

## ME Disenroll Member

Disenroll Member		
Item	Details	VA "As-Is" Details
<b>Description</b>	<p>The <i>Disenroll Member</i> business process is responsible for managing the termination of a member's enrollment in a program, including:</p> <ul style="list-style-type: none"> <li>■ Processing of eligibility terminations and requests for disenrollment <ul style="list-style-type: none"> <li>– Submitted by the member, a program provider, or contractor</li> <li>– Disenrollment based on member's death; failure to meet enrollment criteria, such as a change in health or financial status, or change of residency outside of service area</li> <li>– As requested by another Business Area, e.g., <b>Prepare Member Premium Invoice</b> process for continued failure to pay premiums or Program Integrity business area for fraud and abuse</li> <li>– Mass Disenrollment due to changes in status, or termination of, program provider or contractor</li> </ul> </li> <li>■ Validation that the termination meets state rules</li> <li>■ Requesting that the <b>Manage Member Information</b> process reference new and changed disenrollment information</li> <li>■ Prompting the <b>Manage Member Information</b> process to provide timely and accurate notification or to make enrollment data required for operations available to all parties and affiliated business processes, including: <ul style="list-style-type: none"> <li>– The <b>Prepare Capitation Premium Payment</b> and <b>Prepare Member Premium Payment</b> business processes for changes in Member Information and stored data for payment preparation</li> <li>– The appropriate communications and outreach and education processes, such as the <b>Manage Applicant and Member Communication</b>, <b>Perform Population and Member Outreach</b>, and <b>Manage Member Grievance and Appeal</b> business process. for follow up with the affected parties, including informing parties of their procedural rights (Note: This may precede or follow termination procedure(s))</li> </ul> </li> </ul> <p>Enrollment brokers may perform some of the steps in this process</p>	<p>Virginia uses some automated and some manual processes to accomplish this process. The level of automation/manual processes varies by program.</p>

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Trigger Event	<p>Receipt of disenrollment request data set from the <b>Determine Eligibility</b> process</p> <ul style="list-style-type: none"> <li>(a) In conjunction with a redetermination of eligibility for Medicaid in which the member is found to be no longer eligible</li> <li>(b) As a result of a denial of eligibility for a program – where eligibility is based on health status (e.g., an AIDS Drug Assistance Program (ADAP), Home and Community Based Services, a Maternity Case Management, etc.) (Note: The other program may have a funding source separate from Medicaid.)</li> </ul> <ol style="list-style-type: none"> <li>1. From Program Integrity, <b>Manage Case</b> – a fraud and abuse investigation results in disenrollment</li> <li>2. From a member to change MCO, PCCM, or waiver provider, which is forwarded by the <b>Perform Applicant and Member Communication</b> process: <ul style="list-style-type: none"> <li>(a) During an Open Enrollment period</li> <li>(b) As permitted by state rules, e.g., <ol style="list-style-type: none"> <li>(i) Due to change in residence</li> <li>(ii) Because a provider whom the member has chosen no longer contracts with current program/MCO</li> <li>(iii) The contract with the member's MCO is terminated</li> <li>(iv) As a result of successfully appealing auto-assignment</li> <li>(v) The member has issues with the MCO, PCCM, or waiver provider that may impact quality of care</li> </ol> </li> </ul> </li> <li>3. From a program provider or contractor due to issues with the member such as moving out of service area, fraud and abuse, disruptive behavior, non-compliance, or death, which are forwarded by the <b>Manage Provider Communication</b> or <b>Manage Contractor Communication</b> processes</li> <li>4. Receipt of information indicating change in eligibility status from the <b>Manage Member Communication</b> or <b>Manage Member Information</b> processes <ul style="list-style-type: none"> <li>(a) Date of death file indicates member is deceased</li> <li>(b) Notification of incarceration</li> <li>(c) State of residence change</li> </ul> </li> </ol>	<p>Virginia also has the following trigger events for disenrollment: return mail, failure to meet eligibility requirements such as aging out and failure to return application. There are also trigger events based on claims.</p>

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<b>Result</b>	<ol style="list-style-type: none"> <li>1. Member is either or both               <ol style="list-style-type: none"> <li>a. Disenrolled from specific programs and/or from specific program contractors and/or providers</li> <li>b. Offered enrollment in alternative programs and/or with alternative contractors where the member meets program criteria</li> </ol> </li> <li>2. Member Information data store is updated, disenrollment data required for operations is made available, and alerts are broadcast to interfacing processes such as Care Management, <b>Establish Case</b> the <b>Prepare Capitation and Premium Payment</b> and <b>Prepare Member Premium Payment Invoice</b> business processes, the <b>Perform Applicant and Member Outreach</b>, and the Communication processes</li> <li>3. Member and program contractor or provider are notified about intent to disenroll, followed by disenrollment results through the <b>Manage Applicant and Member Communication</b> business process.</li> <li>4. Capitation or premium payments reflect the change in enrollment</li> </ol>	<ol style="list-style-type: none"> <li>2. Virginia doesn't charge premiums.</li> </ol>

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<b>Business Process Steps</b>	<ol style="list-style-type: none"> <li>1. Start: Receive member eligibility termination data and/or disenrollment requests from the <b>Determine Eligibility</b>, the <b>Perform Applicant and Member Communication</b>, the <b>Manage Provider Communication</b> or the <b>Manage Contractor Communication</b> processes or external data sources</li> <li>2. Assign unique identifier to request for tracking process through to completion, Include ‘tags’ to identify source and type of disenrollment request</li> <li>3. Track processing status of eligibility termination and disenrollment requests (e.g., new, resubmission, duplicate)</li> <li>4. Validate that request meets state disenrollment rules, [If resubmit, message will contain only updated data and some steps below may be skipped; if duplicate, process terminates and result messages are produced – see Failures.] Other communications may be requests to cancel disenrollment, and to deactivate or reactivate.</li> <li>5. Produce disenrollment record data set and request that the <b>Manage Member Information</b> process load disenrollment record into Member Information data store</li> <li>6. Alert the <b>Manage Applicant and Member Communication</b>, <b>Manage Provider Communication</b>, and <b>Manage Contractor Communication</b> processes that new or updated disenrollment information has been loaded into the Member Information data store and request that these processes prepare notifications to the affected parties. This will likely include notification of appeal rights</li> <li>7. Alert <b>Perform Applicant and Member Outreach</b> process to provide outreach and education materials needed by members who have been disenrolled in accordance with rules</li> <li>8. End: Alert the appropriate Operations Management Area processes, e.g., the Capitation and Premium Payment business processes to prepare enrollment payment reflecting deletions; and notify the <b>Prepare Member Premium Invoice</b> business process to cease billing member for premiums (if applicable).</li> </ol>	<p>2. Virginia doesn’t assign a unique identifier for tracking.</p> <p>4 &amp; 5. Virginia does these steps for managed care assignment of benefits, but it is not part of the eligibility disenrollment process.</p> <p>9. Virginia doesn’t prepare premium invoicing.</p>

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Shared Data	<ol style="list-style-type: none"> <li>1. Benefit/Reference Information data store: Services and provider types covered; program policy; and health plan contractor information</li> <li>2. Member Information data store: Member demographics, benefit package, enrollment data; applicant/member financial, social, functional and clinical data. Updated enrollment data is loaded</li> <li>3. Contractor Information data store: Contracted service areas, Managed Care Organization (MCO) provider network and other provider data</li> <li>4. Provider Information data store: Provider data, such as type, location, availability, gender and linguistic and cultural competence</li> </ol>	
Predecessor	<ul style="list-style-type: none"> <li>■ <b>Determine Eligibility</b></li> <li>■ <b>Manage Applicant and Member Communication</b></li> <li>■ <b>Manage Contractor Communications</b></li> <li>■ <b>Manage Provider Communication</b></li> </ul>	
Successor	<ul style="list-style-type: none"> <li>■ <b><i>Manage Member Information</i></b></li> <li>■ <b><i>Manage Applicant and Member Communication</i></b></li> <li>■ <b><i>Manage Contractor Communications</i></b></li> <li>■ <b><i>Manage Provider Communication</i></b></li> <li>■ <b><i>Prepare Capitation Premium Payment</i></b></li> <li>■ <b>Care Management, Establish Case</b></li> <li>■ <b>Care Management, Manage Case</b></li> <li>■ <b>Perform Population and Member Outreach</b></li> <li>■ <b>Manage Member Grievance and Appeal</b></li> </ul>	

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<b>Constraints</b>	Programs have different termination criteria	<p>The Medicaid, MCO, and FAMIS handbooks are on the Internet and available to the public. The MMIS benefit reports contain benefit package details.</p> <p>Medicaid and FAMIS references (handbooks under the "Client Services" section of the DMAS home page):  <a href="http://www.dmas.virginia.gov/">http://www.dmas.virginia.gov/</a></p> <p>Managed care references:  <a href="http://www.dmas.virginia.gov/mc-home.htm">http://www.dmas.virginia.gov/mc-home.htm</a></p> <p>MMIS benefit package reports are generated on demand by DMAS. Reports available:</p> <ul style="list-style-type: none"> <li>• RS-O-080, Benefit Package Enrollment Rules Report. Shows by benefit package, all the associated enrollment rules, its effective dates, its related values, and the values effective dates.</li> <li>• RS-O-090, Aid Category Eligibility Rules Report. Listed by aid category (A/C) showing data for the A/C, the benefit plans related to the A/C, and eligibility rules and rule values by relationship code for the A/C.</li> </ul>

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<b>Failures</b>	<p>A member disenrollment process may fail at the following steps:</p> <ol style="list-style-type: none"> <li>1. Duplicate disenrollment requests — Disregard second request</li> <li>2. Required fields missing or not correct — Request additional or corrected information from Member or Determine Eligibility process</li> <li>3. Denial of Member request for disenrollment from one program, provider or contractor due to changes in circumstances, such as residence, health status, or provider access issues because the request does not meet state rules or the member is not eligible for enrollment in an alternative program</li> <li>4. Denial of program, provider, or contractor request to disenroll the member due to, e.g., changed residence, health status or compliance issues because the request does not meet state rules</li> <li>5. Disenrollment information is not loaded into Member Information data store</li> <li>6. Successor processes do not receive or respond according to rules about disenrollment notification</li> </ol>	
<b>Performance Measures</b>	<ol style="list-style-type: none"> <li>1. Time to complete process: successful applicant is disenrolled within __ days</li> <li>2. Accuracy of decisions</li> <li>3. Consistency of decisions and disposition</li> <li>4. Error rate is __% or less</li> </ol>	