



## 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](#)).

PCP Requests for Member Reassignment are submitted to Provider Engagement via secure email:  
[PEmemberreassignment@cch-network.com](mailto:PEmemberreassignment@cch-network.com)

Date	
Practice Name	
gNPI	
TIN	

Member Last Name	Member First Name	Member DOB	Member Medicaid ID	Reason for Reassignment

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