

Policies & Procedures

Section: Clinical Policies

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Subject: Notice of Provider Termination

Effective Date: 11/2009

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Notice of Provider Termination

PURPOSE

To ensure that Medicaid enrollees receive timely written notification of the termination of employment of a provider whom the enrollee has been seeing on a regular basis.

POLICY

In the event of a contractor or employee's death or employment termination, Davis Behavioral Health will make a good faith effort to provide its consumers written notification of the event.

PROCEDURE

1. By the later of 30 calendar days prior to the effective date of the termination, or 15 calendar days after receipt or issuance of the termination notice.
2. Clinical directors will send a letter that will include the name and contact information of the new primary service provider, if applicable, as well as instructions for scheduling a new appointment.