

Primary Care Medical Provider Member Dismissal Policy & Process

Policy—per CCHA Provider Manual

Reasons for Dismissal:

There are occasions when a provider or his/her practice deems it necessary to terminate a provider-member relationship. The provider may begin the process to dismiss a member from their practice based on one of the reasons listed below:

- There is a documented, ongoing pattern of failure on the part of the member to keep scheduled appointments, or meet any other member responsibilities as stated in practice's policies and procedures and as agreed upon by member.
- The provider cannot provide the level of care necessary to meet the member's needs.
- The member and/or member's family is abusive to the provider and/or practice staff, or poses a serious threat of harm to the provider, staff and/or other patients.

Per 42 CFR § 438.56(b)(2), Providers may not dismiss a member based on the following reasons:

- Adverse changes in the member's health status.
- Change in the member's utilization of medical services.
- Member's diminished mental capacity.
- Any behavior of the member resulting from the member's special needs, as determined by the Department, unless those behaviors seriously impair the provider's ability to furnish services to that member or other members.

The provider shall notify CCHA of recurring events that may require action to dismiss a member. Prior to dismissing the member, the provider must make attempts to collaborate with the member to resolve issues impacting quality and delivery of care, barring circumstances that pose serious threat of harm.

Process for Dismissal:

If the reason for dismissal is met, as listed above, the provider shall notify CCHA of intent to dismiss a member, and refer member to CCHA care coordination. Practice will provide CCHA with member name, contact information, and reason for dismissal. CCHA care coordinators will outreach the member and attempt to address barriers the member may face. The provider, member and care coordinator shall work collaboratively to attempt to resolve the issue.

If member dismissal is the only solution after attempting to resolve the relationship, the provider must give a verbal warning to the member upon occurrence of one or more of the events listed above. Upon the second occurrence of the event(s), the provider must send the member a written letter advising continued behavior can lead to dismissal. Upon third occurrence, the provider must send a certified written letter dismissing the member.

- The member dismissal notice must include:
 - Instructions for the member to call Health First Colorado Enrollment to select a new provider, and if possible, referral information for a new provider
 - Agreement by the provider to continue provisional coverage of the member's health care needs for up to 45 days, while the member obtains a new provider
 - Notification that the member's medical records will be sent to the new provider upon receipt of written authorization from the member
- The following documents must be included in the dismissal request:
 - A copy of the written warning sent to the member upon second occurrence
 - A copy of the member dismissal notice
 - A completed [CCHA Member Dismissal Form](#), which can be downloaded from the CCHA website at [CCHAcares.com/primary-care-provider-resources](#) > Manuals and Resources > Primary Care Member Dismissal Form
- The provider must send dismissal request documents via fax or **secure email** to CCHA with the subject line *Member Dismissal* as follows:
 - Region 6 Fax 303-256-1837 | Region 7 Fax: 719-278-5475
 - Region 6 Email: R6referral@CCHAcares.com | Region 7 Email: R7referral@CCHAcares.com

The result of the dismissal request (whether it is approved or denied) will be sent to the provider via email. Upon approval of the dismissal, CCHA will outreach the member and attempt to do a warm handoff to Health First Colorado Enrollment.

Health First Colorado Enrollment

Health First Colorado Enrollment can be reached at 303-839-2120, 1-888-367-6557 (outside of Denver), Monday-Friday, 8 am to 5 pm.; State Relay 711 for callers with hearing or speech disabilities.

CCHA Member & Provider Support Services

To connect with a care coordinator, contact CCHA Member Support Services at [CCHAcares.com/contact](#) or call one of the numbers listed below.

Toll free: 1-855-627-4685; callers with hearing or speech disabilities: 711 (TTY) Limited services 24/7, full services Monday through Friday from 8 am – 5 pm

Region 6 (Boulder, Broomfield, Clear Creek, Gilpin and Jefferson counties) Local: 303-256-1717

Region 7 (El Paso, Park and Teller counties) Local: 719-598-1540