



**DOCUMENT HISTORY LOG**

<b>STATUS<sup>1</sup></b>	<b>DOCUMENT REVISION<sup>2</sup></b>	<b>EFFECTIVE DATE</b>	<b>DESCRIPTION<sup>3</sup></b>
Baseline	1.0	February 11, 2008	Initial version of Chapter 11.5, Medicaid Managed Care Member Disenrollment Policy
Revision	1.1	March 15, 2009	Chapter 11.5 is revised to correct the applicability of the chapter in Section I and omit erroneous information in Section III.
Revision	2.0	September 1, 2013	Applicability is updated. Section III is modified to remove ESRD and Ventilator Dependency. Section IV is modified to remove ESRD and Ventilator Dependency. Revision 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020 and 529-12-0002.
Revision	2.1	November 15, 2015	Revision 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, 529-13-0042, and 529-13-0071; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration. Section I “Applicability of Chapter 11.5” is modified to add the Medicare-Medicaid Dual Demonstration and the STAR Kids Program.
Revision	2.2	March 1, 2024	Chapter 11.5 is revised to update procedures related to the submission and review of disenrollment requests.

1 Status should be represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions

2 Revisions should be numbered according to the version of the issuance and sequential numbering of the revision—e.g., “1.2” refers to the first version of the document and the second revision.

3 Brief description of the changes to the document made in the revision.



## **I. Applicability of Chapter 11.5**

This chapter applies to the Managed Care Organizations (MCOs) participating in the STAR Program, the STAR+PLUS Program (including the Medicare-Medicaid Dual Demonstration), or the STAR Kids Program. The requirements in this chapter apply to all Programs, except where noted.

This chapter does not apply to MCOs participating in the CHIP or CHIP Perinatal or STAR Health Programs.

## **II. Purpose**

This policy is to clarify the limited conditions under which MCOs may request disenrollment of Members as provided in Attachment A to the HHSC Managed Care Contract, Uniform Managed Care Contract Terms & Conditions, Section 5.02, Member Enrollment & Disenrollment.

## **III. Policy**

- A. MCOs may request the disenrollment of Members for the following reasons of non-compliance:
- (1) The Member misuses or loans the Member's MCO membership card to another person to obtain services;
  - (2) The Member's behavior is disruptive or uncooperative to the extent that the Member's continued enrollment in the MCO seriously impairs the MCO's or a Provider's ability to provide services to either the Member or other Members, and the Member's behavior is not related to a developmental, intellectual, or physical disability, or behavioral health condition. If the Member's disruptive, unruly, threatening, or uncooperative behavior is caused by a physical or behavioral health condition, the MCO may request disenrollment of the Member only if his or her continued enrollment in the MCO prevents the MCO or Provider from providing services to that particular Member or other Members in a safe manner; or
  - (3) The Member is steadfastly refusing to comply with managed care restrictions (e.g., repeatedly using the emergency room in combination with refusing to allow treatment for the underlying medical or behavioral condition).



- B. MCOs must take reasonable measures to correct a Member's behavior prior to requesting disenrollment. Reasonable measures may include providing education and counseling regarding the offensive acts or behaviors.
- C. MCOs may not request the disenrollment of Members based on an adverse change in the Member's health status or utilization of medically necessary services.

#### **IV. Procedures**

##### **A. Disenrollment Request**

MCOs will follow these procedures for requesting the involuntary disenrollment of Members.

1. The MCO completes Part I of the MCO Disenrollment Request Form (UMCM Chapter 11.6 Managed Care Member Disenrollment Form) and forwards it to Managed Care Contracts and Oversight (MCCO) staff along with a signed letter from the MCO's Medical Director attesting to the basis for the MCO's request. The information may be sent by mail, email, or secure site.

Mail address:                   HHSC MC-0209  
  P. O. Box 85200  
  Austin, Texas 78708

Email:                            MCO's Assigned MCCO Monitoring Team

Secure site:                    MCOHub

*Note: After posting to the MCOHub, send an email to the assigned MCCO Monitoring Team to notify them of the file location (folder) and the file name.*

##### **B. Disenrollment Committee**

The Disenrollment Committee is a committee within HHSC that reviews and determines whether to approve disenrollment requests from MCOs. The Disenrollment Committee reviews each request and makes a determination as quickly as possible; however, the review timeframe varies based on the complexity of the Member's case. The MCCO Research & Resolution team communicates the final determination to the MCO via email.