

Provider Request for Member Reassignment

Date _____

Requesting MDwise Provider _____

Provider ID# _____

We are requesting that the member(s) below be removed from our panel (Members of the same family can be listed on one form BUT please use a separate form for each family.):

Name _____

RID# _____

Name _____

RID# _____

Name _____

RID# _____

Please check reason for request below:

- Missed appointments** – A member may miss at least three scheduled appointments within the last 12-month period without defensible reasons before a PMP request for member reassignment. Please provide missed appointment dates and documentation from member’s chart. ***If you are concerned about less than 3 missed appointments, please contact your Provider Relations Rep to discuss education options for the member.***
- Member fraud** – Please document the circumstances leading to suspicion. To use this reason for member reassignment, the provider must be prepared to refer the case to the IHCP so that they may investigate the alleged fraud. **(Medical Director review required)**
- Threatening, abusive, or hostile actions by members** – The PMP may request a member’s reassignment when the member or the member’s family becomes threatening, abusive, or hostile to the PMP or the office staff, after attempts at conflict resolution have failed. The request must be consistent with office policies and criteria used to request reassignment of commercial patients. Please include date and detailed description of incident(s) as well as documentation in chart, if available. **(Medical Director review required)**
- Member’s medical needs will be better met by another PMP** – A PMP request for member reassignment because the PMP believes a member’s medical needs would be better met by a different PMP, must be documented as to the severity of the condition. The Medical Director will review the request based upon the specific condition or severity of the condition as a PMP scope of practice matter that is not based on a bias against an individual member. Please provide documentation of member’s condition and explanation of reason for the request. **(Medical Director review required)**
- Breakdown of physician/patient relationship** – PMP must provide documentation that the breakdown in the relationship is mutual between the PMP and the member. **(Medical Director review required)**
- Member accessing care from other than the selected or assigned PMP** – If the member does not initiate a PMP change and continues to access primary care services from a provider other than the PMP, the PMP may request the member’s reassignment. Please provide documentation to support this conclusion. Misuse of the emergency room is not a valid reason for requesting a member’s reassignment. **(Medical Director review required).** ***If you are concerned about misuse of the ER or other providers, please contact your Provider Relations Rep to discuss education options for the member.***
- Previously approved termination** – The PMP may request a member’s reassignment if the member was previously reassigned for an approved reason and became re-linked through the auto-assignment process. Please provide a copy of your original reassignment request for the member.

Supporting documentation from the member record must be submitted with this request. Also send documentation of your efforts to resolve the issue directly with the member.

Person completing this form _____

Phone _____

Please fax this form to: Your MDwise Delivery System Provider Relations Representative