCO.

C. If a Member verbally requests disenrollment from IEHP, IEHP will instruct the Member to make the request in one of the ways described above.

D. If IEHP receives a verbal disenrollment request, IEHP will transfer it to HCO. IEHP documents the call in the Customer Service System identifying the following:

1. The name and ID number of the Member;
2. The reason for the call;
3. Any attempt made to resolve any issues; and
4. The resolution of the call.

[1] Medicare Managed Care Manual, Medicare-Medicaid Plan "Enrollment and Disenrollment Guidance", Section 40.1.

E. When providing a written, voluntary request to disenroll, the individual must sign the disenrollment request. If the individual is unable to sign, a legal representative must sign the request.[2]

F. When someone other than the Medicare beneficiary completes a disenrollment request, he or she must:[3]

1. Attest that he or she has the authority under State law to make the disenrollment request on behalf of the individual;
2. Attest that proof of this authorization (if any), as required by State law, that empowers the individual to effectuate a disenrollment request on behalf of the applicant is available upon request by CMS; and
3. Provide contact information.

G. The effective date of disenrollment is the first day of the month after the month in which the disenrollment request was received.[4]

H. After the Member submits a request to disenroll, HCO must provide the Member with a disenrollment notice within ten (10) calendar days of receipt of the request to disenroll. The disenrollment notice must include an explanation of the effective date of the disenrollment. DHCS may also advise the disenrolling Member to ask their Providers to hold Original Medicare and Medicaid claims for up to one (1) month so that Medicare and Medicaid computer records can be updated to show that the person is no longer enrolled in the plan. This is recommended so that the Original Medicare and Medicaid claim are processed for payment and not denied.[5]

I. If DHCS receives a disenrollment request that it must deny, DHCS must notify the enrollee within ten (10) calendar days of the receipt of the request and must include the reason for the denial.[6]

J. DHCS may deny a voluntary request for disenrollment only when:[7]

1. The request was made by someone other than the enrollee and that individual is not the enrollee's legal representative.
2. The request was incomplete, and the required information is not provided within the required time frame.

K. Since Medicare beneficiaries have the option of disenrolling from IEHP DualChoice by

[2] Medicare Managed Care Manual, Medicare-Medicaid Plan "Enrollment and Disenrollment Guidance", Section 40.1.
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Ibid.
[7] Ibid.

calling 1-800-MEDICARE (1-800-633-4227) or by enrolling in a Medicare health plan or Medicare prescription drug plan, DHCS will not always receive a request for disenrollment directly from the Member and will instead learn of the disenrollment through the CMS daily transaction reply report (DTRR) . If DHCS learns of the voluntary disenrollment from the CMS eligibility files (as opposed to a written request from the Member), DHCS must send a written confirmation notice of the disenrollment to the Member within ten (10) calendar days of the availability of the CMS Daily transaction reply report (DTRR). Upon availability/ receipt of the CMS Daily transaction reply report (DTRR), IEHP will update internal Core System with the disenrollment date provided by CMS within one (1) business day.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	July 1, 2014
Chief Title: Chief Operating Officer	**Revision Date:**	January 1, 2022

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Disenrollment From IEHP
2. Involuntary Member Behavior

APPLIES TO:

A. This policy applies to IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

A. The Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) is responsible for approving involuntary Member disenrollment upon receipt of a written request by IEHP after specific criteria are met. CMS is responsible for the disenrollment of the Member.

B. Except as described below and in Policy 17B1, "Disenrollment from IEHP – Voluntary," Member disenrollment is a voluntary process performed upon request of the Member.

C. Providers may request involuntarily disenrollment of a Member if the Member:[1,2]

1. Engages in disruptive behavior;
2. Provides fraudulent information on the Enrollment Form; or
3. Permits abuse of a Member's IEHP DualChoice Member identification card.

D. Final disenrollment decisions are handled entirely by CMS.

PROCEDURES:

A. Involuntary Disenrollment for Disruptive Behavior

1. Prior to requesting involuntary disenrollment, IEHP DualChoice and Providers must make a serious effort to resolve problems presented by a Member.
2. Providers shall notify a disruptive Member, in writing, that continued disruptive behavior may result in removal from the Provider's care and, potentially, involuntary disenrollment from IEHP DualChoice.
3. Provider's request to disenroll a disruptive Member shall be in writing and shall include:[3]
    a. The reason for the request;
    b. Member information including age, diagnosis, mental status, functional status, and a description of the Member's social support system, and any other relative

[1]Coordinated Care Initiative (CCI) Three-Way Contract September 2019, Section 2.3
[2] Medicare Managed Care Manual, Medicare-Medicaid Plan "Enrollment and Disenrollment Guidance", Section 50.3, Optional Involuntary Disenrollments
3 Medicare Managed Care Manual, Medicare-Medicaid Plan "Enrollment and Disenrollment Guidance", Section 40.2, Required Involuntary Disenrollment

information;

c. A statement from the Member's Primary Care Physician (PCP) describing his/her experience with the Member;

d. Documentation of the Member's disruptive behavior;

e. Documentation of Providers' efforts to resolve the problem, including efforts to:

1) Provide reasonable accommodations for a Member with a disability;

2) Establish that the Member's behavior is not related to the use, or lack of use, of medical services; and

3) Establish that the Member's behavior is not related to diminished mental capacity.

f. A description of any extenuating circumstances;

g. Copy of the Notice to the Member informing them of the consequences of continued disruptive behavior; and

h. Any other pertinent information provided by the Member or other Providers involved in the Member's care.

4. Providers may request involuntary disenrollment of a Member if the Member's behavior is uncooperative, disruptive, unruly, or abusive to the extent that the Member's continued enrollment in IEHP DualChoice substantially impairs IEHP DualChoice's or a Provider's ability to arrange for or provide services to that particular Member or other Plan Members.

5. Providers may not request involuntary disenrollment and IEHP DualChoice may not disenroll a Member solely because the Member:

a. Exercises the option to make treatment decisions with which IEHP DualChoice or Providers disagree, including the option to receive no treatment or diagnostic testing; or

b. Chooses not to comply with any treatment regimen developed by IEHP DualChoice or any Provider associated with IEHP DualChoice.

6. Final approval for involuntary disenrollments from IEHP DualChoice resides with DHCS and CMS.

7. Involuntary disenrollments approved by DHCS and CMS, as a result of disruptive Member behavior, are effective on the first (1st) day of the calendar month after the month in which IEHP gives the Member a written notice of the disenrollment, or as provided by DHCS and CMS.[3]

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Disenrollment From IEHP
   2. Involuntary Member Behavior

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Operating Officer	**Revised Date:**	January 1, 2022

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Disenrollment From IEHP

3. Involuntary Member Status Changes

APPLIES TO:

A. This policy applies to IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

A. IEHP reserves the right to request involuntary disenrollment of Members under specific guidelines set forth by Centers for Medicare and Medicaid Services (CMS) and/or the Department of Health Care Services (DHCS).

B. IEHP Providers may, under specific circumstances, request that DHCS review a given Member's situation for consideration of possible disenrollment.

C. Final disenrollment decisions are handled entirely by DHCS/CMS.

PROCEDURES:

A. Members requesting disenrollment or information about disenrollment must be immediately referred to DHCS in accordance with Policy 17B1, "Disenrollment from IEHP – Voluntary."

B. DHCS and CMS must disenroll a Member in the following cases:

1. A change in residence (includes incarceration) that is outside of IEHP's geographic service area for more than six (6) months makes the individual ineligible to remain enrolled with IEHP[1]
2. The Member loses entitlement to either Medicare Part A or Part B; [2]
3. The Member loses Medicaid eligibility for more than two (2) months or additional State-specific eligibility requirements;[3]
4. The Member dies;[4]
5. If IEHP's contract with CMS is terminated, or IEHP reduces its service area to exclude the Member; or [5]
6. The individual materially misrepresents information to IEHP regarding reimbursement for third-party coverage.[6]

C. Providers who become aware of one of the above situations should direct the Member to contact IEHP Member Services at (877) 273-IEHP (4347). Providers are encouraged to call

[1] Medicare Managed Care Manual, Medicare-Medicaid Plan "Enrollment and Disenrollment Guidance", Section 40.2
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Ibid.

the IEHP Provider Relations Team at (909) 890-2054 to report any of the above.

D. If a Member meets any of the above criteria, it is the responsibility of IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) to notify CMS and/or DHCS to disenroll these Members from IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan).

E. DHCS or IEHP will send notices to Members of the upcoming disenrollment, including:

1. Advising the Member that DHCS is planning to disenroll the Member and explaining why such action is occurring;
2. Mailing the notification to the Member before submission of the disenrollment transaction to CMS; and
3. An explanation of the Member's right to a hearing under the State's grievance procedures. This explanation is not required if the disenrollment is a result of contract or plan termination or service area reduction, since a hearing would not be appropriate for that type of disenrollment.

F. An individual cannot remain a Member with IEHP DualChoice Cal MediConnect Plan (Medicare - Medicaid Plan) if he/she is no longer entitled to both Medicare Part A and Part B benefits. DHCS will be notified by CMS via the CMS daily transaction reply report (DTRR) files that entitlement to either Medicare Part A and/or Part B has ended, and CMS will make the disenrollment effective the first day of the month following the last month of entitlement to either Medicare Part A or Part B benefits (whichever occurred first).

G. CMS will disenroll a Member from IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) upon his/her death and CMS will notify DHCS and IEHP that the Member has died via CMS daily transaction reply report (DTRR) files. This disenrollment is effective the first day of the calendar month following the month of death.

H. An individual cannot remain a Member with IEHP DualChoice Cal MediConnect Plan (Medicare - Medicaid Plan) if he/she is no longer eligible for Medicaid benefits. If a Member loses Medicaid eligibility, they will be disenrolled from IEHP following the deeming process.

I. DHCS will disenroll a Member from IEHP if IEHP's contract with CMS is terminated or if IEHP is discontinued or reduces its service area to exclude the Member.

J. If an IEHP enrollee intentionally withholds or falsifies information about third-party reimbursement coverage, CMS requires that the individual be disenrolled from IEHP. Involuntary disenrollment for this reason requires CMS approval.

K. IEHP may request CMS approval to disenroll a Member from IEHP if:

1. The Member engages in disruptive behavior; or
2. The Member provides fraudulent information on an enrollment request, or if the Member permits abuse of an enrollment card in IEHP.

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Disenrollment From IEHP

3. Involuntary Member Status Changes

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on File*	**Original Effective Date:**	July 1, 2014
Chief Title: Chief Operating Officer	**Revision Date:**	January 1, 2022

17. MEMBER TRANSFERS AND DISENROLLMENT

C. Episode of Care - Inpatient

APPLIES TO:

A. This policy applies to all IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan) Members.

POLICY:

A. IEHP has adopted the following procedures to minimize disruption of care for the Member while inpatient, as well as the financial impact to the new Provider.

PROCEDURES:

A. New Member Enrollment

1. From the date of enrollment into IEHP until the date of discharge, payment responsibility is defined by the Division of Financial Responsibility (DOFR) located in the IEHP Agreement.
2. IEHP or the Member's IPA's ensures the provision of discharge planning when a Member is admitted to a Hospital or institution and continuation into the post-discharge period. This includes ensuring necessary care, services and supports are in place in the community for the Member once they are discharged.[1] See Policy 14G, "Acute Admission and Concurrent Review" for more information.

B. Member Requested PCP Change

1. When a Primary Care Provider (PCP) change is initiated during a Member's inpatient stay, the Member's IPA's utilization and/or care management staff will assist the previous and newly assigned PCPs with coordinating services, including the Member's discharge and follow-up needs. The previous IPA and Hospital are responsible for the authorization and payment of all services provided until the Member is discharged from the hospital. The new PCP change will not be effective until after the Member is discharged from the facility, and not until the month following the request, depending on when request was made.

C. Member Request for IPA Change

1. If Member requests for IPA change during an inpatient stay, the change will not take effect until the month after the Member is discharged from the facility.

D. Member No Longer Eligible With IEHP

1. If Member loses Medicare eligibility during an inpatient stay, IEHP and the Member's IPA are no longer financially responsible for services rendered as of the effective date of the Member's ineligibility. Services billed at diagnosis-related groups (DRG) will be honored.

[1] Coordinated Care Initiative (CCI) Three-Way Contract September 2019, Section 2.5

2. If a Member is disenrolled from IEHP and remains Medicare eligible under fee-for-service, the Member's IPA has no financial responsibility as of the effective date of the Member's disenrollment.

INLAND EMPIRE HEALTH PLAN		
Chief Approval: *Signature on file*	**Original Effective Date:**	January 1, 2007
Chief Title: Chief Medical Officer	**Revision Date:**	January 1, 2022