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 except for End Stage Renal Disease (ESRD) (including exceptions).

Policy Detail:

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) offered by the organization on the basis of any factor that is related to health status including, but not limited to the following:

- Claims experience;
- Receipt of health care;
- Medical history and medical condition including physical and mental illness;
- Genetic information;
- Evidence of insurability, including conditions arising out of acts of domestic violence; and
- Disability

NHIC includes procedures for assessing and verifying reasons for denial in its enrollment process and follows the proper channels which include allowing beneficiaries with ESRD to enroll if they:

I. Were involuntarily disenrolled from another MA plan which terminated its contract or reduced its service area on or after December 31, 1998 (one enrollment allowed);

   A. Beneficiaries will need to show their notification letter (from the plan that terminated its contract) for proof of their eligibility.

II. Had a successful kidney transplant and there is no need for further dialysis;

   A. The following documentation must be submitted to the Plan

(Network Health):

1. The member's explanation for rejection (i.e. successful transplant), and medical documentation (i.e., a letter from the physician)

III. Initiated dialysis treatments for ESRD, but subsequently recovered native kidney function and no longer requires a regular course of dialysis to maintain life;

A. The following documentation must be submitted to the Plan:

1. The member's explanation for rejection (i.e. successful transplant), and medical documentation (i.e., a letter from the physician)

IV. Developed ESRD while a member of a health plan offered by an MAO and is electing a plan offered by that organization;

A. In order to be eligible for this there can be no break in coverage

V. Were formally a commercial member of the MAO;

A. In order to be eligible for this there can be no break in coverage

VI. Had Medicare entitlement determination made retroactively; and were not provided the opportunity to elect an MA plan during his/her ICEP. Therefore, these individuals will be allowed to prospectively elect an MA plan offered by the MA organization, provided:

A. They were in a health plan offered by the same MA organization the month before their entitlement to Parts A and B;

B. Developed ESRD while a member at that health plan; and

C. Are still enrolled in that health plan.

- This would also be allowed in cases when there is an administrative delay and the entitlement determination is not made timely.

VII. 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.

VIII. Once enrolled in an MA plan, a person who has ESRD may elect other MA plans in the same organization. However, the member would not be allowed in a different MA organization.

IX. 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.

Definitions:

None

Regulatory Citations:

None

Related Policies:

None

Related Documents:

None

Origination Date:	Approval Date:	Next Review Date:
09/27/2005	03/17/2020	04/01/2021
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CMS	Policy Committee	NHP/NHIC
Policy Owner:	**Department of Ownership:**	**Revision Number:**
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