

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Member and Provider Service	<b>DOCUMENT NAME:</b> Member Reassignment Policy
<b>PAGE: Page</b> 1 of 2	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b>	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 07/01/2021	<b>REVIEWED/REVISED:</b>
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b>

### SCOPE:

This document applies to Carolina Complete Health (CCH) Members, Providers and staff who are involved on decisions of member reassignment.

### PURPOSE:

The purpose of this policy is to ensure that CCH has a process and procedure in place to ensure timely resolution to provider requests for member reassignment and ensure members who have barriers to engagement are helped.

### POLICY:

PCPs are encouraged to use CCH care management resources to help members with barriers to engage. PCPs are encouraged to work with CCH to help members with barriers to engagement or to find a better PCP fit if all options have been exhausted.

1. PCP requests for member reassignment are submitted to Member Services by phone at 833-552-3876, email at [NCCH\\_Provider@carolinacompletehealth.com](mailto:NCCH_Provider@carolinacompletehealth.com), or fax at 833-537-2330. The request must include:
  - Date of request
  - Provider Name
  - Provider NPI #
  - Service location address (to which the member is assigned)
  - Name of Staff making the request
  - Office Phone #
  - Member Name
  - Medicaid ID
  - DOB
  - Phone number
  - Reason for requested reassignment
2. All requests for member reassignments are entered in OMNI by Member Services and sent to the member's Care Manager, if there is one assigned, or Care Coordinator if there is not a Care Manager assigned.
3. The Care Manager will work with the member to resolve barriers to engagement.
4. If all options have been exhausted, Member Services will work with Care Management and the member to assign a PCP that is a better fit for the member.

## POLICY AND PROCEDURE

<b>DEPARTMENT:</b> Member and Provider Service	<b>DOCUMENT NAME:</b> Member Reassignment Policy
<b>PAGE: Page</b> 2 of 2	<b>REPLACES DOCUMENT:</b>
<b>APPROVED DATE:</b>	<b>RETIRED:</b>
<b>EFFECTIVE DATE:</b> 07/01/2021	<b>REVIEWED/REVISED:</b>
<b>PRODUCT TYPE:</b> Medicaid	<b>REFERENCE NUMBER:</b>

**REFERENCES:**

**ATTACHMENTS:**

**DEFINITIONS:**

### REVISION LOG

<b>REVISION</b>	<b>DATE</b>
Updated email address	9/21/22

### POLICY AND PROCEDURE APPROVAL

The electronic approval retained in our P&P management software is considered equivalent to a signature.

Vice President, Medical Management: Approval Signature on File

Director, Medical Management: Approval Signature on File