



Discharging Members Policy and Procedure

Alameda Alliance allows PCPs and Specialists to request discharge of members. The Alliance will work with the member to choose another PCP or Specialist who can best meet her or his needs.

HOW TO DISCHARGE A MEMBER

1. Determine the reason for the proposed discharge. Under the Medical Services Agreement, PCPs may only request discharge of a member if medical services can no longer be successfully provided for reasons *other than* medical conditions. Some acceptable reasons for discharge include: unruly behavior, threatening remarks, frequently missed appointments, fraud, etc. Document the reason(s) for discharge in the member's medical record. **Requests to discharge a member due to medical conditions, frequent visits, or high cost of care will be denied.**

2. Contact the Provider Services department (or your Provider Relations Representative) in writing to request a discharge. On the practice letterhead, provide complete documentation regarding the nature of the problem(s) and reason(s) for the discharge. The Provider Services department will review the request.

3. When a discharge request is granted, the Member Services department will notify the member regarding the change in status, and will work with the member to find a new PCP or Specialist.

4. The PCP or Specialist must maintain responsibility for the member's care until reassignment is completed. This responsibility includes giving the patient 30 days' written notice of the discharge. The member discharge notice must state the following:

- That the PCP will be available for *emergencies and prescriptions* for the 30 days or until a new PCP or Specialist assignment is effective;
- That the member should contact the Alliance Member Services department for assistance with selecting a new PCP or Specialist; and
- That the PCP or Specialist will make available the member's medical records to the member's new PCP or Specialist upon request.

Additionally, a copy of the member discharge letter must be sent to the Provider Services department to ensure appropriate follow-up and member assistance.

5. If the PCP, Specialist, or the member is dissatisfied with the decision, the PCP, Specialist, or member may file a grievance for further review.