

NHP/NHIC-Prohibition of Health Screening Prior to Enrollment

Abstract/Purpose:

In accordance with Chapters 2 and 17D of the Medicare Managed Care Manual, element ER16; Network Health Plan (NHP)/Network Health Insurance Corporation (NHIC) does not deny or discourage enrollment on the basis of health status except for ESRD.

I. POLICY:

NHP/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:

- 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);
- Had a successful kidney transplant and there is no need for further dialysis;
- Initiated dialysis treatments for ESRD, but subsequently recovered native kidney function and no longer requires a regular course of dialysis to maintain life;
- Developed ESRD while a member of a health plan offered by an MAO and is electing a plan offered by that organization;
- Were formally a commercial member of the MAO;
- Had Medicare entitlement determination made retroactively; and
- Were members of a group health plan and are in the “30-month coordination period.” NHP/NHIC also maintains the appropriate documentation necessary in supporting denials.

II. PROCEDURE:

- A. 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.
- B. All complaints will be investigated and corrective actions implemented. Failure to comply will result in disciplinary action up to and including termination.