

## POLICY AND PROCEDURE

<b>POLICY NAME: PCP Initiated Member Reassignment</b>	<b>POLICY ID: NC.MSPS.03</b>
<b>BUSINESS UNIT: Carolina Complete Health</b>	<b>FUNCTIONAL AREA: Provider Experience</b>
<b>EFFECTIVE DATE: 7-21-21</b>	<b>PRODUCT(S): Medicaid</b>
<b>REVIEWED/REVISED DATE: 04-18-24, 03-31-25, 11-7-2025, 04-01-26</b>	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b>	

### **POLICY STATEMENT:**

This document applies to Carolina Complete Health (CCH) Members, Providers and staff who are involved on decisions of member reassignment. Carolina Complete Health (CCH) maintains a standardized process for providers to request Primary Care Provider (PCP) member assignment changes. All provider-initiated PCP move requests must follow the procedures outlined in this document to ensure accurate member attribution, regulatory compliance, and consistent operational processing.

### **PURPOSE:**

The purpose of this policy is to ensure that Carolina Complete Health has a process and procedure in place to ensure timely resolution to provider requests for member reassignment.

#### This policy supports:

- Accurate member attribution
- Provider panel integrity
- Compliance with Medicaid AMH requirements
- Effective and time provider communication

### **SCOPE:**

Carolina Complete Health's PCP Initiated Member Reassignment policy.

### **PROCEDURE:**

Providers must submit PCP move requests using the designated PCP change spreadsheet found on the Carolina Complete Health Network provider website. This form can be used to add a member to the provider's panel:

#### **Submission Requirements:**

- The spreadsheet must be fully completed.
- All required fields must be populated.
- The provider must complete the attestation confirming member communication.
- Supporting documentation must be attached when applicable.

#### **Assigning Members *into* a Practice**

Providers requesting to assign members into their practice must:

- Complete the PCP change spreadsheet.
- Provide required member information.
- Document the reason for assignment (e.g., last visit date).
- Complete the required attestation confirming the member has been contacted.
- Submit via secure email to [providerengagement@cch-network.com](mailto:providerengagement@cch-network.com).

## Removing Members *from* a Practice

Providers may request removal of members when:

- The member has been discharged from the practice (discharge letter required)
- The member has transferred to another PCP (documentation required)
- The member relocated outside the service area
- The member does not meet the practice's age or gender parameter

### Submission Method:

Provider will send a Fax request to 1-844-915-0459 or a secure email to the Provider Engagement mailbox [providerengagement@cch-network.com](mailto:providerengagement@cch-network.com) with the below information must be included:

The request must include:

- Date of request
- Practice Name
- Group NPI#
- TIN
- Member Name
- Medicaid ID
- DOB
- Reason for requested reassignment

### Restrictions and Compliance Requirements

Invalid reassignment reasons include:

- Member never seen
- Unable to contact the member

Per Medicaid contract rules, members may request to change their PCP:

- Up to two times per year
- One change within 30 days of AMH assignment
- One change without cause

**All requests for member reassignments are reviewed to determine if the request is “for cause” or “not for cause” using the below criteria guidelines provided by the State:**

### For Cause vs. Not For Cause:

For Cause	Not For Cause
<ul style="list-style-type: none"><li>• Age Limit</li></ul>	<ul style="list-style-type: none"><li>• Unengaged members</li></ul>
<ul style="list-style-type: none"><li>• Gender Limit</li></ul>	<ul style="list-style-type: none"><li>• In State Moves Without Member Request</li></ul>
<ul style="list-style-type: none"><li>• Dismissal due to provider policy violation</li></ul>	<ul style="list-style-type: none"><li>• Displacement Due to Disaster</li></ul>
<ul style="list-style-type: none"><li>• Provider panel closed and new members assigned</li></ul>	<ul style="list-style-type: none"><li>• Recent Claims at a Different PCP</li></ul>
<ul style="list-style-type: none"><li>• Requires work with PDM and Enrollment Team</li></ul>	<ul style="list-style-type: none"><li>• Out of State</li></ul>

**Validation and Processing**

1. Upon receiving a request, the Provider Engagement team will:
  - Review the spreadsheet for completeness
  - Validate required documentation
  - Return incomplete requests for correction to Provider
  
2. Once advised member move was processed, Provider Engagement will review member status to determine if move was completed. This is done via review of the OMNI ticket information provided back to them from member services and review of the provider portal.
  - If the move WAS NOT completed after 1 month – the request is resent to member services to submit again, provider advised accordingly
  - If the move WAS completed after 1 month – provider engagement will confirm with the provider and will continue to monitor that in 30 days the change has remained in place, provider is advised accordingly
  - If the move remains in place after 2<sup>ND</sup> month’s review, provider engagement will confirm with the provider and request the ticket be closed
  - If the move DID NOT remain in place after 2<sup>nd</sup> month’s review, provider engagement will escalate further and communicate next steps with the provider.

**Determination:**

- For cause: The request is sent by Provider Engagement to the Member Services Team to be updated in OMNI. A ticket number and date of expected completion will be provided back to provider engagement via email by Provider Services for follow up monitoring to closure.
  
- Not for cause: Provider Engagement will reach out to the provider to return list of members to educate the provider to ensure their understanding of why the members cannot be moved and reshare the criteria that constitutes a “for cause” change.

**REVISION LOG**

<b>REVISION TYPE</b>	<b>REVISION SUMMARY</b>	<b>DATE APPROVED &amp; PUBLISHED</b>
New Policy Document, Annual Review, or Ad Hoc Review	Reviewed Policy	10-2-23
Annual Review	No changes	4-18-24
Annual Review	No Changes	03-31-2025
Ad Hoc Review	Updated delivery methods, required information to align with form, included cause/not for cause language, updated bullets under #3 to remove abbreviations, removed CM engagement	7-12-25
Policy Review and update	Removed outdated email address for form submission. Updated PE direct submission workflow thus limiting Provider Services responsibilities	4/1/2026

**POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.