

Management of Disruptive Member Statement

SCAN acknowledges that there are situations in which a Member's behavior can place a strain on the provider and/or the Provider Organization. CMS generally does not permit the involuntary termination of a Member except in very specific circumstances requiring that SCAN find a way to meet the needs of the Member while addressing the concerns of the affected providers. Under no circumstances should providers refuse to continue to provide and arrange care of a Member. All efforts should first be made to resolve the issue at the practice level.

Disruptive behaviors may include abusive, harassing, or derogatory comments to staff, including yelling or cussing, threats of violence, threats of lawsuits, and inappropriate public behavior.

If a Member is violent or is threatening violence, law enforcement should be notified immediately. In addition, promptly notify SCAN via your assigned Network Management Specialist email or NetworkMgmt@scanhealthplan.com and include any supporting documentation.

A member **may** be transferred to another provider only for repeated, continuous, and unabated disruptive behavior that prevents the provider from providing services to the member.

Providers **may not** end a relationship with a member because of a member's medical condition, the cost and type of care/treatment required or for the member's failure to follow treatment recommendations.

Providers **may not** refuse to continue to coordinate care as long as the member is assigned.

A member **may not** be involuntarily transferred to a new provider or medical group without the approval of SCAN.

Each provider organization must have a documented Disruptive Member procedure approved by SCAN.

Attempts to resolve the problem(s) related to a member's disruptive behavior **must** include:

1. Counseling by the PCP, clearly outlining the consequences of continued disruptive behavior by the member.
 - a. Counseling of the member **must** be both verbal **and** in written form.
 - b. Written counseling must be delivered in a certified manner or by courier.
 - i. A minimum of three (3) documented written warnings must be sent to the member if the behavior continues.
 - ii. A copy of each of the written counseling must be provided to SCAN via your assigned Network Management Specialist or to NetworkMgmt@scanhealthplan.com.
2. If the disruptive behavior ceases following the notice and later the behavior resumes, the process must be initiated from the start.
3. If the member behavior or problem continues or escalates, the provider may request SCAN Health Plan to counsel the member and initiate an escalation process. Requests must include:
 - a. The reason(s) for the request.
 - b. The type(s) of behavior(s) exhibited by the member.
 - c. How the specific behavior has impacted the provider's ability to provide care/services to the member and to others; **and**
 - d. Supporting documentation of the following:

- i. Member information including diagnosis, mental status, functional status, support systems or other relevant information.
 - ii. Written counseling documents.
 - iii. Documented attempts made to provide counseling to the member.
 - iv. Documentation that the individual continued to behave inappropriately after being counseled/warned about the behavior, following the opportunity to correct their behavior.
 - v. Relevant/applicable police reports or documentation by the police department.
 - vi. If the inappropriate behavior is due to a medical condition (such as a mental health issue or a physical disability) the provider must demonstrate that the underlying condition is controlled and or the behavior is not due to the use, or lack of use, of medical services.
 - vii. Proof of effort(s) to provide reasonable accommodations for individuals with disabilities in accordance with the Americans with Disabilities Act.
4. Upon receipt of the request and all required documentation, SCAN Health Plan will review the case and may:
 - a. Request a meeting with the provider and/or the medical group to further discuss the case.
 - b. Request additional information from the provider and/or medical group.
 - c. Send additional written counseling letter(s) to the member (and/or a CMS required official warning letter) describing the behavior that has been identified as disruptive and how it has impacted the plan's ability to manage the individual's care.
 - d. Decide the evidence is insufficient to involuntarily transfer the member.
 - e. Initiate voluntary transfer of the member to another provider/medical group when provided with 30 Day written notice and there has been irreconcilable breakdown in the patient/physician relationship.
 - f. Determine that a member involuntary transfer is warranted.
 - i. If determined to be warranted, the member will be notified in writing (certified/courier) outlining the reasons why the request was made, advising of the request made by the PCP/Medical Group, and providing the opportunity for the member to voluntarily select a new PCP within 30 days of the date of the letter or a new PCP will be selected for them.
 - ii. If no transfer requested, the member will be transferred, effective the first of the following month.
 - g. Notify the provider and/or medical group of SCAN's decisions in writing.
5. Upon transfer of the member to a new PCP/Medical Group, the previous provider must:
 - a. Continue to coordinate care until the transfer effective date.
 - i. If the PCP is unwilling to see the member during the transition period, the PCP must make arrangements for the member to be seen by an alternative physician and notify SCAN Health Plan and the member of the alternative arrangements in writing.
 - b. Provide patient records, reports, and other documents at no cost to the receiving PCP/Provider Organization and/or the member.

Refer to Medicare Managed Care Manual, Chapter 2 – Medicare Advantage Enrollment and Disenrollment, Section 50.3.2 – Disruptive Behavior (<https://www.cms.gov/files/document/cy2021-ma-enrollment-and-disenrollment-guidance.pdf>).