

Provider Request for Member Dismissal



Use of this form is restricted to Sunflower Health Plan members only. Continuity of care must be provided to the member for up to 30 days following the dismissal request submission, or until the change process is completed. *One member per form for HIPAA compliance.*

Date of Request _____

PROVIDER CONTACT INFORMATION

Provider Name: _____

Provider NPI: _____ KMAP ID#: _____

Provider TIN: _____ Phone #: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Your Name: _____ Your Phone: _____

Email Address: _____

MEMBER INFORMATION

Member Name (Last, first, MI): _____

Date of Birth: _____ Phone #: _____

Medicaid ID: _____

REASON FOR REQUEST

Appropriate documentation must accompany request. See p. 2 for more information.

- Disruptive, abusive, or hostile behavior with provider and/or office staff
- Member fraud
- Chronically missed appointments
- Not responding to multiple attempts to communicate and engage with provider
- Member does not fit the criteria of the PCP's focus
- Other _____

Fax request form along with appropriate documentation, including a copy of member's dismissal notification letter, to Customer Service at 866-491-1824. If appropriate information and documentation is received Customer Service will process this request including outreaching to the member and the request will be considered approved.

Examples of appropriate documentation:

Narrative including dates and description of **disruptive, abusive, or hostile behavior** toward the provider and/or office staff describing incidents that impede a provider's ability to administer care, obstructs communication, threatens the well-being of others, or causes damage to property and equipment. Providers may involve an internal security team or local law enforcement at their discretion.

Member Fraud documentation must state the circumstances leading to this suspicion or conclusion. Drug seeking behavior is considered member fraud.

A written log of **chronically missed appointments**, including appointment dates missed and a copy of your office policy regarding missed appointments. In lieu of providers existing policy, a missed appointment may be defined as an intended appointment that was not cancelled or rescheduled at least 2 hours before the designated time. A habitual no-show patient may be defined as those who missed for or more visits in a 12-month period.

If member is not responding to multiple attempts to engage with provider, attach a description and a count of the number of outreach attempts. If there has been a mutual breakdown in the Physician/patient relationship, include an explanation describing the circumstances leading to the mutual breakdown of the relationship that can be verified with the patient.

If member does not fit the criteria of the PCP's focus, include a description of the member's condition and explanation of the reason for the decision. For example:

- Child aging out of pediatric care to adult primary care.
- Patient with long-term chronic condition prefers to have primary care services managed by their specialist.
- Women of childbearing age prefers to have primary care services managed by their OBGYN.

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