17. MEMBER TRANSFERS AND DISENROLLMENT

A. Primary Care Provider Transfers

1. Voluntary

APPLIES TO:

A. This policy applies to all IEHP DualChoice (HMO D-SNP) 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 monthly.

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 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 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 10 days can occur under the following circumstances:

    a. Members assigned to a PCP greater than 10 miles or 15 minutes from their home, or assigned to a Hospital greater than 30 miles or 45 minutes from their home; 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).

    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 (COO) and Director of Provider Relations, or designees.

J. If a Provider notifies IEHP that a Member is assigned to a PCP greater than 10 miles or 15 minutes from the Member's residence, to a Hospital more than 30 miles or 45 minutes from the Member's residence, 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.

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Original Effective Date:	January 1, 2007	
Revision Effective Date:	January 1, 2023	

17. MEMBER TRANSFERS AND DISENROLLMENT

A. Primary Care Provider Transfers
2. Involuntary

APPLIES TO:

A. This policy applies to all IEHP DualChoice (HMO D-SNP) 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. Except as described below, PCP transfers are voluntary and 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 may 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 their request in writing to the IPA Medical Director. If Member is assigned under IEHP Direct, the PCP must make their request in writing to the IEHP Provider Call Center (PCC) Team via fax at (909) 890-4342 and include the following information, at minimum:

   1. Member Name and identification number of Member;
   2. IEHP Member ID; and
   3. Reason for request of involuntary PCP change.

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

C. 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.

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 Call Center (PCC) Team. The written notification should be sent to their assigned IEHP Provider Services Specialist via fax at (909) 890-4342 and must include:

   1. Member Name;
   2. IEHP Member ID;
   3. Reasons for requesting involuntary PCP change; and
   4. Plan for assuring Member continuity of care.

E. The plan for assuring Member continuity of care must include information about 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. Members may not be involuntarily transferred out of an IPA unless there have been three (3) involuntary PCP transfers within the same IPA within a six (6) month period. In which case, the IPA Medical Director must submit a letter to IEHP's Director of Provider Relations to request an involuntary transfer from the IPA.

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 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.

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Original Effective Date:	January 1, 2007	
Revision Effective Date:	January 1, 2024	

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Disenrollment From IEHP

1. Voluntary

APPLIES TO:

A. This policy applies to all IEHP DualChoice (HMO D-SNP) Members.

POLICY:

A. Members may request a disenrollment during a valid election periods.

B. IEHP will not request or encourage any Member to disenroll, except as provided for in the Medicare-Medicaid Plan Enrollment and Disenrollment Guidance.[1]

C. IEHP will accept all disenrollment requests it receives from CMS.[2]

PROCEDURES:

A. A Member may request disenrollment from IEHP DualChoice in any month and for any reason. The Member may disenrolled by:[3]

   1. Enrolling in another Medicare Advantage or Part D plan;
   2. Giving or faxing a signed written disenrollment notice to IEHP DualChoice; or
   3. By calling 1-800-MEDICARE (1-800-633-4227).

B. If a Member verbally requests disenrollment from IEHP, IEHP must instruct the Member to make the request in one of the ways described above.[4]

C. IEHP reviews disenrollment requests received by Members and submits to CMS using applicable election periods.

D. When providing a written, voluntary request to disenroll, the Member must sign the disenrollment request. If the Member is unable to sign, a legal representative must sign the request.[5]

E. When someone other than the Member completes a disenrollment request, they must:[6]

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

[1] Medicare-Medicaid Plan Enrollment and Disenrollment Guidance, Section 40, "Disenrollment Procedures"
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Medicare Managed Care Manual, Medicare-Medicaid Plan "Enrollment and Disenrollment Guidance", Section 50.1-50.1.4
[6] Ibid.

C. The received date of the completed disenrollment request and the election period will determine the effective date of the disenrollment.[7]

D. IEHP DualChoice must provide the Member with a disenrollment acknowledgement or denial notice within 10 calendar days of receipt of the request to disenroll. The disenrollment notice must include the effective date of the disenrollment or reason for denial if the member is ineligible for disenrollment.

E. IEHP DualChoice may also advise the disenrolling Member to ask their Providers to hold Original Medicare claims for up to one (1) month so that Medicare computer records can be updated to show that the person is no longer enrolled in the plan. This is recommended so that Original Medicare claims are processed for payment and not denied.[8]

F. IEHP DualChoice may deny a voluntary request for disenrollment only when:[9]

1. The request was made outside of an allowable election period.
2. The request was made by someone other than the Member or their legal representative.
3. The request was incomplete, and the required information is not provided within the required time frame.

G. If IEHP learns of the voluntary disenrollment from the CMS eligibility files (as opposed to a written request from the Member), IEHP must send a written confirmation notice of the disenrollment to the Member within 10 calendar days of the availability of the CMS daily transaction reply report (DTRR).[10] Upon availability or receipt of the CMS DTRR, IEHP will update internal Core System with the disenrollment date provided by CMS within one (1) business day.

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[7] Medicare Managed Care Manual, Medicare-Medicaid Plan "Enrollment and Disenrollment Guidance", Section 50.1-50.1.4
[8] Ibid.
[9] Ibid.
[10] Ibid.

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Involuntary Disenrollment From IEHP
2. Member Behavior

APPLIES TO:

A. This policy applies to IEHP DualChoice (HMO D-SNP) Members.

POLICY:

A. The Centers for Medicare and Medicaid Services (CMS) is responsible for approving involuntary Member disenrollment upon submission by IEHP after specific criteria are met. CMS is responsible for the disenrollment of the Member, except as described below and in Policy 17B1, "Disenrollment from IEHP – Voluntary," Member disenrollment is a voluntary process performed upon request of the Member.

B. Providers may request involuntarily disenrollment of a Member, who:[1]

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.

PROCEDURES:

A. Involuntary Disenrollment for Disruptive Behavior[2]

1. Prior to requesting involuntary disenrollment, IEHP DualChoice and Providers must make a serious effort to resolve problems presented by the Member.
2. Providers shall notify a disruptive Member, in writing, that continued disruptive behavior may result in removal from the Provider's care and their potential involuntary disenrollment from IEHP DualChoice.
3. Provider's request to disenroll a disruptive Member shall be in writing and 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 information;
    c. A statement from the Member's Primary Care Provider (PCP) describing their experience with the Member;
    d. Documentation of the Member's disruptive behavior;

[1] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.3
2 Ibid.

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

1) Provide reasonable accommodations for a Member with a disability;[4]

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. In situations where IEHP disenrolls the Member involuntarily for any of the reasons addressed in POLICY C. IEHP must notify the Member in writing of the upcoming disenrollment prior the disenrollment transaction is submitted to CMS, which includes:[5]

a. Advises the Member that IEHP is planning to disenroll the Member and explaining why such action is occurring;

b. Provides the effective date of termination; and

c. An explanation of the Member's right to a hearing under IEHP's grievance procedures.Final approval for involuntary disenrollment from IEHP DualChoice

[4] Americans with Disabilities Act

5 Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.2 and 50.3

resides with CMS.

7. Involuntary disenrollments approved by 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 CMS.[6]

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[6] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.2 and 50.3

17. MEMBER TRANSFERS AND DISENROLLMENT

B. Involuntary Disenrollment From IEHP

3. Member Status Changes

APPLIES TO:

A. This policy applies to IEHP DualChoice (HMO D-SNP) 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).

PROCEDURES:

A. CMS must disenroll a Member in the following cases:

1. A permanent change in residence (includes incarceration) that is outside of IEHP's geographic service area for more than six (6) months; therefore, making 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 Medi-Cal eligibility and does not re-establish Dual eligibility prior to the expiration of the period of deemed continued eligibility;[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;[5]
6. The individual materially misrepresents information to IEHP regarding reimbursement for third-party coverage;[6] or
7. The Member is not lawfully present in the United States.[7]

B. 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, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment ", Section 50.2.1
[2] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.2.2
[3] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 20.11 and 50.2.5
[4] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.2.3
[5] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.2.4
[6] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.2.6
[7] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.2.7

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

C. If a Member meets any of the above criteria, it is the responsibility of IEHP DualChoice to notify CMS to disenroll these Members from IEHP DualChoice [8]

D. IEHP will send notices to Members of the upcoming disenrollment, including:[9]

1. Advising the Member that IEHP is planning to disenroll the Member and explaining why such action is occurring;
2. Provides the effective date of termination;
3. Mailing the notification to the Member before submission of the disenrollment transaction to CMS; and
4. An explanation of the Member's right to a hearing under IEHP'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.

E. Final disenrollment decisions are reviewed by IEHP and submitted to CMS for final processing.

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Original Effective Date:	July 1, 2014	
Revision Effective Date:	January 1, 2024	

[8] Medicare Managed Care Manual, "Chapter 2 – Medicare Advantage Enrollment and Disenrollment", Section 50.2
[9] Ibid.

17. MEMBER TRANSFERS AND DISENROLLMENT

C. Episode of Care - Inpatient

APPLIES TO:

A. This policy applies to all IEHP DualChoice (HMO D-SNP) 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. 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.
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.

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Original Effective Date:	January 1, 2007	
Revision Effective Date:	January 1, 2023	