Contract RFP		Reviewer		MCO Policy/Procedure / Document	MCO Page
Reference	Contract Requirement Language	Determination	MCO Documentation Title(s)	Section(s)/ Number(s)	Number(s)
11.11	Disenrollment			(-)	1141114 21 (0)
11.11.1	Disenrollment is any action taken by DHH or its designee to remove a Medicaid MCO member from the MCO following the receipt and approval of a written request for disenrollment or a determination made by DHH or its designee that the member is no longer eligible for Medicaid or the Bayou Health Program.				
11.11.2	The Enrollment Broker shall be the single point of contact to the MCO member for notification of disenrollment.	Met: On page 3 under the section titled Member Initiated Disenrollment, the policy states "The Enrollment Broker is the single point of contact for members and will inform the member of any disenrollment decisions."	4500.01 Member Disenrollment	Member Initiated Disenrollment	Page 3
11.11.3	Member Initiated Disenrollment				
11.11.3.1	A member may request disenrollment from a MCO as follows: For cause, at any time. The following circumstances are cause for disenrollment: • the MCO does not, because of moral or religious objections, cover the service the member seeks; • the member requests to be assigned to the same MCO as family members; • the member needs related services to be performed at the same time, not all related services are available within the MCO and the member's PCP or another provider determines that receiving the services separately would subject the ember to unnecessary risk; • the contract between the MCO and DHH is terminated;	Met: On page 3 under the section titled Member Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Member Initiated Disenrollment	Page 3

Contract RFP Reference	Contract Requirement Language	Reviewer Determination	MCO Documentation Title(s)	MCO Policy/Procedure / Document Section(s)/ Number(s)	MCO Page Number(s)
Neierence	poor quality of care; lack of access to MCO core benefits and services covered under the contract; documented lack of access within the MCO to providers experienced in dealing with the member's healthcare needs; member moves out of the MCO's service area, i.e. out of state; or any other reason deemed to be valid by DHH and/or its agent.	Determination	moo bocumentation ritie(s)	occion(s)/ Number(s)	Number (3)
11.11.3.2	Without cause for the following reasons: during the ninety (90) day opt-out period following initial enrollment with the MCO for voluntary members; during the ninety (90) days following the postmark date of the member's notification of enrollment with the MCO; once a year thereafter during the member's annual open enrollment period; upon automatic re-enrollment under 42 CFR §438.56(g), if a temporary loss of Medicaid eligibility has caused the member to miss the annual disenrollment opportunity; or if DHH imposes the intermediate sanction provisions specified in 42 CFR §438.702(a) (3).	Met: On pages 3-4 under the section titled Member Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Member Initiated Disenrollment	Page 3-4
11.11.3.3	The member (or his/ her representative) must submit an oral or written formal request to the Enrollment Broker for disenrollment.	Met: On page 3 under the section titled Member Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Member Initiated Disenrollment	Page 3
11.11.3.4	If the member's request for disenrollment is denied by the Enrollment Broker, the member can	Met: On page 4 under the section titled	4500.01 Member Disenrollment	Member Initiated Disenrollment	Page 4

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	appeal directly to the State Fair Hearing process.	Member Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.			
11.11.4	MCO Initiated Disenrollment				
11.11.4.1	The MCO shall not request disenrollment because of a member's health diagnosis, adverse change in health status, utilization of medical services, diminished medical capacity, pre-existing medical condition, refusal of medical care or diagnostic testing, uncooperative or disruptive behavior resulting from him or her special needs, unless it seriously impairs the MCO's ability to furnish services to either this particular member or other MCO members, the member attempts to exercise his/her rights under the MCO's grievance system, or attempts to exercise her/her right to change, for cause, the primary care provider that he/she has chosen or been assigned. (42 CFR, Part 438.52).	Met: On page 4 under the section titled Aetna Better Health Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Aetna Better Health Initiated Disenrollment	Page 4
11.11.4.2	The MCO shall not request disenrollment for reasons other than those stated in this RFP. (See Appendix U – Guidelines for Involuntary Member Disenrollment). In accordance with 42 CFR 438.56(b)(3), DHH will ensure that MCO is not requesting disenrollment for other reasons by reviewing 1) the mandatory MCO Disenrollment Request Forms submitted to the Enrollment Broker and 2) Quarterly Disenrollment Reports submitted by the MCO to DHH.	Met: On page 4 under the section titled Aetna Better Health Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Aetna Better Health Initiated Disenrollment	Page 4
11.11.4.3	The following are allowable reasons for which the MCO may request involuntary disenrollment of a member: the member misuses or loans the member's MCO-issued ID card to another person to obtain services. In such case the MCO shall report the event to DHH; or the member's behavior is disruptive, unruly, abusive or uncooperative to the	Met: On pages 4-5 under the section titled Aetna Better Health Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Aetna Better Health Initiated Disenrollment	Page 4-5

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	extent that enrollment in the MCO seriously impairs the organization's ability to furnish services to either the member or other members.				
11.11.4.4	The MCO shall take reasonable measures to correct member behavior prior to requesting disenrollment. Reasonable measures may include providing education and counseling regarding the offensive acts or behaviors	Met: On page 5 under the section titled Aetna Better Health Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement. The policy notes a separate policy titled 4500.46 Disruptive Member Transfer/Disenrollment for additional details.	4500.01 Member Disenrollment	Aetna Better Health Initiated Disenrollment	Page 5
11.11.4.5	When the MCO requests an involuntary disenrollment, it shall notify the member in writing that the MCO is requesting disenrollment, the reason for the request, and an explanation that the MCO is requesting that the member be disenrolled in the month following member notification.	Met: On page 5 under the section titled Member Notification, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Member Notification	Page 5
11.11.4.6	The MCO shall submit disenrollment requests to the Enrollment Broker which should include, at a minimum the member's name, ID number, detailed reasons for requesting the disenrollment, and a description of the measures taken to correct member behavior prior to requesting disenrollment, utilizing the MCO Initiated Request for Member Disenrollment form (See Appendix T).	Met: On page 5 under the section titled Submitting Involuntary Disenrollment Requests, the policy fully meets with language that matches the language in the requirement. The Policy states that the Plan will use DHH's MCO Initiated Request for Member Disenrollment form to submit disenrollment requests to the Enrollment Broker.	4500.01 Member Disenrollment	Submitting Involuntary Disenrollment Requests	Page 5

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11.11.4.7	The MCO shall not submit a disenrollment request at such a date as would cause the disenrollment to be effective earlier than forty-five (45) calendar days after the occurrence of the event prompting the request for involuntary disenrollment. The MCO shall ensure that involuntary disenrollment documents are maintained in an identifiable member record.	Met: On page 5 under the section titled Submitting Involuntary Disenrollment Requests, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Submitting Involuntary Disenrollment Requests	Page 5
11.11.4.8	All requests will be reviewed on a case-by-case basis and are subject to the sole discretion of DHH or its designee (Enrollment Broker). All decisions are final and not subject to the dispute resolution process by the MCO.	Met: On page 6 under the section titled Involuntary Disenrollment Approval Process, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Involuntary Disenrollment Approval Process	Page 6
11.11.4.9	The Enrollment Broker will provide written notice of disenrollment to the member and request that the member choose a new MCO. The notice shall include a statement that if the member disagrees with the decision to disenroll the member from the MCO, the member has a right to file an appeal directly through the State Fair Hearing process.				
11.11.4.10	Until the member is disenrolled by the Enrollment Broker, the MCO shall continue to be responsible for the provision of all core benefits and services to the member.	Met: On page 6 under the section titled Disenrollment Effective Date, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Disenrollment Effective Date	Page 6
11.11.5	Disenrollment Effective Date				
11.11.5.1	The effective date of disenrollment shall be no later than the first day of the second month following the calendar month the request for disenrollment is filed.	Met: On page 6 under the section titled Disenrollment Effective Date, the policy fully meets with language that matches the language in the	4500.01 Member Disenrollment	Disenrollment Effective Date	Page 6

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11.11.5.2	If DHH or its designee fails to make a disenrollment determination by the first (1st) day of the second (2nd) month following the month in which the request for disenrollment is filed, the disenrollment is considered approved.	Met: On page 6 under the section titled Disenrollment Effective Date, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Disenrollment Effective Date	Page 6
11.11.5.3	DHH, the MCO, and the Enrollment Broker shall reconcile enrollment/disenrollment issues at the end of each month utilizing an agreed upon procedure.	Met: On page 6 under the section titled Disenrollment Effective Date, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	Disenrollment Effective Date	Page 6
11.11.6	DHH Initiated Disenrollment - DHH will notify the MCO of the member's disenrollment due to the following reasons:	Met: On page 6 under the section titled DHH Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6
11.11.6.1	Loss of Medicaid eligibility or loss of MCO enrollment eligibility;	Met: On page 6 under the section titled DHH Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6
11.11.6.2	Death of a member;	Met: On page 6 under the section titled DHH Initiated Disenrollment, the policy fully meets with language that matches the language in the requirement.	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6
11.11.6.3	Member's intentional submission of fraudulent information;	Met: On page 6 under the section titled DHH Initiated Disenrollment,	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6

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		the policy fully meets			
		with language that			
		matches the language			
		in the requirement.			
11.11.6.4	Member becomes an inmate in a public institution;	Met: On page 6 under	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6
		the section titled DHH			
		Initiated Disenrollment,			
		the policy fully meets			
		with language that			
		matches the language			
		in the requirement.			
11.11.6.5	Member moves out-of-state;	Met: On page 6 under	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6
		the section titled DHH			
		Initiated Disenrollment,			
		the policy fully meets			
		with language that			
		matches the language			
		in the requirement.			
11.11.6.6	Member becomes Medicare eligible;	Met: On page 6 under	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6
		the section titled DHH			
		Initiated Disenrollment,			
		the policy fully meets			
		with language that			
		matches the language			
		in the requirement.			
11.11.6.7	Member is placed in a long term care facility	Met: On page 6 under	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6
	(nursing facility or intermediate care facility for	the section titled DHH			
	persons with developmental disabilities);	Initiated Disenrollment,			
		the policy fully meets			
		with language that			
		matches the language			
11.11.6.8	To insulance with the place is an angle of a base is a second of the sec	in the requirement.	4500 04 Marshan Disamellar ant	DI II I Initiate d Diagonallia and	Dana C
11.11.6.8	To implement the decision of a hearing officer in	Met: On page 6 under	4500.01 Member Disenrollment	DHH Initiated Disenrollment	Page 6
	an appeal proceeding by the member against the	the section titled DHH			
	MCO or as ordered by a court of law.	Initiated Disenrollment,			
		the policy fully meets			
		with language that			
		matches the language			
		in the requirement.			