Health Home Disenrollment Process

 7/23/21

Guidelines for Disenrollment of Health Homes beneficiaries is outlined in the handbooks under **Section III.** **3.3 Beneficiary Disenrollment.**

Beneficiaries may opt-out of the OHH or BHH benefit at any time and Health Home Partners can submit a Recommended Disenrollment through the WSA.

Reasons for disenrollment are as follows;

* Administrative Dismissal
* Beneficiary Unresponsive
* Change in Health Home Setting
* Deceased
* Hospice
* Moved
* No Medicaid Eligibility
* Voluntary Disenrollment
* When beneficiary has been identified for disenrollment, the Health Home Partner will update beneficiary contact information, including most current phone number within the WSA and RECON to assist Access Center in follow up with client.
* When beneficiary is identified for Health Home Disenrollment, the Health Home Partner will submit disenrollment request within the WSA.
* Health Home Partner will submit the potential disenrollment request, indicating reason for disenrollment from the drop down menu and identifying last service date within disenrollment comments. Please note that disenrollment date should be the last day of the month in which beneficiary received last health home service.

Once the disenrollment request is submitted to WSA, the NMRE will review request, send back for more information or disenroll. NMRE will disenroll for Health Home within PCE system for same date.

Disenrollment for Unresponsive Beneficiary

If the beneficiary is identified as unresponsive, per the Health Home Handbook section **3.3 Beneficiary Disenrollment**, the LE or HHP must make at least three unsuccessful beneficiary contact attempts within at least three consecutive months for MDHHS to deem a beneficiary as unresponsive. During this time the beneficiary must remain **enrolled** in the WSA. If the beneficiary is deemed unresponsive, the beneficiary can be disenrolled from the WSA by the LE. The LE must maintain a list of disenrolled beneficiaries. The LE must attempt to re-establish contact with the beneficiary at least every six months after the date of disenrollment for one year or until eligibility changes to make the beneficiary ineligible for services.

Note: The LE can designate this task to the HHP if the HHP has an existing relationship with the beneficiary. The HHP must provide documentation of the contact attempts to the LE.

* Health Home Partner will submit the potential disenrollment request, indicating Beneficiary Unresponsive from the drop down menu and identify the dates that contact attempts were made for three months. Disenrollment date requested will be for the month of the first unsuccessful contact. HHP submits the request to LE via WSA. HHP will submit the request at the end of three months.
* If during the three month period, the beneficiary responds to the HHP that they are interested in remaining in Health Home services then provider will continue to serve clients and submit billings to NMRE as appropriate.
* If beneficiary responds to HHP that they are no longer interested in participating in the Health Home Services or their eligibility changes, then HHP will choose appropriate reason for disenrollment such as; Voluntary Disenrollment, No Medicaid Eligibility or Moved and submit the request. NMRE will disenroll beneficiary in WSA and PCE system.

NMRE Disenrollment and Outreach Process

Health Home Care Coordinator will review WSA Potential Disenrollment report each month and share identified beneficiaries with HHP’s and ask for status update or request disenrollment.

Health Home Coordinator will review potential disenrollment requests and send back for more information (last service date), or approve request. If request is approved comment will be added to beneficiary file “Disenrolled in Health Home per provider request.”

Health Home Coordinator will disenroll within PCE system for (OHH/BHH) with same date. Comment will be added, “Disenrolled in Health Home per provider request:, noting reason for disenrollment and any other pertinent information.

For beneficiaries identified as “unresponsive” care coordinator will review unsuccessful attempts documented by provider and disenroll client after three contact attempts were made.

Health Home Coordinator will review demographic information in WSA and add phone number to RECON demographics page as appropriate.

Health Home Coordinator will add disenrolled clients (with exception of those who moved out of region or were deceased) to RECON “to-do” task list for follow up call from Access Care Manager.

Clients will be added to Access Center call queue in RECON requesting follow up call to discuss Mental Health/SUD/MDHHS or community resource assistance.

NMRE Care Manager will follow up with the beneficiary monthly for up to one year. Care Coordination and contact may occur more frequently per client request or as client needs change.

Care Managers will document calls in RECON and follow up with Health Home Partners for care coordination.

Care Managers and Health Home staff will review status of Health Home calls at weekly care coordination meeting or more frequently as needed.