

Guidelines for Member Disenrollment

Generally the effective date of disenrollment from a CCN is prospective. Effective dates for other than routine disenrollments are described below.

Member Disenrollment *	
Reason for Disenrollment	Disenrollment Effective Date
Loss of Medicaid and CHIP eligibility	First day of month following Medicaid or CHIP case closure.
Death of member	First day of month following death. PMPM for months following the month of death will be recouped.
Intentional submission of fraudulent information	First day of earliest month allowed by system.
Member moved outside of GSA	First day of month after the update of the system with the new address in a different GSA.
Member moves out of state	First day of month after moving out state. Any PMPM payments for months following the month of the move will be recouped.
Member elects hospice	First day of the month following hospice election.
Member in LTC/NH	First day of the month following admission into NH.
Member elects Waiver Services	First day of the month following entry into waiver program.
Loss of CCN's participation	First day of month following CCN's termination date.
Member with more than one Medicaid Identification Number is enrolled in a CCN under more than one of the Medicaid Identification Numbers	First day of the month the duplicate enrollment began. Any duplicate PMPM payments will be recouped.
Incarceration	First day of the month following incarceration <i>Note- CCN is at risk for core benefits and services only to the date of incarceration</i>
Member enrolled in Medicare	First day of month following identification of Medicare coverage. Up to 12 retroactive months PMPM paid will be recouped.

Member Disenrollment *	
Reason for Disenrollment	Effective Date of Disenrollment
CCN request for disenrollment	First day of earliest month allowed by system edits following DHH approval.
Recipient on Inconsistent Parish Report	First day of earliest month allowed by system edits following verification of new address, if new address is in a different GSA.
Member status changes to Section 1115 Medicaid Family Planning Waiver only	If the status of the member changes while in the hospital to a category where the hospital and physician charges would not be paid under FFS, the patient would be responsible for both the facility and physician charges for the uncovered portion of the stay (from the date that their status changes to FP services only).
Member terminates with one CCN and joins another while in hospital (disenrollment/enrollment date occurs while in hospital)	The CCN that covers a member on the day of admission to a hospital will be responsible for the entire stay (facility charge), even if their CCN changes while they are inpatient. The date of service will dictate the responsible party for physician charges.
<p><i>*DHH policy allows special exceptions to the disenrollment provisions listed above when in the best interest of the member and/or the Medicaid program. These exceptions will be considered on a case by case basis.</i></p> <p><i>**Inmate is defined as a person incarcerated in or otherwise confined to a correctional institution (i.e., jail). This does not include individuals on Probation or Parole or who are participating in a community program.</i></p>	