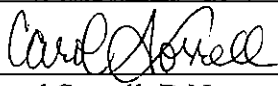
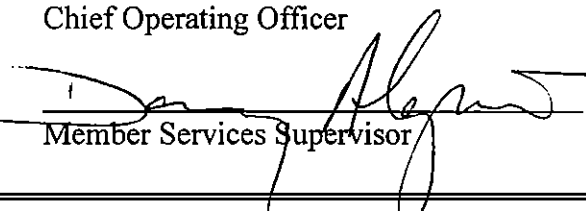


**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

TITLE: KERN HEALTH SYSTEMS POLICIES & PROCEDURES		INDEX NUMBER 5.18		Page 1 of 2	
SECTION: Member Services		ISSUE DATE: January 1, 1999			
SUBJECT: Termination of PCP/Member Relationship		EXTERNAL APPROVAL		DMC	DHS
REVIEW DATE	07/00				
REVISION DATE	07/00				

Approved		Date	7/27/00
	Carol Sorrell, R.N. Chief Executive Officer		
Approved	_____	Date	_____
	Chief Operating Officer		
Approved		Date	7/14/2000
	Member Services Supervisor		

POLICY:

Based upon reasonable cause and Kern Health Systems approval, a member may be removed from a Primary Care Provider's (PCP) Membership List if requested by the PCP. Reasonable cause may include but would not be limited to documented communication problems, inappropriate behavior, multiple missed appointments, and non-compliance. Providers may not differentiate or discriminate in provision of covered services to members because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, health status, or the need for health benefits. Providers must render covered services to all KHS Plan members in the same manner, in accordance with the same standards, and within the same time availability as offered to patients who are not KHS Plan members.

PURPOSE:

To allow Primary Care Providers to terminate a relationship with a member when reasonable and appropriate cause exists. PCPs may initiate this process if they have demonstrated efforts to establish a good patient/provider relationship and ultimately feel that the member would be better served by another PCP. If approved, the member will be assigned to another PCP.

PROCEDURE:

**KERN HEALTH SYSTEMS
POLICIES AND PROCEDURES**

TITLE: KERN HEALTH SYSTEMS POLICIES & PROCEDURES	INDEX NUMBER 5.18	Page 2 of 3
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1.0 INITIATION OF REQUEST

A KHS contracted PCP may initiate the member reassignment process by contacting the Member Services Supervisor. Upon notice, the Member Services Supervisor or designee logs the PCP's request in the KHS information system outlining the reason for the reassignment. The PCP is required to provide the following:

- A. A detailed description of the problem
- B. Documentation in the patient's chart of the problem and steps taken to rectify the problem
- C. A letter from the PCP requesting the reassignment, which includes the reason for the request and the steps taken to resolve the issues.

2.0 APPROVAL

If a reassignment is approved, the Member Services Supervisor or designee contacts the PCP by phone. If circumstances allow and medical intervention is not necessary, the PCP is asked to be the PCP of record until the beginning of the following month. If medical intervention is necessary, the Medical Director is asked to intervene.

3.0 DENIAL

If the reassignment is denied, the Member Services Supervisor documents the rationale and presents it to the Chief Operations Officer (COO) for review. If the COO concurs, the COO will work with the PCP to address the situation. The action taken by the COO is documented and followed by a letter to the PCP.

If the COO overrides the denial, the Member Services Supervisor follows the guidelines in Section 2.0 of this procedure.

4.0 FOLLOW UP DOCUMENTATION

The Member Services Department sends a reassignment request approval letter to both the PCP and the member. (See Attachments A and B). A copy of the PCP letter is forwarded to the Provider Relations Department.

The letter to the member summarizes the reason for the reassignment and advises the member to select a new PCP before the beginning of the following month. This letter is followed up by a phone call if the member has not contacted the health plan. If the member prior to the beginning of the following month has not made a selection of a new PCP, the health plan will assign a PCP to the member following KHS Policy and Procedure #5.06 – Assignment of Primary Care Provider.



Kern Family Health Care

Friendly Face of Health Care

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Attachment A

Date

PCP Name

Address

City, State Zip

RE: Reassignment Request Approval – Member Name (Member Number)

Dear Primary Care Provider:

I recently received your request to remove the above member from your Membership List as the Primary Care Provider (PCP) of record. We have reviewed your request and it has been approved. Kern Family Health Care will remove this member from your Membership List effective the first of the following month. We are currently assisting the member in choosing a new PCP. In the meantime, please continue to treat this member until the effective date of the member's removal.

Thank you for your cooperation. If you have any questions or concerns, please do not hesitate to give me a call at (805) 391-4029.

Sincerely,

Member Services Supervisor

CC: Provider Relations



Kern Family Health Care

Friendly Face of Health Care

A DIVISION OF KERN HEALTH SYSTEMS

Attachment B

Date

Member Name

Address

City, State Zip

Dear Member:

In some cases, it may be necessary for Kern Family Health Care to assist members in changing to a different Primary Care Provider (PCP). Your current PCP, (Dr's Name), asked that you choose a new PCP for the following reason (s).

List reason

Because Kern Family Health Care hopes that doctors and patients work well together, we reviewed (Dr's Name) request carefully. Kern Family Health Care decided that it would be best for you and your current PCP if you chose a different doctor.

Please contact KFHC Member Services Department at 1-800-391-2000 as soon as possible so we may assist you in selecting another PCP. If we have not heard from you before the beginning of the month, we will choose a new PCP for you.

If you have any questions, please do not hesitate to give the Member Services Department a call Monday through Friday, 8:00 a.m. until 5:00 p.m. at 1-800-391-2000.

Sincerely,

Member Services Supervisor