

FAMILY CARE / PARTNERSHIP / PACE / IRIS

CHANGE ROUTING - INSTRUCTIONS

Section A—Member Information

This section can be completed by the Managed Care Organization (MCO), Aging and Disability Resource Center (ADRC) or IRIS Consultant Agency (ICA), and should match the information in ForwardHealth. Member and participant information can be obtained in the ForwardHealth Partner Portal by using the iC Functionality – Member Information Tab. This information is shown on pages 4-7 of the Resource Center Supplemental Documentation for Member Eligibility via the Partner Portal which is located under the Information Systems link on the ADRC Professionals web page at <http://www.dhs.wisconsin.gov/LTCare/adrc/professionals/infosys/ResourceCenterSupplementalDocumentation.pdf>.

Section B—Changes that may Effect Medicaid Eligibility and/or Long Term Care Enrollment— Disenrollment Date Determined by CARES

The MCO or ICA completes this section when any of the potential reasons for a change in eligibility for a member or participant is discovered. The ICA may discover a change in level of care on the long term care functional screen for IRIS participants, and must use this form. Income Maintenance (IM) determines whether the information actually affects eligibility. Once the determination is made, IM returns the form to the MCO or ICA and indicates whether the individual has no change in eligibility, whether there is a change in cost share amount and the effective date or whether the individual will lose eligibility and the date of disenrollment using the box marked 'IM AGENCY USE'. If the individual is going to be disenrolled, the MCO or ICA will forward the form to the ADRC to perform disenrollment counseling. Note: If the form is not returned by IM, the MCO or ICA should verify the disenrollment date was entered in CARES and the disenrollment information has interfaced with ForwardHealth InterChange.

The MCO also has the obligation to work with members who are losing eligibility to maintain eligibility if possible. See Article III. D. 3 in the 2011 MCO contract for information about working with members for timely Medicaid eligibility redeterminations, payment of cost share and other issues that if left unattended may be cause for ineligibility and disenrollment.

Section C—Changes that may Effect Medicaid Eligibility and/or Long Term Care Enrollment - Disenrollment Date Information Provided by MCO or ICA

The MCO or ICA completes section C by filling in the Date of Admission to the facility and Date of Discharge, if known, and marking the appropriate checkbox for the type of event. If reporting the death of a member/participant, complete the date of the occurrence.

Institutions for Mental Disease (IMD) for people over age 18 and under age 65, and jails or prisons are ineligible Medicaid settings. Any MCO member or IRIS participant who enters these settings must be disenrolled from the program during the time they are present in those settings, regardless of the length of their stay. IRIS participants are also considered to be in an ineligible setting when they enter a nursing home.

Individuals in the Partnership program may become ineligible for the program for the reasons listed in this section. In addition to completing this form the MCO must also disenroll the individual from the Medicare portion of the program.

Section D—Changes of Address

Individuals who move out of the MCO's service area or out of the state must be disenrolled. For Family Care members or IRIS participants, it is not necessary to complete a disenrollment form for individuals who move between counties within the MCO service area or if the individual moves to another county due to an MCO placement or from one IRIS county to another, only a transfer of Medicaid eligibility between the county income maintenance units is necessary. A Disenrollment form is required for PACE and Partnership members. The MCO or ICA should coordinate any change in service providers that is required due to a move within their service area. When a forwarding address is known for individuals remaining in the state it should be indicated in this section.

Section E—Form Completed By

The MCO or ICA completes this section with their own name and contact information in the event there are any questions. This form must always be sent to the ADRC regardless of the reason for disenrollment so the ADRC can submit the form to ORCD. The MCO or ICA completing this section should also indicate the date the form was routed to IM and the ADRC.

Section F—ADRC Information

The ADRC must offer disenrollment counseling to all MCO members and IRIS participants who are disenrolling from the program, including a disenrollment due to the loss of Medicaid eligibility. If the individual is in an IMD under age 65, incarcerated, has passed away, or moved out of state, disenrollment counseling cannot be performed. For individuals who move to another MCO service area, the ADRC in the receiving county performs enrollment counseling with the person around the options available to them in the new area prior to enrolling the individual in the new MCO.

This section is to be completed by the ADRC. Complete the information regarding the ADRC and the date the form was received. Individuals will either have been disenrolled already, or will have their disenrollment pending, please indicate which applies to this individual at the time you received the form. Answer all questions related to the performance of disenrollment counseling. If disenrollment counseling is performed, it is important to complete all of the requested information about the counseling. If the individual wishes to remain enrolled, a description of the outcome of disenrollment counseling is required. The ADRC worker completing this section should provide contact information in the event there are any questions.

Once the form is completed, the ADRC will send both sides of the form to the Office for Resource Center Development. If the forms are being sent to ORCD electronically, please save the document as 'read only' prior to submission.