



# KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Termination of PCP/Member Relationship			POLICY #: 5.18-P		
DEPARTMENT: Member Services					
Effective Date: 01/01/1999	Review/Revised Date: <i>3/19/2018</i>	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

*Douglas A. Hayward*  
Douglas A. Hayward  
Chief Executive Officer

Date *3/19/18*

*[Signature]*  
Chief Operating Officer

Date *2/21/18*

*[Signature]*  
Director of Provider Relations

Date *2/20/18*

*[Signature]*  
Director of Member Services

Date *2/6/18*

## POLICY:

Based upon reasonable cause and Kern Health Systems approval, a member may be removed from a Primary Care Provider's (PCP) Membership List if requested by the PCP. Reasonable cause may include, but would not be limited to, documented communication problems, inappropriate behavior, multiple missed appointments, and non-compliance. Providers may not differentiate or discriminate in provision of covered services to members because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, age, health status, or the need for health benefits. Providers must render covered services to all KHS Plan members in the same manner, in accordance with the same standards, and within the same time availability as offered to patients who are not KHS Plan members.

## PURPOSE:

To allow Primary Care Providers to terminate a relationship with a member when reasonable and appropriate cause exists. PCPs may initiate this process if they have demonstrated efforts to establish a

good patient/provider relationship and ultimately feel that the member would be better served by another PCP.

**PROCEDURES:**

**1.0 INITIATION OF REQUEST**

A KHS contracted PCP may initiate the member reassignment process by contacting the Provider Relations Department. The PCP is required to provide the following:

A. A detailed description of the problem

B. A letter from the PCP requesting the reassignment, which includes the reason for the request.

**2.0 MEMBER SERVICES NOTIFICATION**

Provider Relations Representative forwards discharged letter to the email distribution group for the Member Services Processors.

**3.0 PCP ACKNOWLEDGMENT**

Provider Relations Representative faxes provider letter acknowledging receipt of request to discharge the member. The letter includes; acknowledgement of receipt of the request to discharge, reason for discharge, and informs the PCP that Member Services Department will reach out to the member to assist in reassigning to another PCP. The letter advises the current PCP to notify the member in writing and to indicate in the written correspondence that they will continue providing care to the member for urgent issues for a minimum of 30 days.

B.

**4.0 FOLLOW UP DOCUMENTATION**

The Member Services Department will make two attempts to contact the member by phone to notify the member of their assigned PCP's directive, and to assist the member with selecting a new PCP. If Member Services is unable to contact the member after making two attempts, Member Services will assign the member a new PCP following KHS Policy and Procedure 5.06, and mail the member a PCP reassignment letter. Member Services will not mail PCP reassignment letters to members successfully contacted by phone. (See Attachment A).

**ATTACHMENTS:**

**Attachment A – PCP Panel Removal Letter**

**REFERENCE:**

**Revision 2017-12:** Revision by Provider Relations and Member Services

**Revision 2008-04:** Routine revision by Member Services Manager.



DATE

«Member\_First\_Name» «Member\_Last\_Name»  
«Mailing\_Address»  
«City», «State» «Zip»

Regarding: «Member\_First\_Name» «Member\_Last\_Name»; **KHS MEM#**

Dear Kern Family Health Care Member,

Your Primary Care Provider (PCP), [Name of Provider], has asked us to change you to another PCP. We have tried to call you by phone to let you know of this change, and to help you choose a new PCP. Unfortunately, we were not able to reach you. Therefore, we have chosen a PCP for you. You have been assigned to:

**«New Provider Name»**  
**«New Provider Address 1» «New Provider Address 2»**  
**«New Provider City», Ca «New Provider Zip»**  
**«Provider Phone»**

If you do not want to be assigned to the provider we have chosen for you, you may change your PCP at any time. Please visit our website at [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com) to find a list of PCPs in the online provider search tool. You may also log in to your Member Portal and use the PCP change tool.

If you have other questions or need further assistance, please call our Member Services Department at 1-661- 632-1590 (Bakersfield) or 1-800- 391-2000 (outside of Bakersfield) or 711 for TTY/TDD. You can call us Monday through Friday from 8:00 am to 5:00 pm.

Thank you for choosing Kern Family Health Care (KFHC) as your health plan.

Sincerely,

KFHC Member Services Department

Checked on: 01/30/2026, 06:20 PM

To create health literate documents aim for **Grade 6 or lower**

Flesch-Kincaid Grade Level: 5.20

