

EXHIBIT Q

MCO Enrollment of Dual Eligible Clients

Contractor Name: _____

Contract Year: _____ through _____

DMAP requires Contractors that are affiliated with an entity that provides services as a Medicare Advantage plan to provide information for purposes of disenrollment of dual eligible clients who are enrolled in the Contractor’s OHP Plan and do not submit the required Medicare Advantage Plan Election Form.

Contractor shall choose whether to disenroll or maintain Enrollment for all the OHP Clients from whom they do not receive a form at the end of 30 days. This decision will cover all services areas as outlined Section 3 of the current Contract that also coincides with Contractor’s Medicare Advantage service area of Contractor or its affiliate.

The FCHP or PCO must submit Exhibit Q, notifying DMAP of Contractor’s annual decision to disenroll or maintain Enrollment for the OHP Clients in accordance with OAR 410-141-0060.

This notification must be submitted by January 31 of each year, or another date specified by DMAP.

1. Please indicate if you are affiliated with an entity that provides a Medicare Advantage plan:

Yes _____ (if yes, please answer #2)
No _____ (if no, please disregard #2)

2. Indicate whether Contractor will request disenrollment of dual eligible members who do not submit the Medicare Advantage Plan Election Form:

Yes _____
No _____

Signed _____

Title _____

Date _____