



<b>Title:</b>	Notification of Participating Provider Terminations				
<b>Department/Line of Business:</b>	Provider Network Management / All Lines of Business				
<b>Approver(s):</b>	VP, Provider Network Management				
<b>Location/Region/Division:</b>	SWHP				
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## LINE OF BUSINESS

This document applies to the following line(s) of business:  
All Lines of Business

## DEFINITIONS

*When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.*

**Ancillary Provider** – an establishment that offers auxiliary or supplemental services used to support diagnosis and treatment of a patient's condition.

**Hospital/Facility** – an establishment that offers services, facilities, and beds for diagnosis, treatment or care for illness, injury, deformity, abnormality, and/or pregnancy; includes clinical laboratory services, diagnostic x-ray services, treatment facilities (such as surgery or obstetrical care or both), and/or other definitive medical or surgical treatment of similar extent.

**Network** – a group of doctors, hospitals, and other medical care providers that a specific managed care plan has contracted with to deliver medical services to its members.

**Participating Providers** – providers who have signed a Participating Provider Agreement with SWHP to furnish covered services to members.

**Physician** – a professional who practices medicine, which is concerned with promoting, maintaining, or restoring human health through the study, diagnosis, and treatment of disease, injury, and/or other physical and mental impairments.

**Practitioner** – a person who practices medicine or one of the allied health care professions.

**Provider** - a Physician, Practitioner, group of Physicians and/or Practitioners, a Hospital/Facility, an Ancillary Provider, or other supplier of medical services.

## POLICY

Scott & White Health Plan (SWHP) notifies members in writing when a Participating Provider terminates or is terminated from the provider network. For Medicare Advantage Participating Providers, SWHP also notifies the Centers for Medicare and Medicaid Services (CMS) when there is a significant change in the network due to a no-cause provider termination.

## PROCEDURE

### Notification to Members

For all lines of business, excluding all SWHP Medicare and SWHP Medicaid:

- In the event that a Participating Provider terms from the provider network, SWHP sends each member currently being treated by the provider a written notice of the termination at least thirty (30) days prior to the termination effective date, if reasonable under the circumstances.
- If notification of termination from Participating Provider is less than thirty (30) days from the termination effective date, or if SWHP receives notification of termination after the termination effective date, then SWHP notifies members within thirty (30) calendar days after SWHP is notified, if reasonable under the circumstances.
- If SWHP terminates a Participating Provider for reasons other than at the provider's request, then SWHP may not notify members of the termination until the effective date of the termination or until after a review panel makes a formal decision on whether or not the termination is upheld or denied. However, if the termination of the Participating Provider is related to imminent danger or harm of patients, then SWHP may notify members currently being treated by the provider immediately through a written notice.

For SWHP Medicaid Only:

- SWHP makes good faith efforts to provide written notice of the termination of a Participating Provider within fifteen (15) calendar days after receipt or issuance of the provider's termination notification to each member who receives his/her primary care from or is seen on a regular basis by the Participating Provider.
- SWHP sends the written notice of termination to all members on a PCP's panel and all members who have had two or more visits with the Participating Provider for home-based or office-based care within the last twelve (12) months.

For all SWHP Medicare:

- SWHP makes good faith efforts to provide written notice of the termination of a Participating Provider at least thirty (30) days prior to the termination effective date.
- If notification of termination from Participating Provider is less than thirty (30) days from the termination effective date, or if SWHP receives notification of termination after the termination effective date, then SWHP notifies members within thirty (30) calendar days after SWHP is notified, if reasonable under the circumstances.
- SWHP sends the written notice of termination of a PCP and non-PCP to all members who have had one or more visits with a Participating Provider within ninety (90) days of the termination date.

### Notification to CMS

For SWHP Medicare Only:

- SWHP notifies its CMS Account Manager of any no-cause provider terminations that we deem significant, at least ninety (90) days prior to the effective date of the termination. If notification of termination from Participating Provider is less than thirty (30) days from the termination effective date, or if SWHP receives notification of termination after the termination effective date, then SWHP will notify CMS within thirty (30) calendar days after SWHP is notified, if reasonable under the circumstances.

For SWHP Medicaid Only:

SWHP notifies HHSC within five (5) days after termination of:

1. a primary care provider (PCP) contract that impacts more than ten (10) percent of members or
2. any Provider contract that impacts more than ten (10) percent of its Network for a provider type by service area and program.

SWHP also notifies HHSC of Provider terminations in accordance with UMCM Chapter 5.4.1.11, "Provider Termination Report."

## ATTACHMENTS

None.

## RELATED DOCUMENTS

None.

## REFERENCES

Centers for Medicare and Medicaid Services (CMS), Medicare Managed Care Manual (MMCM), Sections 110.1.2.2 – Notification to CMS and 110.1.2.3 – Notification to Enrollees

Title 42 §422.111 (e) Changes to provider network

Health and Human Services Commission (HHSC), Uniform Managed Care Contract (UMCC), Section 8.1.4.9 – Termination of Provider Contracts

Health and Human Services Commission (HHSC), Uniform Managed Care Contract (UMCC), Section 5.4.1.11 – Provider Termination Report

Texas Department of Insurance (TDI), Texas Insurance Code (TIC) Section 843.309 for HMO and Section 1301.160 for PPO

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