

## POLICY AND PROCEDURE

<b>POLICY NAME: PCP Initiated Member Reassignment</b>	<b>POLICY ID: NC.PRVR.17</b>
<b>BUSINESS UNIT: Carolina Complete Health</b>	<b>FUNCTIONAL AREA: Provider Experience, Provider Services</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 timely provider communication

### **SCOPE:**

Carolina Complete Health's PCP Initiated Member Reassignment policy.

### **PROCEDURE:**

Providers must submit PCP move requests using the designated PCP change worksheet or PCP Change form,

#### **Submission Requirements:**

- The spreadsheet or form 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.

#### **Submission Method:**

- PCP Change Worksheet for members transferring On and OFF the provider panel. Sent to secure email to Provider Engagement email box – [providerengagement@cch-network.com](mailto:providerengagement@cch-network.com)
- PCP Change form (members transferred ON to the providers panel): Sent to secure email to Provider engagement email box [providerengagement@cch-network.com](mailto:providerengagement@cch-network.com)  
**OR Fax to 1-844-915-0459**

### **Assigning Members *into* a Practice (Use the PCP Changes Worksheet – Transfer TO Panel tab)**

Providers requesting to assign members into their practice must:

- Complete the PCP change worksheet.
- 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).

### **Assigning Members *into* Practice (Use the PCP Change Form)**

- Providers requesting to assign members into their practice must:
- Complete the PCP Change Form
- The request must include but is not limited to:
  - Date of request
  - Practice Name
  - Group (Location) NPI#
  - TIN
  - Member Name
  - Medicaid ID
  - DOB
- Reason for requested reassignment
- Complete the required attestation confirming the member has been contacted.
- Submit via secure email or fax to 1-844-915-0459

### **Removing Members *from* Practice (Use the PCP Change Worksheet-Transfer OFF panel tab)**

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

### **Restrictions and Compliance Requirements**

Invalid reassignment reasons include:

- Member never seen
- Unable to contact the member

### **Determination:**

Valid Reassignment Reason: The request is sent to the Enrollment Team to be updated in OMNI. A ticket number and date of expected completion will be provided back to provider engagement team via email.

Invalid Reassignment Reason: The list of members will be provided back to provider engagement administrator for discussion with the provider to make them aware and given directives on requirements of valid reassignment reasons.

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

**Validation and Processing**

1. Upon receiving a request, the Provider Engagement team will:
  - Review the spreadsheet and or form for completeness
  - Validate required documentation
  - Return incomplete requests for correction
  
2. Provider Engagement will review member status to determine if move was completed. This is done via review of the ticket information provided back to them from Enrollment and review of the provider portal/member assignment report.
  - If the move WAS NOT completed after 1 month – the request is resent to Enrollment
  - If the move WAS completed after 1 month – provider engagement will confirm in 30 days that the change has remained in place
  - If the move remains in place after 2<sup>ND</sup> month’s review, the provider engagement administrator is notified and instructed to update the provider.
  - If the move DID NOT remain in place after 2<sup>nd</sup> month’s review, provider engagement will escalate further.
  
3. Any PCP Change Forms received via faxed will be processed and followed up on by the Escalation Response team

**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.