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Owner:	Maha Sulaiman: Director of Utilization Management
Policy Area:	Utilization Management
References:	

## PIHP Disenrollment Policy

### POLICY

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) that its network of Managers of Comprehensive Provider Networks (MCPNs) and their subcontractors, Substance Use Disorder (SUD) programs, and Direct Contractors and their subcontractors provide a case closure and a dis-enrollment process for children and adults who never started or are no longer receiving mental health, developmental disability and/or substance abuse services.

### PURPOSE

The purpose of this policy is to provide procedural and operational guidance to DWMHA, Access Center, Crisis Service Vendor, Managers of Comprehensive Provider Networks (MCPNs), Contractual staff, Network and Out of Network Providers and all staff involved in the dis-enrollment functions.

### APPLICATION

This policy applies to DWMHA staff, Community, Crisis Service Vendor staff, Managers of Comprehensive Provider Network (MCPN) staff, and Contractual staff. This policy does not apply to the MI Health Link population due to their status as MI Health Link Members and unique requirements of contract with the Health Plans. This policy serves all populations: Adults, Children, Adults with Severe Mental Illness (SMI), Children with Serious Emotional Disturbance (SED), Persons with Intellectual/Developmental Disabilities (I/DD) and Persons with Substance Use Disorders (SUD). This policy impacts the uninsured or under- insured enrollee/member.

### KEYWORDS

1. Dis-enrollment
2. Line of Business
3. Re-engagement

### STANDARDS

1. RE-ENGAGEMENT

Behavioral health providers must attempt to re-engage enrollee/members who have withdrawn from participation in the treatment process prior to the successful completion of treatment, declined services or

did not appear for scheduled services. It is an opportunity to reconnect with a consumer and/or their supports, determine acuity and risk, ensure enrollee/member stabilization, medication adherence and to avoid re-hospitalization.

Based on circumstances, re-engagement activities may include a combination or repetition of outreach activities. These activities must be in keeping with Health Insurance Portability and Accountability Act (HIPAA) guidelines and prior contact permissions the individual/guardian has granted in order to maintain consumer privacy rights.

All attempts to re-engage the enrollee/member must be documented in the comprehensive clinical record. It is the responsibility of the provider and the assigned MCPN to ensure that numerous outreach and engagement efforts have been attempted and that those outreach and engagement efforts are clinically appropriate and tailored to the individual needs of the member. The following are some of the usual outreach activities but there may be others appropriate to the individual's situation:

- a. Contacting the person or the person's legal guardian by telephone at times when the person may reasonably be expected to be available (e.g., after work or school);
- b. Contacting the individual, the legal guardian or a natural support person face-to-face, if telephone contact is insufficient to locate the consumer;
- c. Sending a re-engagement letter to the current or most recent address requesting contact, except when a letter is contraindicated due to safety concerns (e.g., domestic violence) or confidentiality issues. The provider will include a copy of the letter sent in the comprehensive clinical record;
- d. Phone and/or Mail communication to the emergency contact or natural supports (when an appropriate consent for release of information is available) except when this communication is contraindicated due to safety concerns; and
- e. Outreach when notified of a significant event, such as admission for in-patient services, a behavioral health crisis, refusal of prescribed psychotropic meds, release from county jail or detention facility.
- f. After 90 days of no contact, the provider will send a Potential Case Closure Letter to the last known address.

## 2. LINE OF BUSINESS DISCHARGE

Under certain clinical or administrative circumstances, it may be appropriate or necessary to end a member's admission to a Line of Business after all re-engagement activities have been exhausted.

Discharge from one Line of Business does not affect admission status in another. Consideration for discharge can occur for any of the following reasons:

- a. Clinical Factors:
  1. Lack of Contact: The individual has never received services following the intake or has gone without services for a six month period of time without having completed the treatment plan.
  2. Consumer Never Had Face-to-Face Assessment with a professional: If the consumer was never seen for a face-to-face assessment by a mental health professional following determination of eligibility, the case is to be closed after all re-engagement activities have been exhausted.
  3. Further Treatment Declined: A member's episode of care must be ended if the individual or the legal guardian decides to refuse continued behavioral health services. Prior to ending the episode of care, the behavioral health provider must ensure the consumer does not meet clinical standards for initiating a pre-petition screening or petition for treatment process.
  4. Completion of Treatment: An individual's episode of care must be ended upon completion of treatment. Prior to ending the episode of care following the completion of treatment, the

behavioral health provider and the individual or the legal guardian must mutually agree that behavioral health services are no longer needed.

b. Administrative Factors

1. Enrollee/Member No Longer Meets Eligibility Requirements:

- i. Individual no longer meets clinical or program eligibility requirements.
- ii. Eligibility for funding source is lost and no other funding source is available to continue services. This is applicable only to the mild/moderate population.

2. Relocation:

- i. Individual is relocating outside of the state
- ii. Individual is relocating to an independent setting within the state to an area outside of the DWMHA region and wishes to receive on- going behavioral health services from a different PIHP.

3. Indefinite Confinement

- i. Confirmation that an individual, aged 18 or older is to be confined for a year or more to a jail/state penal institution. Individuals who are part of the "Early Release Program" or the "Administrative Jail Release Program" are an exception and would remain with DWMHA;
- ii. Confirmation that an individual is indefinitely confined to a nursing home.

4. Member Deceased

- i. Confirmation that the individual is deceased requires Dis-enrollment from all Lines of Business, effective on the date of the death.

c. DWHMA will notify the assigned line of business (MCPN or Direct Contracts) through MH-WIN of those individuals who have not had a service (based on received claims) within a 6 month period. It is the responsibility of the MCPN or the Direct Contractor to ensure that:

1. All appropriate outreach and engagement attempts have occurred;
2. That the Advance Action Notice or Adequate Notice is sent to the last known mailing address of the individual/guardian;
3. A copy of the notice is placed in the DWMHA MH-WIN data system. The DWMHA Customer Service Enrollee/Member Appeal process "Local Appeals for Medicaid, Healthy Michigan and ABW, MICHild members Beneficiaries" or the "Local Dispute Resolution Process for Uninsured or Underinsured Individuals Consumers Without Medicaid" policy time lines are followed.
4. Discharge ultimately occurs when the Action Notice process has been concluded. The discharge is either documented in MCPN electronic record and sent to MH-WIN via an HIE process or directly into MHWIN. The discharge reason will be selected via a drop box from a pre-determined list of discharge reasons.

3. DIS-ENROLLMENT:

- a. When a consumer has reached a point of discharge from all assigned Lines of Business, DWMHA Customer Service will receive notification via MH-WIN.
- b. The Customer Service Department Designee will send a notice to the last known address of the individual or guardian to advise them of the intent to dis-enroll.
- c. The notice will include information about community resources that can be explored for continued

behavioral health needs and the process for re-enrollment. If the individual or guardian do not contact Customer Service within 30 days of notice letter, the member will be dis-enrolled.

#### 4. PERSONS WISHING TO RETURN TO DWMHA FOR SERVICES:

Some disenrolled persons may wish to re-enter the community behavioral health system. The Access Center is available to assist with re-entry questions. Re-entry will follow these guidelines:

- a. A person wishing to return to a Line of Business they have been discharged from within a six (6) month period does not require a new eligibility determination by the Access Center. The individual is to work with the provider to go through the provider's intake process. If the individual has received a behavioral health assessment in the last six months and there has not been a significant change in the his/her behavioral health condition, the provider may choose to utilize the most current assessment, along with a review/revision of the most recent Individual Plan of Service (IPOS).
- b. Generally, if a discharged individual has not received a behavioral health assessment in the prior six months, the provider is to conduct a new behavioral health assessment and develop a new IPOS.
- c. Individuals who have been away from services for more than six months that have been dis-enrolled and are wishing to start/resume non-emergent services, must go through the Access Center for eligibility re-determination.
- d. Dis-enrolled individuals will have an open case during a psychiatric hospitalization. The case will be closed at the time of hospital discharge and the individual must go through the Access Center for eligibility re-determination for ongoing behavioral health services. This must be done in a timely manner to meet the Michigan Mission Based Performance Indicator #4a, "The percentage of discharges from a psychiatric inpatient unit during the quarter that were seen for follow-up care within seven days".
- e. If a dis-enrolled individual is not deemed eligible for re-entry, they must be informed of health plans, community resources and supports that can be explored to meet any continued behavioral health needs.

#### 5. DOCUMENTATION:

All activities and outcomes are to be documented in the case record and in the appropriate information system (i.e., MH-WIN; WSA) in a timely manner in accordance with related DWMHA policies and procedures. Discharged individual case files are to be archived in accordance with the DWMHA "Record Retention Schedule".

## QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

## COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## **LEGAL AUTHORITY**

1. Pursuant to the requirements of the Balanced Budget Act (BBA) of 1997.
2. Michigan Mental Health Code (258 PA 1974).
3. Michigan Department of Health and Human Services Medicaid Provider Manual.
4. Michigan Department of Health and Human Services/CMHSP Managed Mental
5. Health Supports and Services Contract.

## **RELATED POLICIES**

1. DWMHA Customer Service Enrollee/Member Appeal Policy
2. DWMHA Local Dispute Resolution Process for the Uninsured or Under Insured Enrollee/Member Using General Funds Policy
3. DWMHA Member Grievance Policy
4. DWMHA SUD Recipient Rights Policy

## **RELATED DEPARTMENTS**

1. Children's Initiative
2. Claims Management
3. Clinical Practice Improvement
4. Compliance
5. Customer Service
6. Information Technology
7. Integrated Health Care
8. Legal
9. Managed Care Operations
10. Management & Budget
11. Quality Improvement
12. Recipient Rights
13. Substance Use Disorders

## **CLINICAL POLICY**

No

## **INTERNAL/EXTERNAL POLICY**

External

Attachments:

1. Disenrollment Procedure

## 2. Member Disenrollment Letter


### Attachments:

[Disenrollment procedure.docx](#)

[Member Disenrollment letter.doc](#)

### Approval Signatures

Approver	Date
Dana Lasenby: Deputy Chief Operating Officer	08/2017
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Carmen McIntyre: Chief Medical Officer	07/2017
Sarah Sharp: Consultant	07/2017
Diana Hallifield: Consultant	07/2017
Maha Sulaiman	07/2017

	<b>Procedure Title: Disenrollment Procedures</b>
	Procedure Origination Date: 7/12/17
	Procedure Revision Date: 7/12/17
	Procedure Owner: Chad June; Michelle Vasconcellos
	Department: Information Technology; Customer Service
	Line of Business: SMI, IDD, SUD, ASD
	Regulatory Requirements: N/A
	<b>Associated Policy: Disenrollment Policy</b>

## OVERVIEW

**Procedure Purpose:** The purpose of this policy is to provide procedural and operational guidance to DWMHA, Access Center, Crisis Service Vendor, Managers of Comprehensive Provider Networks (MCPNs), Contractual staff, Network and Out of Network Providers and all staff involved in the dis-enrollment functions.

**Expected Outcome:** Enrollees/members who have withdrawn from participation in the treatment process prior to the successful completion of treatment, declined services or did not appear for scheduled services will be offered ample opportunities for re-engagement that are clinically appropriate and suited to their condition. Discharges will only occur after engagement efforts are exhausted and notification time lines are documented. Disenrollment from DWMHA services will occur only after a member has been discharged from all lines of business and thirty (30) days after notification of the intent to dis-enroll.

**References:** N/A

## PROCEDURE

1. DWMHA will identify monthly all members/enrollees who have not had a service (claim) within the past six (6) months. The MCPNs will be notified for appropriate follow-up on the status of engagement efforts with those identified individuals.
2. The MCPNs will ensure that all appropriate engagement efforts have been exhausted by following up with the provider and obtaining any notification documentation.
3. If the MCPN verifies that all engagement efforts are exhausted, the MCPN will indicate that the individual is ready for discharge from their line of business. This discharge ‘flag’ will require that a discharge reason be entered based on a pre-determined list of discharge reasons. The discharge flag will either be entered directly into MHWIN or entered into the respective MCPN electronic system and sent to MHWIN via a HIE process.
4. If an individual receives a service at any time during this process, his/her name will be dropped off the list of members/enrollees to be discharged.
5. Individuals that are discharged from all lines of business will show up in the “Inactive Members Customer Service Queue.”
6. The DWMHA Customer Service staff will manage this Queue. The Customer Service representative will send a notice to the last known address of the individual or guardian to advise them of notifying them of how to reconnect with services and the intent to dis-enroll from DWMHA in thirty (30) days.
7. Should the member/enrollee/guardian contact DWMHA’s Customer Service Department within thirty (30) days of receipt of the written notice requesting re-engagement, a DWMHA Customer Service representative will conduct a warm transfer to the Access Center for prompt assistance with re-engagement protocols and/ or referrals to community resources.
8. If the member/enrollee or guardian does not contact the DWMHA Customer Service Department within thirty (30) days of receipt of written notice, the individual will be dis-enrolled and an expiration date will be added to the MCPN admission.

## PROCEDURE MONITORING & STEPS

Who monitors this procedure:	DWMHA      Customer      Service Supervisor
Department:	Customer Service
Frequency of monitoring:	Monthly
Reporting provided to:	Director of Customer Service
Regulatory Requirement(s):	N/A

## MONITORING STEPS

1. The IT Department will develop a dashboard that would list by MCPN the number of individuals who have not received a service in more than six (6) months and are not yet dis-enrolled. The dashboard will be reviewed monthly at Utilization Management Committee (UMC).
2. Customer Service will report on the following elements:
  - a. Number of dis-enrollment notices generated and mailed
  - b. Number of calls receive by an individual regarding receipt of the notice
  - c. Number of transfer calls to the Access Center for re-entry enrollment.





## **Detroit Wayne Mental Health Authority**

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## **Member Disenrollment Letter**

Date:

Address:

Member ID#:

RE: Disenrollment

Dear \_\_\_\_\_ or Guardian/Parent of \_\_\_\_\_:

Detroit Wayne Mental Health Authority's (DWMHA's) records indicate that it has been several months since you last received behavioral health services in our network. Although attempts have been made by your provider to assist you in re-engaging in services, our records show there has not been any follow-up by you and/or on your behalf.

Regretfully, DWMHA has no other option than to begin the process for your disenrollment from our active client list. Should you wish to resume services, please do not hesitate in contacting DWMHA's Customer Service Unit at 313-833-3232. A Customer Service Representative will be available to promptly assist you with re-engagement via our Access Center and if needed they will provide coordination on how to obtain additional community referrals and/or resources.

Sincerely,

Michele A. Vasconcellos  
Director, Customer Service

### **Board of Directors**

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