Member Reassignment Worksheet

This worksheet should be using in accordance with Carolina Complete Health's PCP Initiated Member Reassignment Policy for reassignment requests due to age, relocation, or for with-cause dismissal circumstances in accordance with the North Carolina Medical Board. "As a reminder, AMHs agree to accept assigned patients as part of their Medicaid enrollment, in addition to having the ability to limit panel sizes; therefore, new members can be assigned monthly within those practice panel limits. Many Medicaid members are currently unengaged with any primary care provider (PCP) and AMHs may not have a current treatment relationship with all of their assigned members." (Source: NC DHHS, Panel Management for Advanced Medical Homes).

Date of Request:	
Provider/Group Name:	
Provider/Group NPI:	
Service Location Address:	
Name of Staff making the request (First and Last):	
Office Phone Number:	

Member Name	Medicaid ID	Date of Birth	Member Phone Number
Reason for Requested Reassignment			

Member Name	Medicaid ID	Date of Birth	Member Phone Number
Reason for Requested Reassignment			

PCP Requests for Member Reassignment are submitted to Member Services by phone at
1-833-552-3876, by email at NCCH_Provider@carolinacompletehealth.com, or by fax at 1-833-537-2330.

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