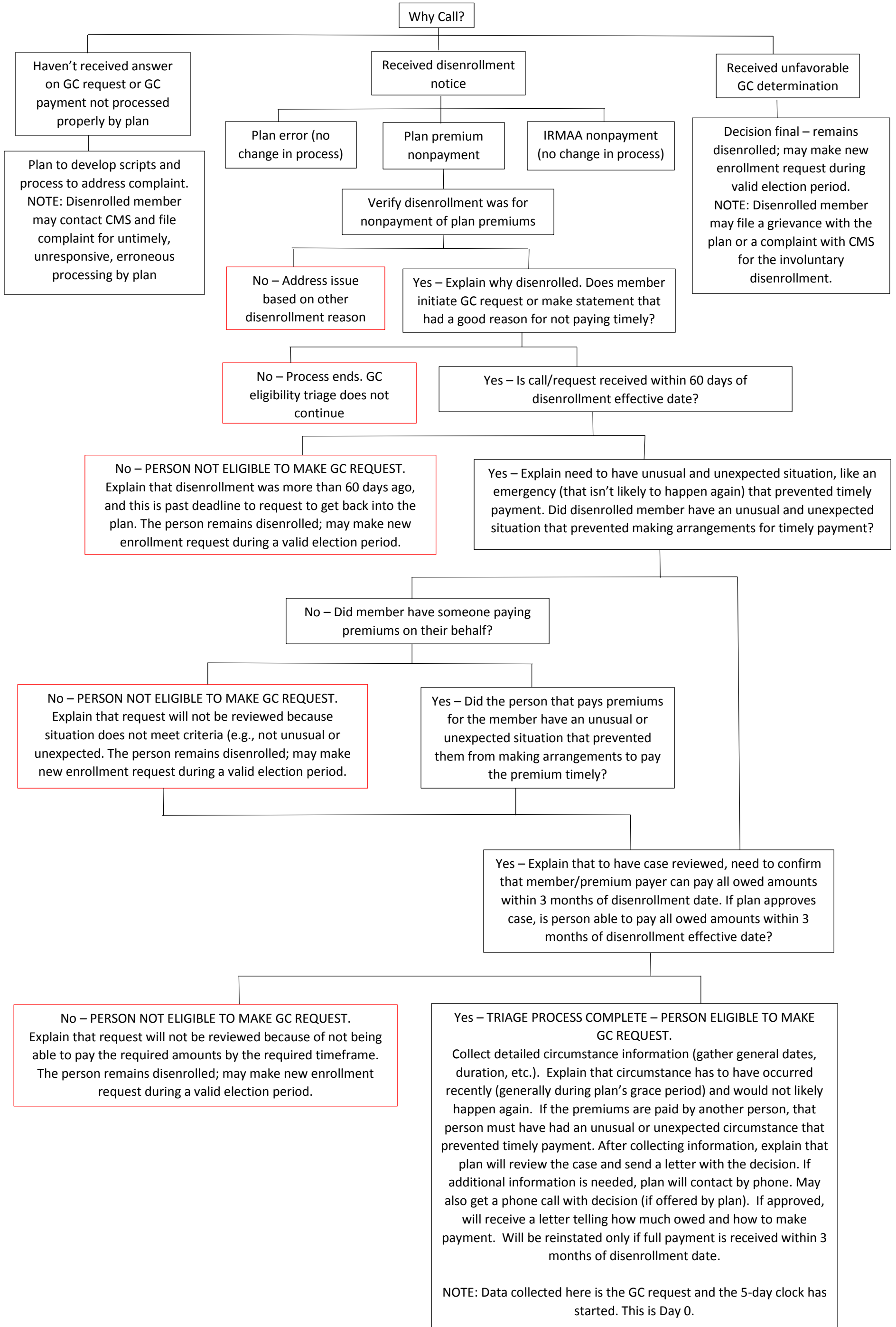


Good Cause Triage Flow Process



Good Cause Triage Flow Process

The steps to ascertain whether an individual is eligible to make a good cause reinstatement request are as follows:

1. If the member (or member's representative) calls the plan because they haven't received an answer on a good cause request or a good cause payment was not processed properly by plan, the plan should develop scripts and process to address the complaint.
NOTE: A disenrolled member may contact CMS and file complaint for untimely, unresponsive, erroneous processing by plan.
2. If the member received disenrollment notice due to plan error, there is no change in process.
3. If the member received disenrollment notice due to IRMAA nonpayment, there is no change in process.
4. If the member received disenrollment notice due to plan premium nonpayment, the plan must verify that disenrollment was for nonpayment of plan premiums.
 - a. If no, the plan must address issue based on other disenrollment reason.
 - b. If yes, the plan must explain why member was disenrolled. Go to the next step; step 5.
5. Did the member initiate a good cause request or make a statement that there was a good reason for not paying timely?
 - a. If no, the process ends. Good cause eligibility triage does not continue.
 - b. If yes, go to the next step; step 6.
6. Was the call or request received within 60 days of disenrollment effective date?
 - a. If no, the person is not eligible for make a good cause request. Explain that disenrollment was more than 60 days ago, and this is past deadline to request to get back into the plan. The person remains disenrolled; may make new enrollment request during a valid election period.
 - b. If yes, explain that the individual needs to have unusual and unexpected situation, like an emergency (that isn't likely to happen again) that prevented timely payment. Go to the next step; step 7.
7. Did disenrolled member have an unusual and unexpected situation that prevented making arrangements for timely payment?
 - a. If no, go to next step; step 8.
 - b. If yes, explain that to have case reviewed, need to confirm that member or premium payer can pay all owed amounts within 3 months of disenrollment date. Go to step 10.
8. Ask if member has someone paying premiums on their behalf?
 - a. If no, the person is not eligible to make a good cause request. Explain that request will not be reviewed because situation does not meet criteria (e.g., not unusual or unexpected. The person remains disenrolled; may make new enrollment request during a valid election period.
 - b. If yes, go to nest step; step 9.
9. Ask if the person that pays premiums for the member had an unusual or unexpected situation that prevented them from making arrangements to pay the premium timely?

- a. If no, the person is not eligible to make a good cause request. Explain that request will not be reviewed because situation does not meet criteria (e.g., not unusual or unexpected. The person remains disenrolled; may make new enrollment request during a valid election period.
 - b. If yes, go to next step; step 10.
10. Ask if the plan approves case, is the person able to pay all owed amounts within 3 months of disenrollment effective date?
 - a. If no, the person is not eligible for make a good cause request. Explain that request will not be reviewed because of not being able to pay the required amounts by the required timeframe. The person remains disenrolled; may make new enrollment request during a valid election period.
 - b. If yes, the triage process is complete. The person is eligible for make a good cause request. Go to next step; step 11.
11. Collect the detailed circumstance information (gather general dates, duration, etc.). Explain that the circumstance has to have occurred recently (generally during plan's grace period) and would not likely happen again. If the premiums are paid by another person, that person must have had an unusual or unexpected circumstance that prevented timely payment. After collecting the information, explain that plan will review the case and send a letter with the decision. If additional information is needed, the plan will contact by phone. May also get a phone call with decision (if offered by plan). If approved, the person will receive a letter telling how much owed and how to make payment. The person will be reinstated only if full payment is received within 3 months of disenrollment date.

NOTE: Data collected here is the good cause request and the 5-day clock has started. This is Day 0.