

ACC DISMISSAL POLICY

We support practices in their incredible work to care for their members. We also realize that from time to time a member may need to change their primary care medical provider (PCMP). We are committed to making sure that every member is cared for in the best setting for their needs. Therefore, we offer the following guideline for dismissal from a participating Accountable Care Collaborative (ACC) PCMP practice.

Dismissal of patient from practice

If you believe you need to dismiss a Regional Accountable Entity (RAE) member from your practice, please notify us so that we can coordinate care and help them get connected to another PCMP. This information will be tracked to identify trends with difficult cases if future ACC program disenrollment becomes necessary. Below is the procedure to follow if you need to dismiss a member from your practice.

Procedure

1.0 FIRST WARNING (VERBAL) TO RAE MEMBER WHEN THEY VIOLATE PCMP'S POLICY/PROCEDURE

- 1.1 PCMP gives the RAE member a verbal warning noting the policy/procedure the RAE member has violated.
- 1.2 The PCMP notes the RAE member's chart including the date of the verbal warning and a copy of the policy/procedure the RAE member has violated.
- 1.3 You may skip 1.0 in the event that:
 - 1.3.1 There is imminent aggressive and threatening behavior to either the RAE member or the PCMP staff, and/or
 - 1.3.2 The police are involved when the policy/procedure is violated.

2.0 SECOND WARNING (WRITTEN TO RAE MEMBER WHEN THEY VIOLATE PCMP'S POLICY/PROCEDURE A SECOND TIME

- 2.1 If and when the RAE member violates the PCMP's policy/procedure a second time:
 - 2.1.1 The PCMP must notify the RAE member in writing to include the date of the first verbal warning and a copy of the policy/procedure the RAE member has violated; and
 - 2.1.2 The PCMP must note the RAE member's chart to include a copy of the written warning and the date the violation occurred, as well as a copy of the policy/procedure the RAE member has violated.
- 2.2 You may skip 2.0 in the event that:
 - 2.2.1 There is imminent aggressive and threatening behavior to either the RAE member or the PCMP staff, and/or
 - 2.2.2 The police are involved when the policy/procedure is violated.

3.0 FINAL WARNING AND RAE MEMBER DISMISSAL WHEN THEY VIOLATE PCMP'S POLICY/PROCEDURE A THIRD TIME

- 3.1 If and when the RAE member violates the PCMP's policy/procedure a third time, the PCMP must:
 - 3.1.1 Notify the RAE member in writing to include the date of their first verbal warning, their second written warning, and include a copy of the policy/procedure the RAE member has violated; and

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- 3.1.2 Explain the dismissal process to the patient in writing along with providing them the information regarding their options on how to select a new PCMP (either contact Health First Colorado (Colorado's Medicaid Program) or Colorado Access care management); and
- 3.1.3 Note the RAE member's chart to include a copy of the written warning and the date the violation occurred, as well as a copy of the policy/procedure the RAE member has violated.
- 3.2 In the event that there is imminent aggressive and threatening behavior to either the RAE member, other clients within the practice, or the PCMP staff, and/or the police are involved when the policy/procedure is violated, the PCMP may have skipped 1.0 and 2.0. However, at this time, the PCMP must:
 - 3.2.1 Notify the RAE member in writing to include the date that the violation occurred and include a copy of the policy/procedure the RAE member has violated; and
 - 3.2.2 Explain the dismissal process to the patient in writing along with providing them information regarding their options on how to select a new PCMP (either contact Health First Colorado or Colorado Access care management); and
 - 3.2.3 Note the RAE member's chart to include the date that the violation occurred, as well as a copy of the policy/procedure the RAE member has violated. If the police were involved, any communication from them must be included in the chart.

4.0 PCMP COMPLETION AND SUBMITTAL OF THE COLORADO ACCESS DISMISSAL FORM

- 4.1 All sections of the form must be completely filled out and submitted within 30 days of the violation.
- 4.2 The PCMP may include attachments for any sections which include clinical information. The following attachments are acceptable:
 - 4.2.1 EMR printout
 - 4.2.2 Copy of charted information
 - 4.2.3 Typed clinical notes
- 4.3 The PCMP must submit the Colorado Access Dismissal Form to us by:
 - 4.3.1 Fax at 720-744-5149
 - 4.3.2 Encrypted email at my.rae@coaccess.com
 - 4.3.3 Members can call Health First Colorado Enrollment at 303-839-2120 or 888-867-6557 to select another PCMP that accepts new patients. Members can also select or change their PCMP or health plan online instead of calling by going to the new online member portal here: <https://enroll.healthfirstcolorado.com/choose>

DISMISSAL FORM

Date Form Completed	/ /	Date Form Submitted to the RAE	/ /
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PRACTICE INFORMATION

PCMP Name	PCMP Medicaid Billing ID
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MEMBER INFORMATION

Name	DOB	/ /
Medicaid ID	Phone	() -
Address	City, State	Zip
Care Manager	Primary Care Provider	

REASON FOR DISMISSAL

Clearly document the reason for dismissal. In addition, please address and attach a copy of the PCMPs policy this member violated.

DISMISSAL PROCESS

Date of first warning (verbal)	/ /	Date of second warning (written)	/ /
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Please describe below, the dismissal process as explained to the patient, in addition to any patient education you have completed with the patient:

If no warning was given to the patient, was there <u>imminent</u> aggressive and threatening behavior where the police were involved?	Yes	No
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If yes, please describe and/or include a copy of the police report/communication:

COMPLETE ALL SECTIONS AND SUBMIT FORM BY FAX TO 720-744-5149 OR EMAIL TO MY.RAE@COACCESS.COM

SELECTION OF A NEW PCMP

Was the patient advised of the process of selecting a new PCMP?	Yes	No
If yes, please describe the process as explained to the patient:		
Has the member selected a new PCMP?	Yes (New PCMP):	No

MEMBER INFORMATION

Name	DOB	/ /
Medicaid ID	Phone	() -

CURRENT MEDICAL DIAGNOSIS(ES) (EMR ATTACHMENTS ACCEPTABLE WHEN AVAILABLE)

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

MEDICATIONS (EMR ATTACHMENTS ACCEPTABLE WHEN AVAILABLE)	RXS WRITTEN (EMR ATTACHMENTS ACCEPTABLE WHEN AVAILABLE)
Please list all current medications for the patient as well as the duration (supply/refills)	Please list directives for each medication
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

CURRENT SPECIALTY CARE (EMR ATTACHMENTS ACCEPTABLE WHEN AVAILABLE)

Specialist Name	Specialist Contact Information	Specialty



OTHER RECOMMENDATIONS/REFERRALS (EMR ATTACHMENTS ACCEPTABLE WHEN AVAILABLE)

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ADDITIONAL HISTORY DISCUSSED (EMR ATTACHMENTS ACCEPTABLE WHEN AVAILABLE)

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COA INTERNAL USE ONLY

Date received	/ /	Date notified HCPF	/ /
Date notified Health First Colorado	/ /	Date unattributed	/ /
Date notified SDAC	/ /	Date reattributed	/ /
New PCMP		Date member contacted by CM	/ /