

n03501

Prohibition of Health Screening Prior to Enrollment

Values

Accountability • Integrity • Service Excellence • Innovation • Collaboration

Abstract Purpose:

In accordance with Federal Code CFR 42 422.110(a) and Chapter 2 of the Medicare Managed Care Manual, Sections 20, 20.2, 20.7, 40.1.1 and 40.2.D4 and Chapter 4 of the Medicare Managed Care Manual Section 10.6; Network Health Insurance Corporation (NHIC) does not deny, limit condition or discourage enrollment on the basis of any factor related to health status including exceptions.

Policy Detail:

- I. NHIC does not deny, limit, or condition enrollment to individuals eligible to enroll in an MA plan (except in the case of a Medicare Medical Savings Account (MSA) plan, an individual will be denied enrollment if he/she is receiving hospice benefits under Medicare prior to completing the enrollment request, or Medicaid benefits) offered by the organization on the basis of any factor that is related to health status including, but not limited to the following:
 - A. Claims experience;
 - B. Receipt of health care;
 - C. Medical history and medical condition including physical and mental illness;
 - D. Genetic information;
 - E. Evidence of insurability, including conditions arising out of acts of domestic violence; and
 - F. Disability
- II. NHIC includes procedures for assessing and verifying reasons for denial in its enrollment process and follows the proper channels.
 - A. Were members of a group health plan and are in the “30-month coordination period.” NHIC also maintains the appropriate documentation necessary in supporting denials.
 - B. NHIC’s Special Needs Plan may limit enrollment to individuals who meet the eligibility requirements.

Procedure Detail:

- I. All sales staff including internal and external, contracted agents/brokers of the health plan(s) will be educated regarding the above enrollment standards at the time of orientation and annually thereafter, upon CMS contract renewal.
- II. All complaints will be investigated, and corrective actions implemented. Failure to comply will result in disciplinary action up to and including termination.

Origination Date: 09/27/2005	Approval Date: 02/10/2025	Next Review Date: 02/10/2026
Regulatory Body: CMS	Approving Committee: Policy Committee	
Policy Owner: Brian Crocker	Department of Ownership: Enrollment	Revision Number: 2
Revision Reason: 10/06/2016 – Transferred to new policy template. 03/11/2019 – Updates made to the policy 03/02/2021- Annual review. Removal of ERSD requirements. 03/07/2022 - removed ESRD requirements again Approved by Policy Committee on 03/16/2022 03/02/2023 - updated policy owner to Amy Ziegert, Consent 02/13/2024- no changes, consent 02/10/2025 - updated policy owner to Brian Crocker, Consent		