PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY/ PROCEDURE

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<tr><td colspan="3">Policy/Procedure Number: MP316</td><td colspan="3">Lead Department: Member Services</td></tr>
<tr><td colspan="3">Policy/Procedure Title: Provider Request to Discharge Member & Assistance with Inappropriate Member Behavior</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
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<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 09/11/2024</td></tr>
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I. RELATED POLICIES:

A. MP301 – Assisting Providers with Missed Appointments
B. MP312 – Processing PCP/MH Selections and Transfers Requests

II. IMPACTED DEPTS:

A. Provider Relations
B. Care Coordination

III. DEFINITIONS:

A. Provider Request to Discharge: A provider's request to discharge a member from his/her practice.
B. Re-assignment: A member is transferred to the care of another Primary Care Provider or Direct Member category, if applicable.
C. Member Type U: For the purpose of this policy, members are defined as "Type U Members" if they have been discharged for reasons other than fraud, sexual comments, and threats of violence and/or violent behavior.
D. Member Type V: For the purpose of this policy, members are defined as "Type V Members" if they have been discharged for fraud, sexual comments, and threats of violence and/or violent behavior. Threats of violence includes menacing body language, sexual advances, and/or verbal threats of physical violence.
E. Medical Home: The provider identified as the member's medical home or PCP is responsible for managing the member's primary care needs.
F. W&R - Wellness & Recovery Program Partnership's regional Drug Medi-Cal Organized Delivery System waivered program in seven counties within Partnership's service area.

IV. ATTACHMENTS:

A. Form #6 (Provider Request for Discharge/Assistance with Inappropriate Behavior)
B. Letter #MS10a (Member Services Notifies PCP of Decision)
C. Letter #MS10c (Assistance with Inappropriate Behavior at Provider's Office)
D. Letter #MS10b (Notification of PCP Discharge Request Approved)

V. PURPOSE:

To clarify the circumstances in which a medical provider may discharge a Partnership member from his/her practice and the process of member and provider notification. Additional clarification of questions about this process are directed to the Partnership Provider Relations (PR) department

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VI. POLICY / PROCEDURE:

A. Assistance with Inappropriate Behavior
   1. Prior to requesting discharge, providers may request assistance from Partnership when a patient and/or patient representative displays verbally abusive and/or disruptive behavior in a provider's office. Examples of inappropriate behavior:
      a. Yelling and/or screaming
      b. Ethnic slurs or foul language
      c. Physical or verbal threats of violence
      d. Sexual comments, innuendoes or advances
   2. Provider requests Partnership assistance:
      a. The provider completes Partnership's Form #6 titled "Provider Request for Discharge/Assistance with Inappropriate Behavior (Attachment A) for each member included in the request and documentations the nature of the inappropriate behavior and faxes it to the Member Services Department.
         1) Complete requests - The member is sent letter #10c (Attachment C) and the provider is copied.
         2) Incomplete requests - Partnership's PR department contacts the provider to request documentation to complete the request. The request is pended for five (5) business days. If the information is not received within the five (5) business days the request is denied and the provider is notified.

B. Discharge Requests
   1. Partnership's best effort is used to provide members the opportunity to be cared for by medical providers with whom a collaborative provider/patient relationship can be developed. Because the relationship is personal in nature, circumstances may arise under which the relationship between a member and a provider becomes non-collaborative. Medical providers are permitted to request that a member be discharged from his/her practice in certain circumstances, but it is the sole responsibility of Partnership to determine if the request meets Partnership's discharge criteria. Providers are expected to have procedures in place that provide guidance to practitioners and staff when dealing with challenging patients.

C. Discharge Criteria
   1. Using the written documentation provided by the provider and the discharge criteria listed below, appropriate Partnership staff determines if the request for discharge meets Partnership's discharge criteria. Designated MS staff consults the Care Coordination (CC) designee, Partnership Chief Medical Officer (CMO) or designee as needed.
   2. The following behaviors are generally considered appropriate criteria for discharge:
      a. Fraudulently receiving benefits under a health plan contract.
      b. Fraudulently receiving and/or altering prescriptions, theft of prescription pads, or photocopying prescriptions.
      c. Physically or sexually abusive behavior exhibited to the provider or office personnel.
      d. Threatening behavior exhibited in the course of needing or receiving care.
      e. Credible threat of the member's intent to initiate or pursue legal action (not including a state hearing) against the provider and/or their associates.
      f. Refusal by the member to follow recommended medical treatment where the provider believes there is no alternative treatment, and that refusal will severely endanger the health of the member. This situation cannot be improved by repeated attempts by Partnership's CC designee

to intervene, and in the judgment of the CMO or designee, a change in provider would clearly benefit the member's health status.

g. A determination by Partnership's CC designee and the CMO or designee that deterioration in the provider/patient relationship has occurred to the point where continuation might result in adverse consequences to the member's health or to the safety of the provider or provider's staff.
h. Documented evidence that the member had been discharged from the practice site before the member became Partnership eligible. If a member has been previously discharged from a practice, it is the responsibility of the practice to notify Partnership within sixty (60) days of the member's initial assignment. Exceptions to the sixty (60) day period can be made on a case-by-case basis. The provider's capitation payment is recouped.
i. Disruptive or verbally inappropriate behavior to the provider, office staff, or other patients if counseling and corrective action by the provider has been ineffective. For assistance with inappropriate behavior, refer to section VI.A. Assistance with Inappropriate Behavior.
j. Three (3) or more missed appointments within the previous six (6) month period or four (4) or more missed appointments within the previous twelve (12) month period, if the provider has made a good faith effort to correct the member's behavior. Good faith effort is defined as at least one verbal and one written warning or at least two written warnings. All verbal and/or written warnings must inform the member that continued missed appointments will result in discharge. Provider offices must provide documentation of the verbal warning and one written warning or two (2) or more written warnings. The verbal and/or written warnings must be within the specified timeframes of the missed appointments.
    1) Exceptions: Missed appointments due to an inpatient hospital stay or appointments cancelled 24 hours in advance are not considered missed appointments for the purpose of this policy.
k. If the provider has multiple locations and/or practices, the provider must specify on the Discharge Request Form if the discharge applies to all locations and/or practices or specific locations and/or practices.

D. Requesting Discharge Process
1. The provider must notify Partnership's MS department in writing to request a member discharge. The provider must provide complete documentation outlining the nature of the problem, including Form #6 titled "Provider Request for Discharge/Assistance with Inappropriate Behavior" (Attachment A) for each member included in the discharge request. The request must indicate if the member is or is not in active care for an acute medical condition and/or if the member has diagnostic testing or surgeries scheduled. If additional information is needed from the provider, the MS department will request the additional information through Partnership's PR department.
2. By the end of the second business day from the date of receipt, the designated MS staff documents the date the discharge request was received using the DE Remark Code.
When the provider does not provide the required supporting documentation, MS requests assistance from PR to request the additional information from the provider. The request is pended for five (5) business days. If the information is not received within five (5) business days, the request is denied.

E. Provider Notification of Decisions
1. MS sends letter #MS10a (Attachment B) to notify providers of the discharge decision.
2. The provider can call the MS department at (800) 863-4155 to check the status of a request. Direct extensions are not provided.

F. Approved Requests
1. Member Type V - Discharged for fraud, sexual comments, threatening and/or violent behavior.
    a. The copy of the provider's discharge submission and documentation is sent to the CC designee.

b. The CC designee determines if the relationship between the provider and member can be repaired. If the relationship cannot be repaired, CC designee assists the member in selecting a new medical home or PCP. If the CC designee and/or the member needs more time to select a new medical home or PCP, the member is placed in a limited Direct Member status for a minimum of thirty (30) to a maximum of sixty (60) days. During this time, the member can be seen by any Medi-Cal provider willing to see the member and bill Partnership. If at the end of the limited period, the member has not informed Partnership of their new medical home or PCP, Partnership assigns the member to the next closest open PCP.

2. Member Type U - Discharged for reasons other than fraud, sexual comment, threats of violence and/or violent behavior.
   a. Members are placed in a limited Direct Member status for a minimum of thirty (30) days to a maximum of sixty (60) days.
   b. Referrals are sent to CC if the Provider Request for Discharge/Assistance with Inappropriate Behavior form, (Attachment A) indicates any current treatments and/or if the member has any open Treatment Authorizations Requests/Referral Authorization Forms.
3. Member notifications – Letter #MS10b (Attachment D) is sent to the member within ten (10) business days from the date the request was received. The letter explains the reason for the discharge and the effective date of the new medical home or PCP. The letter advises the member how to choose a new medical home or PCP, to contact MS department if they need assistance or have questions and, if applicable, how to receive care during the Direct Member period. Enclosures include, Non Discrimination and Language Assistance notices.

G. Transition of Care
   1. If the member has diagnostic testing, specialty referrals and/or surgeries scheduled for conditions that could adversely affect the member's health if delayed, designated MS Staff requests that the CC department work with the member and appropriate providers to ensure that needed medical care is provided. The member may be assigned to Direct Member status, depending on the timing of the discharge.
   2. If the member is medically unstable, the PCP will continue to provide care to the member until Partnership is able to change the member's PCP for a period not to exceed two (2) months.

H. Process Approved Request to block system relinking, auto assignment and alert member facing departments
   1. To prevent discharged members from relinking or auto assignment, blocks and alerts are added to the appropriate membership systems.

I. Discharge of Direct Members and W&R "only" members
   1. A provider can terminate care of a Direct Member or W&R "only" members, when the provider/patient relationship becomes non-collaborative, by notifying the member in writing that they will no longer be able to provide care for that member. If the member is unstable, the provider should care for the member until the member selects another provider, and the provider provides emergency care for at least 30 days.
   2. Primary Care Providers should notify Partnership of their intent to discharge a Direct Member from their practice so that Partnership can document the reason for discharge and assist with transition of care, as described above in section VI.G Transition of Care.

J. Discharge Requests from Specialists and W&R Providers
   1. A specialist provider or W&R provider can cease providing care for any member when the

provider/patient relationship becomes non-collaborative. In these cases, the specialist physician or W&R provider must notify both the PCP and the patient that they will no longer provide care to the patient. The PCP should refer the member to another specialist for treatment, if specialist care is still necessary.

2. In all cases, the provider discharging a member should assist with continuity of care by transferring appropriate medical records to the new provider.

K. Request for Grievance
1. Members may request a grievance.

L. Reporting Violent and/or Fraudulent Behavior
1. Providers are encouraged to report violent and/or fraudulent behavior to the appropriate authorities.
2. MS notifies Partnership's Regulatory Affairs and Compliance department of suspected fraudulent behavior.

VII. REFERENCES:

A. Click or tap here to enter text.

VIII. DISTRIBUTION:

A. PowerDMS Policy and Procedures Folder
B. Partnership Department Directors
C. Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director of Member Services & Grievance

X. REVISION DATES: Medi-Cal 04/27/95; 10/13/99; 06/20/01; 08/15/01; 06/19/02 (Hlth Srvcs Policy); 06/18/03 (Mbr Srvcs Policy); 03/05/04; 05/19/04;11/17/04; 11/16/05; 03/07/08; 08/12/08; 01/21/09; 08/19/09; 12/16/09; 03/23/10; 05/11/11; 01/07/2014; 07/14/14; 11/08/17; 02/13/19; 05/13/20; 08/11/21; 09/14/22; 09/13/23; 09/11/24

PREVIOUSLY APPLIED TO: Partnership*Advantage*: MP316 – 01/01/2007 to 01/01/2015; Healthy Kids: MP 316 12/01/2005 to 12/31/2016