

South Country Health Alliance

Medicaid	<input checked="" type="checkbox"/>
GAMC	<input checked="" type="checkbox"/>
MSC Plus	<input checked="" type="checkbox"/>
MSHO	<input checked="" type="checkbox"/>
AbilityCare	<input checked="" type="checkbox"/>
MnCare	<input checked="" type="checkbox"/>
Part D	<input checked="" type="checkbox"/>

Policy & Procedure

Policy Name	Provider- Initiated Refusal of Treatment
Policy Number	PR 18
Regulatory Requirement(s)	MN Rule 4685.1010 Subpart 2H
Effective Date	December 31, 2009
Version Date(s)	12/09
Review Month	December
Responsible Position	Director of Provider Network Management
Cross Reference(s)	CM 05

Policy

A SCHA provider can under certain conditions refuse to treat a member and request that a member be re-assigned to another participating provider. The purpose of this policy is to document the circumstances under which this may occur and the procedures to be followed with SCHA when such action is initiated by a provider.

The following circumstances may warrant refusal to continue to provide health care services:

1. Inability of the member and provider to agree on an appropriate course of treatment.
2. Uncooperative or abusive behavior by the member to a provider or provider's staff.
3. Consistently misses scheduled appointments
4. Unpaid co-payments or co-insurance.
5. Outstanding or un-paid bills.

These circumstances do not give a SCHA provider the unilateral right to terminate care of a member, but is to be used after all reasonable efforts have been made with the member to resolve the dispute.

Standards

All provider requests to refuse treatment to a member under Minnesota Rule 4685.1010, subpart 2H require the provider to notify SCHA in writing. In making such decisions, all parties will comply with the SCHA Participation Agreement and SCHA's agreements with the Center for

Medicare and Medicaid services and the Minnesota Department of Human Services. All parties will cooperate to ensure continuity of care and re-assignment of the member's care to another participating provider.

Procedures

Provider Responsibilities:

1. The provider shall have exhausted all its internal processes to resolve the issue with the member before requesting to terminate care.
2. The provider will provide a written notice to the member informing them of the nature of the problem and provide the member 30 days to correct the problem.
3. After the 30 days, if there is no resolution, the provider may submit a written request to SCHA to terminate care and transfer to another provider. These requests shall be directed to provider relations at SCHA and shall include, at a minimum, the following information:
 - a. A history of the member's behavior,
 - b. The reason or circumstance for the request to terminate care,
 - c. Documentation of the provider's attempts to resolve the issue,
 - d. Documentation of the provider's internal process for member/patient termination of care,
 - e. Copy of the provider's letter notifying the member of the nature of the problem, and;
 - f. Documentation of any continuity of care issues that need to be addressed with SCHA.

SCHA Responsibilities:

1. SCHA will review the request and determine if the member meets the criteria for its Restricted Recipient Program. If so, SCHA will follow established procedures for taking appropriate action under the Restricted Recipient Program.
2. The provider relations staff shall review all other requests and determine if all required documentation has been provided. The request will then be forwarded to the Director of Provider Network Management for review and decision making.
3. If the request is denied, the provider may submit a request for reconsideration and provide any additional documentation that supports the provider's request. The Director will then review the reconsideration and consult with the Medical Director to reach a final decision which will be communicated in writing to the provider.
4. If the request is approved, the Provider Relations Department will notify Member Services, who will generate a letter of notification to the member with a copy to the provider. The letter will explain how the member can contact SCHA for assistance in

finding a new provider. SCHHA will follow DHS standards for time and travel distances (30 minutes/30 miles for Primary Care, Behavioral Health and general Hospital care) and (60 minutes/60 miles for Specialty Physician, Ancillary Providers and Specialized Hospital services).

5. The Provider Relations department will contact the Health Services Department if any continuity of care issues are identified so that member's continuity of care is maintained.

Violation of Policy

A breach of this policy may result in noncompliance with regulatory requirements and potential penalty to SCHHA. SCHHA will investigate alleged violations and take disciplinary or other appropriate corrective action.

Signatures

Signature Approval: _____ Date: _____
Dir., Provider Network Mgmt.