



Provider Request for Member Reassignment

Requesting PMP Name: _____

1. List member and all family members (if applicable)

MEMBER NAME	MEMBER MID#

2. Case Summary.

Check one or more reassignment categories most applicable to case.

Missed appointments (three (3) or more missed appointments within last 12-month period without defensible reasons.
Please provide missed appointment dates and supporting documentation from member's chart.)

Categories listed below require Medical Director Review.

Breakdown in PMP/Member relationship

Member Fraud

Medical needs could be better met by different PMP

Member accesses care from providers other than assigned

Member insists on medically unnecessary medication

PMP Members insists on medically unnecessary medication

Previously approved termination

Uncooperative or disruptive behavior resulting from the member or member's family

Other (specify) _____

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.

Signature: _____ Date: _____

Contact Name: _____

Contact Phone #: _____

Contact Fax #: _____

Submit form and supporting documents to: memberreassignments@mdwise.org

Please use the following descriptions to help in selecting the right category for requesting a member reassignment. Supporting documentation from the member's chart is critical for all categories, please attach to the request form.

FSSA requires Medical Director Review on all requests except Missed Appointments.

- **Missed appointments (with appropriate documentation and criteria)**
A member may miss at least three scheduled appointments within the last twelve-month period (12) without defensible reasons before a PMP may request member reassignment. The provider or staff is responsible for educating the member on the first occurrence about the problems and consequences associated with missed appointments. Hoosier Healthwise members are not penalized for an inability to leave work, for lack of transportation or for other defensible reasons. A defensible reason can be defined as a legitimate reason or circumstance that the member provides that also did not allow the member to notify the PMP's office in advance of the cancellation. On documentation of the third missed appointment for non-defensible reasons, MDwise may approve the PMP's request for the member's reassignment within MDwise network. Please provide missed appointment dates and documentation from member's chart.
- **Member fraud (Medical Director Review)**
This reason for member reassignment must be restricted to cases referred to the Indiana Bureau of Investigation or the Office of the Inspector General (OIG). To use this reason for member reassignment, the provider must refer the case to MDwise Special Investigative Unit (SIU). MDwise SIU will review and evaluate the case in accordance with MDwise Policy, **AD 006 Fraud and Abuse Detection**.
- **Uncooperative or disruptive behavior resulting from the member or member's family (Medical Director Review)**
Unless member behavior poses security risks to others, MDwise requires that PMP reassignment can only be initiated upon second time that such behavior is exhibited.
The PMP can request a member's reassignment when the member or the member's family becomes threatening, abusive, or hostile to the PMP or to the office staff after attempts at conflict resolution have failed. The request must be consistent with the PMP's office policies and with criteria used to request reassignment of commercial patients. Please provide detailed description and date(s) of incident(s) as well as documentation in chart, along with relevant office policy.
- **Medical needs could be better met by a different PMP (Medical Director Review)**
A PMP may request member reassignment because the PMP believes a member's medical needs would be better met by a different PMP. The PMP request must be documented as to the severity of the condition and must be reviewed by the MDwise and Delivery System medical directors. The MDwise and Delivery System medical directors must review the request based on the specific condition or severity of the condition as a PMP scope-of-practice matter, not based on a bias against an individual member. Please provide documentation of member's condition and explanation of reason for the request.
- **Breakdown in the PMP/patient relationship (Medical Director Review)**
The PMP must provide specific documentation as to the reasons he or she feels the relationship has broken down and cannot be salvaged. The member should also have an opportunity to share their views on the relationship.
- **Member accesses care from providers other than the selected or assigned PMP (Medical Director Review)**
A PMP may request a member reassignment when the member consistently seeks primary medical care from another PMP and the member does not request a PMP change. The PMP should make an effort to contact the member to determine why the member is seeking care elsewhere. The PMP should provide documentation of his or her efforts to contact and educate the member. Misuse of the emergency room is not a valid reason for requesting a member's reassignment. Reassignments will not be approved by MDwise for this reason.
- **Previously approved termination (Medical Director Review)**
If the member was previously reassigned for an approved reason and became re-linked through auto-assignment process. Please provide copy of your original reassignment request for the member.
- **Member insists on medically unnecessary medication (Medical Director Review)**
Please provide supporting documentation from member's chart.