

WASATCH BEHAVIORAL HEALTH  
SPECIAL SERVICE DISTRICT

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**TERMINATION OF OUTSIDE CONTRACT PROVIDER – C – 3.14**

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**Purpose:**

To ensure compliance with its current Medicaid Prepaid Mental Health (PMHP) contract with the Utah Department of Health, Wasatch Behavioral Health (WBH) has established this policy to ensure WBH contract providers are notified in writing when their contract is terminated and the contract provider's Medicaid clients are notified in writing as well. Notified clients will be given instructions to contact WBH to ensure continued access to treatment services.

**Policy:**

- A. WBH shall notify outside contract providers in writing when WBH suspends or terminates its contract.
- B. WBH shall make a good faith effort to give written notice of termination of an outside contract provider, within 15-days of receipt of the termination notice or 30 calendar days prior to the effective date of the termination, whichever is later, to each PMHP Medicaid Enrollee who was seen on a regular basis by the terminated/terminating provider.
- C. WBH shall abide by the requirements of Section 1128(b) of the Social Security Act prohibiting WBH from making payments directly or indirectly to a physician or other provider as an inducement to reduce or limit Medically Necessary Covered Services provided to Enrollees.

**Procedures:**

- A. When WBH terminates a contract with an outside contract provider, the Outside Provider Contract Program Manager (OPC) shall, within 15 days of the contract termination or 30 calendar days prior to the effective date of the termination, whichever is later, initiate a written notification to the provider(s) and his/her client(s) using the Notice Letter contained in (Attachments A and B). The written notification shall include the reasons for the action, and the effective date of suspension or termination.
- B. The PMPH Medicaid Enrollee(s) notification letter shall include the following:

Notification he/she will need to be assigned a new Primary Service Coordinator (PSC), the reason for the change, the effective date of the last covered service, and an explanation of how the client may obtain a new mental health provider by contacting WBH's OPC Program Manager. See Attachment B Written Notice to Contract Provider's PMHP Medicaid Enrollee(s).

**I. TRANSFERS WHEN BOTH PSC'S ARE OUTSIDE CONTRACT PROVIDERS**

- A. When an outside contract provider PSC has need to transfer a Medicaid client to another outside contract provider, the current outside contract provider shall contact The OPC Program Manager or his/her designee who shall:
  - 1. Temporarily act as the client's PSC while arranging the transfer.

2. Notify the client in writing (Attachment B) within 15-days that he/she will need to be assigned a new PSC, the reason for the change, and an explanation of how the client may obtain a new mental health provider by contacting WBH's OPC Program Manager.
3. Send a copy of the notification letter to the Clinical Record Department to scan and file in the clinical record.
4. Make arrangements with department support staff to have written notices sent to those clients who are open but not actively in treatment, and to those who could not be seen within a 15-day period.
5. Provide the client opportunity to participate in identifying his/her new PSC.
6. Contact and review the case with the accepting PSC in person, when possible, to facilitate the designation of a new PSC.
7. Identify and inform the new provider PSC, orally or in writing, he/she has been selected as the client's new PSC, and ask the client to schedule with the new PSC at their convenience.
8. E-mail information to the Clinical Records Department.

## **II. WHEN OUTSIDE CONTRACT PROVIDER TRANSFERS TO AN IN-HOUSE PROVIDER**

When the new PSC will be an In-house provider the OPC Program Manager or his/her designee shall:

1. Temporarily act as the client's PSC while arranging a transfer.
2. Notify the client in writing (Attachment B) that he/she will need to be assigned a new PSC and the reason for the change.
3. Provide the client opportunity to participate in identifying his/her new PSC.
4. Contact and review the case with the accepting PSC in person, in a treatment team, or in a staffing setting to facilitate the designation of a new PSC as necessary.
5. Complete a Transfer form. The completed form will notify the Clinical Records Department to update the clinical record by adding the new PSC.

### **Related policies:**

A – 1.10 Selection and Retention of Employees, Contracted Providers, Vendors, and Volunteers.

C - 4.31 Intake, Recovery Planning, and Discharge Services for Medicaid Clients By Outside Providers.

C-4.34 Primary Service Coordinators

C – 3.13 Fraud and Abuse Prevention and Reporting.

### **Right to Change and/or Terminate Policy:**

Reasonable efforts will be made to keep employees informed of any changes in the policy; however, WBH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

**Attachment A**  
**Written Notice to Terminated Contract Provider**

Dear "[Click here and type]"

This is notification to you that Wasatch Behavioral Health is no longer contracting with NAME OF ORGANIZATION and its clinical providers, due to (give detailed reason why contract has been discontinued). The contract will be discontinued as of (effective date).

Thank you for your cooperation and working relationship in the past.

Sincerely,

Cc:

**Attachment B**  
**Written Notice to Contract Provider's PMHP Medicaid Enrollee(s)**

"[Click here and type date]"

"[Click here and type recipient's name]"

"[Click here and type recipient's address]"

"[Click here and type City]" "[Click here and type State]" "[Click here and type ZIP]"

Dear "[Click here and type recipient's name]"

This letter is to inform you that you are being transferred to a new physician/prescriber, therapist, or case manager for the following reason:

- You have requested a new physician/prescriber, therapist, or case manager.
- Your physician/prescriber's or therapist's contract with Wasatch Behavioral Health has been terminated.
- Your physician/prescriber or therapist has not renewed their contract with Wasatch Behavioral Health.
- Other \_\_\_\_\_

Please contact WBH's Program Manager, Dr. Jaime Houskeeper or Cari Greenwood, at 373-4766 to assist in the selection of your new mental health provider.

Sincerely,

"[Click here and type name]"

Form Available in the forms library C-7.08c