



Policy: PA.2020
Title: **Voluntary Disenrollment**
Department: CalOptima Health PACE
Section: Not Applicable

CEO Approval: /s/ Michael Hunn 02/12/2024

Effective Date: 10/01/2013
Revised Date: 02/01/2024

Applicable to: ☐ Medi-Cal
☐ OneCare
☒ PACE
☐ Administrative

I. PURPOSE

This policy outlines the processes for a Participant's voluntary disenrollment from the CalOptima Health Program of All-Inclusive Care for the Elderly (PACE).

II. POLICY

- A. A Participant may voluntarily disenroll from CalOptima Health PACE without cause, at any time.
- B. CalOptima Health PACE will process a voluntary disenrollment utilizing the most expedient process allowed under Medicare and Medi-Cal procedures and will ensure that the PACE disenrollment date is the same for Medicare and Medi-Cal.
- C. Until the voluntary disenrollment is effective, the Participant must continue to use CalOptima Health PACE services and pay premiums, if applicable.
- D. CalOptima Health PACE will continue to furnish all Medically Necessary services until the effective voluntary disenrollment date.
- E. CalOptima Health PACE will notify Participants upon enrollment of their rights to voluntarily disenroll at any time. The notice will provide the steps required to request voluntary disenrollment and the time necessary to process voluntary disenrollment requests.
- F. CalOptima Health PACE will classify and handle an out-of-area disenrollment (when a Participant chooses to not reside within the PACE Service Area) as voluntary, only with written documentation and/or evidence of advance request for disenrollment from the Participant or Representative.
- G. CalOptima Health PACE shall report all disenrollments in Health Plan Management System (HPMS), keep a log of all voluntary disenrollments and dispositions, and make the supportive documentation available for review by the Centers for Medicare & Medicaid Services (CMS) and Department of Health Care Services (DHCS), upon request.
- H. CalOptima Health PACE will review trends and patterns for voluntary disenrollment as a component of the Quality Improvement System.

- I. CalOptima Health PACE employees and contractors shall not prompt or encourage Participants to disenroll from the CalOptima Health PACE due to medical changes that would benefit CalOptima Health PACE in any way. The Participant, caregiver, or authorized Representative shall be presented with all care options and the Participant, caregiver, or authorized Representative should make decisions independently if they choose to disenroll from CalOptima Health PACE.

III. PROCEDURE

- A. CalOptima Health PACE will take the following actions to affect a voluntary disenrollment of a Participant from CalOptima Health PACE. CalOptima Health PACE will:
 1. Upon receipt of a request for voluntary disenrollment from the Participant, or Representative, inform the Participant, or authorized Representative, in writing of disenrollment procedures.
 2. Have the Participant assist in completing the *Voluntary Disenrollment Form*;
 3. Keep on file Voluntary Disenrollment Form to document the disenrollment effective date;
 4. Provide the Participant with a *Voluntary Disenrollment Request Processed Letter* which includes information about the disenrollment process; and
 5. Participant has the right to retract their voluntary disenrollment request up until the disenrollment effective date.
- B. CalOptima Health PACE shall be responsible for facilitating a Participant's reinstatement, or transition, to other Medicare, or Medi-Cal, programs for which they are eligible after voluntary disenrollment from CalOptima Health PACE.
 1. The CalOptima Health PACE Social Worker shall complete the *Disenrollment Discharge Plan* and provide a copy to the Participant and, if applicable, to the appropriate caregiver.
 2. With authorization, CalOptima Health PACE shall provide appropriate referrals and medical records to new providers in a timely manner.
 3. A CalOptima Health PACE designated employee shall notify the CalOptima Health Regulatory Affairs and Compliance department to work with CMS and DHCS assisting PACE with the transition of the Participant to another eligible Medicare or Medi-Cal program.
- C. DHCS will disenroll the Participant in the Medical Management Information Systems (MMIS) system on the first day of the month following the Participant's notice of voluntary disenrollment.
 1. Enrollment will cease at 11:59 p.m. on the last day of the month prior to the effective date of disenrollment as approved by DHCS. From that time forward, CalOptima Health PACE program will be relieved of all obligations to provide or arrange for covered services to the Participant under the terms of the provider agreement.
- D. Monitoring and Oversight
 1. The CalOptima Health PACE Quality Improvement Department is responsible for monitoring the Disenrollment Report from the electronic health record on a monthly basis and reporting quarterly to HPMS.

E. Quality Improvement

1. The CalOptima Health PACE Quality Improvement Department shall retrospectively review voluntary disenrollments to analyze any trends, or areas of improvement. The tracking, trending, and analysis will consider enrollment withdrawals and denials.
2. The CalOptima Health PACE Quality Improvement Department will report data and findings to the PACE Quality Improvement Committee quarterly.

F. CalOptima Health PACE Reinstatement

1. Any Participant who was previously disenrolled from the CalOptima Health PACE may re-apply to the program and may re-enroll upon meeting the eligibility criteria. There is no limit on the number of times a Participant may re-enroll following disenrollment.
2. A Participant who was disenrolled following non-payment of premiums may be reinstated without a break in service coverage if the premium is paid prior to the effective date of disenrollment.
3. A Participant who wishes to re-enroll following a disenrollment must complete the intake and enrollment process in its entirety and be assessed by the Interdisciplinary Team (IDT) during the re-enrollment process. The level of care determination will be subject to the decision of DHCS.

IV. ATTACHMENT(S)

- A. Voluntary Disenrollment Form
- B. Voluntary Disenrollment Request Processed Letter
- C. Disenrollment Discharge Plan

V. REFERENCE(S)

- A. CalOptima Health PACE Contract with the Department of Health Care Services for the PACE Program
- B. CalOptima Health PACE Program Agreement
- C. Title 42, Code of Federal Regulations (C.F.R.), §§460.162, 460.166, 460.168, 460.170, 460.172

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/01/2013	PA.2020	Voluntary Disenrollment	PACE
Revised	10/01/2014	PA.2020	Voluntary Disenrollment	PACE
Revised	01/01/2015	PA.2020	Voluntary Disenrollment	PACE
Revised	02/01/2016	PA.2020	Voluntary Disenrollment	PACE
Revised	02/01/2017	PA.2020	Voluntary Disenrollment	PACE

Action	Date	Policy	Policy Title	Program(s)
Revised	03/01/2018	PA.2020	Voluntary Disenrollment	PACE
Revised	07/01/2018	PA.2020	Voluntary Disenrollment	PACE
Revised	09/01/2019	PA.2020	Voluntary Disenrollment	PACE
Revised	05/01/2022	PA.2020	Voluntary Disenrollment	PACE
Revised	07/01/2023	PA.2020	Voluntary Disenrollment	PACE
Revised	02/01/2024	PA.2020	Voluntary Disenrollment	PACE

IX. GLOSSARY

Term	Definition
Appeal	A Participant's action taken with respect to the PACE organization's noncoverage of, modification of, or nonpayment for, a service including denials, reductions or termination of services, as defined by federal PACE regulation 42 CFR Section 460.122.
Centers for Medicare & Medicaid Services (CMS)	The federal agency under the United States Department of Health and Human Services responsible for administering the Medicare and Medicaid programs.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the federal Medicaid (referred to as Medi-Cal in California) Program.
Interdisciplinary Team (IDT)	<p>A team composed of members qualified to fill, at minimum, the following roles, in accordance with 42 CFR 460.102. One individual may fill two separate roles on the interdisciplinary team where the individual meets applicable state licensure requirements and is qualified to fill the two roles and able to provide appropriate care to meet the needs of Participants:</p> <ol style="list-style-type: none"> 1. Primary Care Provider; Primary medical care must be furnished to a Participant by any of the following <ol style="list-style-type: none"> a. A primary care physician. b. A community-based physician. c. A physician assistant who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority. d. A nurse practitioner who is licensed in the State and practices within their scope of practice as defined by State laws with regard to oversight, practice authority and prescriptive authority. 2. Registered Nurse; 3. Master's – level Social Worker; 4. Physical Therapist; 5. Occupational Therapist; 6. Recreational Therapist or Activity Coordinator; 7. Dietician; 8. PACE Center Manager; 9. Home Care Coordinator; 10. Personal Care Attendant or their representative; and 11. Driver or their representative.
Medically Necessary or Medical Necessity	Reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury.
Participant	An individual enrolled in the CalOptima Health PACE program.
Program of All-Inclusive Care for the Elderly (PACE)	PACE is a long-term comprehensive health care program that helps older adults to remain as independent as possible. PACE coordinates and provides all needed preventive, primary, acute and long-term care services so seniors can continue living in their community.
Quality Improvement System (QIS)	Systematic activities to monitor and evaluate the medical care delivered to Members according to the standards set forth in regulations and contract language. CalOptima Health PACE must have processes in place, that measure the effectiveness of care, identifies problems, and implements improvement on a continuing basis.

Term	Definition
Representative	A person who is acting on behalf of or assisting a participant, and may include, but is not limited to, a family member, a friend, a CalOptima Health PACE employee, or a person legally identified in a Power of Attorney for Health Care/Advanced Directive, Conservator, Guardian, etc.
Service Area	The county or counties in which CalOptima Health PACE is approved to operate under the terms of the DHCS PACE Contract. A Service Area may have designated ZIP codes (under the U.S. Postal Service) within a county that are approved by DHCS to operate under the terms of the DHCS PACE Contract.