

Policy

- A. It is the policy of the ACO to treat every Beneficiary with fairness and dignity and without discrimination.

Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.

Procedure

A. Termination of Doctor-Patient Relationship

1. Beneficiaries may initiate the end of a doctor-patient relationship and provide oral or written notification.
2. A provider (including, but not limited to, physicians and nurse practitioners) may determine that they cannot treat a Beneficiary due to extenuating circumstances and dismiss the Beneficiary from their practice.
3. When a provider determines that they can no longer care for a Beneficiary, a reasonable effort will be made to transfer the Beneficiary from one provider to another, when appropriate.

B. Beneficiary Discharge of Provider

1. Beneficiaries may discharge a provider for a variety of reasons including, but not limited to, the Beneficiary's:
 - a. Moving to a new location;
 - b. Inability to pay the provider fees; and,
 - c. Dissatisfaction with their care or treatment plan.
2. The Beneficiary may notify the provider or another individual in the practice orally or in writing.
3. If the Beneficiary requests to change providers related to medical care, the provider will attempt to resolve the Beneficiary's concern and/or refer the Beneficiary to another provider within the practice or a provider of the Beneficiary's choice. If the provider is concerned about the possibility of a malpractice claim, then they should seek legal counsel.
4. If Beneficiaries are leaving due to office practices (such as waiting too long for an appointment or waiting too long in reception), then the provider office should review scheduling practices.

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5. The individual that is informed of the termination by the Beneficiary will document the conversation or notification in the Beneficiary record.
6. **[Best Practice]** The provider will send the Beneficiary a letter acknowledging the Beneficiary's choice to terminate the relationship and maintain a copy in the Beneficiary's record. The provider will determine the reason for termination and take further action, as appropriate.

C. Provider Discharge of a Beneficiary

1. Providers may terminate doctor-patient relationships for non-discriminatory reasons, provided that they give the Beneficiary proper notice and do not withdraw in the middle of a medical crisis. The provider is the only person who should determine to end a doctor-patient relationship, not other individuals in the practice or the ACO. For other providers (e.g., home health providers, nurse practitioners, etc.), the provider's medical director should be involved in the decision.
2. A provider may not terminate a Beneficiary relationship for any discriminatory reason, such as race, color, religion, national origin, sexual identity, gender identity, or any other nationally recognized basis for discrimination.
3. A provider may not terminate a Beneficiary based on an assessment that the individual is high risk, as defined by CMS, or because the Beneficiary is unwilling or unable to cooperate with ACO activities. This includes, but is not limited to:
 - a. A decision to decline sharing of PHI; and,
 - b. The patient is habitually uncooperative and refuses to follow the treatment plan; fails to complete a series of treatments; or, is unreasonably demanding.
4. A provider may not reasonably terminate a relationship where "continuity of care" is disrupted. If the Beneficiary is in the midst of a "course of treatment," such as chemotherapy or radiation, a few weeks before birth in a pregnancy, or hospitalized for a medical condition, the provider must continue the relationship to a point of stabilized care.
5. Reasons for termination that are legally justifiable may include, but are not limited to:
 - a. The provider practice closing – may be due to moving, death, retirement or a decision to close.
 - b. Failure of the Beneficiary to pay fees due to the provider by the Beneficiary. This does not include failure of the Beneficiary's insurance company to provide payment.
 - c. The Beneficiary is disruptive, rude, or obnoxious, uses improper language, exhibits violent behavior, makes unwanted sexual advances, or threatens the safety of the provider, the provider's staff, or other individuals in the office.
 - d. The Beneficiary requires more highly specialized services than the practitioner can provide to them.

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- e. There is a conflict of interest between the Beneficiary and the provider (such as religious beliefs by the provider) that preclude offering treatment options, or the provider has a personal or financial interest in the treatment option.
 - f. The Beneficiary did not provide an honest history which compromises the treatment plan (e.g., drug seekers, prior surgery).
 - g. The Beneficiary develops a personal interest in the practitioner or vice versa. Behaviors may include making excessive appointments, acting in a manner inappropriate to colleagues, or becoming unreasonable if one party is unavailable.
 - h. Beneficiary death – a notation will be made in the Beneficiary’s medical record if notified that the Beneficiary is deceased.
6. Process for Beneficiary discharge may include:
- a. Clearly communicate the decision to discharge the Beneficiary in a compassionate and supportive manner.
 - b. Offer to provide the Beneficiary’s new provider with a copy of their medical record.
 - c. Avoid a claim of abandonment by ensuring that the Beneficiary’s condition is stable and no longer requires immediate attention. Ensure all actions and efforts made to encourage a good relationship have been clearly documented in detail.
 - d. If the Beneficiary is non-compliant, obtain their understanding of the consequences and document the Beneficiary response.
 - e. Inform the office staff, the ACO, and other related parties of the termination to ensure appropriate response to the Beneficiary.
 - f. Notify the Beneficiary’s other providers of the transfer to the new providers.
 - g. Document the reasons for termination, process, and outcome in the medical record in detail along with Beneficiary discussions.
 - h. End the relationship as cordially as possible, provide a copy of the record without charge to the new provider, and maintain all responsibilities if on-call and if the Beneficiary requires immediate attention.

Reporting

- A. N/A

Related Documentation

- A. 42 CFR §425.112(b)(2)

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- B. ACO Terms & Definitions Policy
- C. Medical Records Policy
- D. Privacy & Security of Beneficiary Data
- E. Provider Access & Availability Policy