

n03576

Involuntary Disenrollment for Fraud, Waste and Abuse

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

Network Health Plan/Network Health Insurance Corporation/ Network Health Administrative Services, LLC (NHP/NHIC/NHAS) maintains a commitment to comply with Federal regulatory requirements related to cancellation or disenrollment of a member who knowingly provides fraudulent information on the enrollment request or another enrollment request mechanism that affects the member's eligibility for enrollment in the MA plan.

Policy Detail:

NHP/NHIC/NHAS may request to cancel or dis-enroll a member who knowingly provides, on the election form or by another election mechanism, fraudulent information that materially affects the member's eligibility to enroll in the plan. NHIC may also request to dis-enroll a member who intentionally permits others to use his/her enrollment card to obtain services or supplies from the plan or any authorized plan provider. Such disenrollment is effective the first day of the calendar month after the month in which NHP/NHIC/NHAS provides the member a final written notice of involuntary dis-enrollment due to fraudulent activities.

Procedure Detail:

- I. When such a cancellation or dis-enrollment occurs, NHP/NHIC/NHAS immediately notifies the Centers for Medicare & Medicaid Services (CMS) Regional Office representative so the Office of the Inspector General (OIG) may initiate an investigation of the alleged fraud and/or abuse. Any dis-enrollment processed under these provisions will always result in a change of election to Original Medicare.
 - A. Notice Requirements
 1. Should NHP/NHIC/NHAS involuntarily dis-enroll the member for any fraudulent information and/or activities, NHP/NHIC/NHAS requires H5215_X40 advance notice of dis-enrollment for fraud and abuse notice to be sent to the member containing following information:
 - a. Provides the member details surrounding NHP/NHIC/NHAS reasons for its decision to dis-enroll due to fraudulent activity.
 - b. Provides the effective date of termination; and
 - c. Includes an explanation of the member's right to a hearing under NHIC's grievance procedures. A copy of NHP/NHIC/NHAS Appeal & Grievance procedures will be included with the member notice.

- II. The member has 45 days from the date of the notice in which to respond or appeal to NHP/NHIC/NHAS initial notification. If no response is received, NHP/NHIC/NHAS will mail a second and final notice H5214_X44 dis-enroll final fraud notice to the member indicating that NHIC has submitted its request to CMS to have the member dis-enrolled from the plan.
- III. All notices must be mailed to the member before submission of the dis-enrollment transaction to CMS, unless otherwise indicated. This policy also affects monitoring/auditing of policies and procedures for contracted Third Party Administrators that may do business on NHP/NHIC/NHAS behalf.

Regulatory Citations:

CMS

Related Documents:

[DN09 Ongoing Element.doc](#)

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