

Disenrollment from Health Plans

This section of the manual provides information on:

- Disenrollment reason codes used by processing entities or the MMIS system to disenroll a member from a health plan.
- Disenrollment policy for those who are eligible for Prepaid Medical Assistance Program (PMAP), MinnesotaCare and Minnesota Senior Care Plus (MSC+).
- Disenrollment policy for those who are eligible for [Minnesota Senior Health Option \(MSHO\) and Special Needs Basic Care \(SNBC\)](#).

Disenrollment occurs when health plan enrollment ends for an enrollee. Disenrollment can occur both systematically and by a manual update.

Review the [Edit Health Plan Enrollment](#) page in OneSource for instructions on how to update MMIS for disenrollment.

The effective date for a disenrollment follows [managed care capitation dates](#).

- Use the last day of the current month when entering a disenrollment before first capitation.
- Use the last day of the next month when entering a disenrollment after first capitation.
- If a disenrollment needs to be entered for the last day of the current calendar month and it is after first capitation send an HPEN ticket and the managed care team will review the request.

Disenrollment Reasons

DIS RSN Code: AP

Reason: Appeals

Who can enter this code: DHS

Description and when to use this code: Used when an appeal decision was made that ended health plan enrollment.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: An appeal decision was made, that closed your health plan enrollment.

DIS RSN Code: BP

Reason: No reenrollment

Who can enter this code: System entered

Description and when to use this code: Used to prevent reenrollment into a health plan that is not accepting reenrollments.

Does this code allow automatic reenrollment: No

Does this code allow automatic reinstatement: Yes. Reinstatement occurs before coverage ends on the last day of the same month.

Disenrollment Notice Text: Your health plan is no longer available in the county where you live and you must choose a different health plan.

DIS RSN Code: CP

Reason: Capitation error

Who can enter this code: System entered

Description and when to use this code: Generated by the system when there is a processing error related to capitation.

Does this code allow automatic reenrollment or reinstatement: Yes

Disenrollment Notice Text: You no longer meet the enrollment criteria to remain enrolled in your health plan for one of these reasons:

- Your Medical Assistance (MA) or MinnesotaCare eligibility has ended or changed.
- You moved to a county that does not offer your current health plan.
- You are no longer required to be enrolled in a health plan.
- You have been disenrolled because you have a medical spenddown, or you did not pay your medical spenddown.

DIS RSN Code: DT

Reason: Death

Who can enter this code: System entered

Description and when to use this code: Used when an enrollee dies and eligibility is closed and the date of death interfaces from METS or MAXIS to MMIS.

- The system updates the managed care enrollment end date on the RPPH screen after PPHP capitation.
- DHS runs a report of any capitation payments made after the date of death and adjusts capitation payments.
- The county does not need to request adjustments for death.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: Your health plan has ended due to a report of death.

DIS RSN Code: EE

Reason: Eligibility ended

Who can enter this code: Counties, Tribes, DHS or system entered

Description and when to use this code: Used when an enrollee is no longer eligible for Minnesota Health Care Programs (MHCP). They will be disenrolled from their health plan on the last day to match the end date of MHCP eligibility.

Or

When an enrollee's eligibility type changes, their health plan enrollment may end, change or stay the same depending on the change.

Does this code allow automatic reenrollment or reinstatement: Yes

Disenrollment Notice Text: Your MA or MinnesotaCare eligibility has ended or changed.

DIS RSN Code: EX

Reason: Exclusion

Who can enter this code: Counties, Tribes or DHS

Description and when to use this code: Used when an enrollee meets an exclusion reason. They will be disenrolled from their health plan.

The type of exclusion will determine if they will be disenrolled for the next available month or if they will be disenrolled for past months and capitation recovered.

Refer to [Disenrolling Excluded Enrollees](#) section of this page for more information.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: You are no longer required to be enrolled in a health plan. If you would like to voluntarily enroll, contact your worker to see if you are eligible.

DIS RSN Code: FY

Reason: First year change option

Who can enter this code: Counties, Tribes, DHS or system entered

Description and when to use this code: Used when an enrollee uses a first-year change option.

Refer to [Changing Health Plans](#) in this manual for more information on change options.

Does this code allow automatic reenrollment or reinstatement: Yes

Disenrollment Notice Text: You have requested to change plans. You will receive another letter telling you when to start getting services through your new health plan.

DIS RSN Code: HP

Reason: Health plan contract ended

Who can enter this code: Counties, Tribes or DHS

Description and when to use this code: Used when a health plan is no longer available in the county of residence.

Refer to [Changing Health Plans](#) in this manual for more information on change options.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: Your health plan is no longer available in the county where you live. You will receive another letter telling you when to start getting services through your new health plan.

DIS RSN Code: JL

Reason: Jail incarceration

Who can enter this code: DHS

Description and when to use this code: Used when an enrollee is incarcerated. They will be disenrolled from their health plan even if they remain eligible for MHCP. DHS Managed Care staff will add a JJ exclusion on RPPH for the months the enrollee is incarcerated. Refer to [Exclusions](#) in this manual for more information.

Refer to the [Incarceration Landing Page](#) in OneSource for more information on adding, changing, or ending incarceration spans.

Upon release from incarceration, they may be reenrolled or reinstated in their previous health plan.

Refer to [Reenrollment and Reinstatement](#) in this manual for more information.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: Your health plan has ended due to a report you are incarcerated.

DIS RSN Code: MV

Reason: Move

Who can enter this code: Counties, Tribes, DHS or system entered

Description and when to use this code: Used when an enrollee moves to a county that does not offer their current health plan. Their health plan will end for the next available month.

They must select a new plan available in their new county of residence or be defaulted into one.

Refer to [Changing Health Plans](#) in this manual for more information on change options.

Does this code allow automatic reenrollment or reinstatement: Yes

Disenrollment Notice Text: Your health plan has ended because you moved out of the health plan service area. You must choose a new health plan.

DIS RSN Code: ND

Reason: Loss of disability

Who can enter this code: DHS

Description and when to use this code: Used when an enrollee is no longer certified disabled.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: You no longer meet the enrollment criteria to remain enrolled in your health plan because your disability certification has ended. Contact your worker for more information.

DIS RSN Code: NT

Reason: Ninety day change option; 90 days of less from health plan change

Who can enter this code: Counties, tribes, DHS or system entered

Description and when to use this code: Used when an enrollee chooses a new health plan within the first 90 days of health plan enrollment.

Refer to [Changing Health Plans](#) in this manual for more information on change options.

Does this code allow automatic reenrollment or reinstatement: Yes

Disenrollment Notice Text: You have requested to change health plans. You will receive another letter telling you when to start getting services through your new health plan.

DIS RSN Code: OE

Reason: Open Enrollment

Who can enter this code: Counties, Tribes or DHS

Description and when to use this code: Used when an enrollee returns an Annual Health Plan Selection (AHPS) notice and selects a new health plan.

Does this code allow automatic reenrollment or reinstatement: Yes

Disenrollment Notice Text: You have requested to change health plans. You will receive another letter telling you when to start getting services through your new health plan.

DIS RSN Code: OT

Reason: Other

Who can enter this code: DHS or system entered

Description and when to use this code: Used by DHS when an enrollee's health plan enrollment needs to be ended to facilitate case maintenance, non-standard change options, or other reasons that are not covered by a DIS RSN code listed in this chart.

Refer to case notes for details on a specific case.

Does this code allow automatic reenrollment or reinstatement: Yes

Disenrollment Notice Text: You no longer meet the enrollment criteria to remain enrolled in your health plan for one of these reasons:

- Your MA or MinnesotaCare eligibility has ended or changed.
- You have Medicare coverage, and your current eligibility does not allow you to remain enrolled in your health plan.
- You moved to a county that does not offer your current health plan.

- You are no longer required to be enrolled in a health plan.
- You have been disenrolled because you have a medical spenddown, or you did not pay your medical spenddown.

DIS RSN Code: PA

Reason: Loss of Part A; Medicare Part A ended

Who can enter this code: DHS

Description and when to use this code: Used when an enrollee's Medicare Part A eligibility or enrollment has ended.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: Your Medicare Part A eligibility has been changed or ended. Contact your worker for more information.

DIS RSN Code: PB

Reason: Loss of Part B; Medicare Part B ended

Who can enter this code: DHS

Description and when to use this code: Used when an enrollee's Medicare Part B eligibility or enrollment has ended.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: Your Medicare Part B eligibility has been changed or ended. Contact your worker for more information.

DIS RSN Code: PD

Reason: Loss of Part D; Medicare Part D ended

Who can enter this code: DHS

Description and when to use this code: Used when an enrollee's Medicare Part D eligibility or enrollment has ended.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: Your Medicare Part D eligibility has been changed or ended. Contact your worker for more information.

DIS RSN Code: PM

Reason: PMI merge

Who can enter this code: DHS

Description and when to use this code: Used when multiple Person Master Indexes (PMI) for the same member are merged.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: You had more than one PMI (ID number). Contact your worker for more information.

DIS RSN Code: RC

Reason: Retro change; CMS changed Medicare enrollment retroactively

Who can enter this code: DHS

Description and when to use this code: Used when an enrollee's Medicare eligibility or enrollment has been added, changed or ended. They may meet an exclusion reason and be disenrolled from their health plan. DHS receives transaction data from the Centers for Medicare and Medicare Services (CMS).

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: You have requested to change plans. You will receive another letter telling you when to start getting services through your new plan.

DIS RSN Code: SE

Reason: Service ending

Who can enter this code: DHS or system entered

Description and when to use this code: Used when a health plan is no longer available in the county of residence.

Refer to [Changing Health Plans](#) in this manual for more information.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: Your health plan is no longer available in the county where you live. You will receive another letter telling you when to start getting services through your new health plan.

DIS RSN Code: SP

Reason: Nonpayment of spenddown

Who can enter this code: DHS

Description and when to use this code: Used when an enrollee has not paid their spenddown in full for 3 months.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: You have not paid your medical spenddown to the state. Contact the DHS accounting department at 1-800-657-3762 to pay your outstanding balance.

DIS RSN Code: TA

Reason: Temporary absence

Who can enter this code: Counties, Tribes or DHS

Description and when to use this code: Used when a PMAP enrollee is absent from Minnesota for more than 30 consecutive days but is still considered a resident of Minnesota.

Refer to [Temporary Absence MMIS Exclusion and Disenrollment](#) instructions in OneSource for more information.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: [MA Coverage While Temporarily Away from MN - Manual Notice \(PDF\)](#): You reported that the person(s) listed here is temporarily away from Minnesota. This means they will get MA coverage through "fee for service."

DIS RSN Code: TC

Reason: Tran change/Select different plan; changed health plans for Medicare

Who can enter this code: DHS

Description and when to use this code: Used when an enrollee selects a Medicare Prescription Drug Plan.

The enrollee will be disenrolled from I-SNBC or MSHO.

Refer to the [Disenrollment from MSHO and SNBC](#) section of this manual for more information.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: You have selected a different Medicare prescription drug plan. This automatically disenrolls you from either MSHO or NBC. You will receive another letter telling you about how to continue to get covered services.

DIS RSN Code: VL

Reason: Voluntary

Who can enter this code: DHS

Description and when to use this code: Used when an SNBC, MSHO or MSC+ enrollee changes their health plan.

Refer to [Changing Health Plans](#) in this manual for more information.

Does this code allow automatic reenrollment or reinstatement: No

Disenrollment Notice Text: You have voluntarily disenrolled or changed health plans. If you changed plans, you would receive another letter telling you when to start getting services through your new health plan.

Disenrolling Excluded Enrollees

Certain enrollees are disenrolled from their health plan when they meet criteria that allows or requires an exclusion. They remain eligible for MHCP as fee for service (FFS) and their providers submit claims directly to DHS for payment.

For detailed information on exclusions including a list of Exclusion Reasons (XCL) refer to the [Exclusions page](#) of this manual.

When an enrollee meets the criteria for an exclusion, the processing entity will update [RPPH](#) in MMIS to end their health plan enrollment. For instructions on how to update MMIS for an enrollee who qualifies for an exclusion, refer to [Adding and Ending Exclusions](#) in OneSource.

Disenrollment Notices

MMIS issues a notice with the disenrollment reason and the end date of enrollment when an enrollee is disenrolled from their health plan.

Reenrollment and Reinstatement

When an enrollee is disenrolled from their health plan because their eligibility ended or an exclusion was added, MMIS or a processing entity may reenroll or reinstate the enrollee into their previous health plan if their eligibility is restored or the exclusion is ended.

Find more information on Reenrollment and Reinstatement in the following locations:

[Reenrollment and Reinstatement in MHCP Managed Care Manual](#)

[Managed Care Enrollment Process in OneSource](#)

[Managed Care Reopen-Reinstate in MMIS User Manual](#)

Disenrollment from MSHO and SNBC

MSHO enrollees, Non-Integrated SNBC and Integrated SNBC (I-SNBC) enrollees have multiple options they can use to disenroll from a health plan. Enrollees can select the option that best fits their needs.

Disenrollment Process from MSHO

Enrollees 65 or over (Seniors) must be enrolled in a health plan unless they meet an exclusion reason. By default, they will be enrolled in MSC+. Seniors with Medicare A and B have the option to enroll in MSHO instead of MSC+. When an enrollee disenrolls from MSHO, and they do not meet exclusion criteria, they will be enrolled in MSC+.

MSC+ enrollees with Medicare will get coverage from:

- Medicare A and B, also known as Original Medicare,
- Medicare Part D for prescription drug coverage.
- MSC+ for Medical Assistance benefits

When disenrolling from MSHO, all enrollees will need to select a Part D plan in addition to their MSC+ plan so they can continue getting prescription drug coverage. They can contact the Senior Linkage Line at 800-333-2433 (this call is free) or 800 MEDICARE (800-633-4227) (this call is free) to do this.

Option 1: Disenroll from MSHO by selecting a Part D plan.

- The enrollee calls the Senior LinkAge Line or 800 MEDICARE (800-633-4227) (this call is free) for assistance in selecting and enrolling in a Part D prescription drug plan.
- When enrollees enroll in a Part D plan, their enrollment in MSHO will automatically end.

Option 2: Disenroll from MSHO by fax.

- The enrollee faxes a signed written statement requesting disenrollment from their MSHO health plan to DHS at 651-431-7548.

Option 3: Change MSHO plans.

- Enrollees who want to disenroll from their current MSHO plan and enroll in a different MSHO plan can complete the [Health Plan Enrollment Form for 65 and Older \(DHS-4106C\) \(PDF\)](#) and choose a new health plan.
- The enrollee's membership in the current MSHO health plan will end on the date of enrollment into the new MSHO health plan.
- Fax the completed and signed [DHS-4106C](#) to DHS at 651-431-7548 or mail to:
Managed Care – Department of Human Services
PO Box 64984
St. Paul, MN 55164-0838

Option 4: Contact their current MSHO health plan.

- The enrollee contacts their current health plan for assistance in disenrolling from MSHO.
- The health plan sends the enrollee a disenrollment form for them to sign.

Disenrollment Process from I-SNBC

There are several options an enrollee can disenroll from I-SNBC. An enrollee can move from I-SNBC to Non-Integrated SNBC or FFS at certain times of the year but not monthly. Refer to the [Changing Health Plans](#) page of this manual for more information.

When disenrolling from I-SNBC, all enrollees will need to select a Part D plan so they can continue getting prescription drug coverage. They can contact the Senior Linkage Line at 800-333-2433 (this call is free) or 800 MEDICARE (800-633-4227) (this call is free) to do this.

Changing from I-SNBC to FFS:

Option 1: Disenroll from I-SNBC by selecting a Part D plan.

- The enrollee calls the Senior LinkAge Line or 800 MEDICARE (800-633-4227) (this call is free) for assistance in selecting and enrolling in a Part D prescription drug plan.
- When enrollees enroll in a Part D plan, their enrollment in I-SNBC will automatically end.

Option 2: Contact their current I-SNBC health plan.

- The enrollee contacts their current SNBC health plan and requests to be disenrolled.
- The health plan will provide instructions and may send out a disenrollment form for the enrollee to sign.

Option 3: By mail or fax.

- The enrollee mails or faxes a signed, written statement requesting disenrollment from their I-SNBC health plan.
- The statement must include the enrollee's name, date of birth and PMI number.
- Fax the request to 651-431-7548 or mail to:
 Managed Care – Department of Human Services
 PO Box 64984
 St. Paul, MN 55164

Changing from I-SNBC to Non-Integrated SNBC:

Enrollees who disenroll from an I-SNBC plan will be moved to FFS unless they indicate otherwise. If an enrollee wants to disenroll from I-SNBC and move to Non-Integrated SNBC, the enrollee can:

- complete the disenrollment process [outlined in option 2](#).
- Or
- send a written statement to DHS indicating they want to switch to Non-Integrated SNBC as [outlined in option 3](#).

To ensure their medications are covered, the enrollee needs to contact the Senior LinkAge Line at 800-333-2433 (this call is free) to pick a new Part D prescription drug plan. If they do not select a Part D plan, Medicare will assign one, but their prescription drugs may not be covered by that plan.

Disenrollment Process from Non-Integrated SNBC

Enrollees in a Non-Integrated SNBC health plan can disenroll each month and get their medical coverage as FFS by:

- Contacting Disability Hub MN™ at 866-333-2466 (this call is free) or use their preferred relay service to assist them.

Or

- Sending a completed [SNBC Choice Form \(DHS-6451\) \(PDF\)](#) indicating they want to opt out of Non-Integrated SNBC to DHS.
- Fax the form to 651-431-7464 or mail to:
 Managed Care – Department of Human Services
 PO Box 64838
 St. Paul, MN 55164-0838

For Non-Integrated SNBC enrollees' enrollment to end on the last day of the current month, their disenrollment request must be received and processed by DHS at least 6 days before the end of the current month.