

Patient Discharge Policy and Procedure

Policy

Client discharge from (*insert practice name here*) may occur when, in a care provider's professional judgment, the patient/provider therapeutic relationship no longer can effectively exist, a client's behavior is a safety concern and/or the client is non-compliant with (*insert practice name here*) "Patient Rights and Responsibilities" as stated in the *Patient Guide*. In general, client discharge is a measure of last resort.

(*insert practice name here*) may not disenroll a patient due to an adverse change in the patient's health status, or because of the patient's utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his/her special needs (except when continued enrollment seriously impairs the providers ability to furnish services to either this or other patients). CFR 438.56 Disenrollment: Requirements and limitations.

Procedures

1. Behaviors which may indicate discharge may include:
 - a. Member moves out of the Contractor's Region (out of RCCO4 service area).
 - b. The Contractor's plan does not, because of moral or religious reasons, cover the services the Member seeks.
 - c. The Member needs related services to be performed at the same time, not all related services are available within the network and the Member's PCMP or other Provider determines that receiving the services separately would subject the Member to unnecessary risk.
 - d. Behavior of the Member that is disruptive or abusive to the extent that the Contractor's ability to furnish services to either the Member or other Members is impaired.
 - e. A documented, ongoing pattern of failure on the part of the Member to keep scheduled appointments or meet other Member responsibilities.
 - f. Behavior of the Member that poses a physical threat to the provider, to other provider, Contractor or PCMP staff or to other Members.
2. As an intermediate step before discharge, a *Patient Warning Letter* (attached) may be issued to the client. This is not a required step in the discharge process.
3. All proposed discharges must be reviewed and approved by the Provider/Clinic prior to any discharge action. The client's PCMP will complete a *Client Dismissal from Practice* (attached) to initiate a discharge. The original will be maintained in the client's medical record and faxed to the ICHP Customer Service secure fax line.
4. The PCMP is responsible for assembling and documenting the necessary information to substantiate a discharge. A discharge will not proceed without adequate documentation for the basis for the discharge.
5. The ICHP Customer Service is responsible for issuing the *Discharge Letter* (attached) to the client and notifying appropriate personnel within the practice, ICHP, the appropriate BHO and HCPF.
 - a. As requires by State law, patients with Medicaid coverage will be given a forty-five (45) day notice period.

- b. The letter will be delivered certified mail with delivery confirmation requested.
 - c. Copies of the letter will be placed in the client's medical record. Copy of the letter to be maintained by the Integrated Community Health Partners (ICHP) Member Services
 - d. Care Coordination with the appropriate BHO will occur to assist the patient to identify and enroll the patient with a new PCMP.
6. Regardless of which provider or department initiated the discharge, the client is discharged from the entire practice.
7. Discharged Member may submit a written appeal to the ICHP Member Services if they feel there are facts or conditions that were not known at the time the discharge decision was made. ICHP Member Services will route the appeal (and all documentation) to the ICHP Appeals and Grievance Coordinator for review. The client will be notified, in writing, of the review decision, which is final.



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Client Dismissal from Practice

Directions: Physician or Authorized Physician Representative please fill out this form if you are dismissing an ACC Medicaid member from your practice. Please mail, email to ICHPCS@valueoptions.com or fax to 719-538-1433 as soon as possible.

Member Name		Date Member was Dismissed
Member Street Address		
Member City, State, Zip		
Member Phone	Member E-mail	
Member Medicaid ID Number	Member Date of Birth	
Physician Name		
Site Name		
Physician/Site Street Address		
Physician/Site City, State Zip		
Reason Member was Dismissed <ul style="list-style-type: none"> • Member moves out of the Contractor’s Region (3.1.2.1.1) • The Contractor’s plan does not, because of moral or religious reasons, cover the services the Member seeks. (3.1.2.1.2) • The Member needs related services to be performed at the same time, not all related services are available within the network and the Member’s PCMP or another provider determines that receiving the services separately would subject the Member to unnecessary risk. (3.1.2.1.3) • Abuse or intentional misconduct consisting of any of the following: (3.1.2.1.5) 		
Printed Authorized Name and Title Miss Admin, Administrative Secretary		Date

