

Frequently Asked Questions: Member Reassignment

Partnership receives enrollment data, including member addresses, phone numbers, and eligibility, from the state and assigns each member a primary care provider (PCP). Existing members can select their PCP at any time. New members have 30 days to select a PCP. If they do not select a PCP, an auto-assignment is made for them.

We encourage providers to share this information with Partnership members, especially if we have inaccurate information in our records. You can also set up a process with other clinics in your area to facilitate reassignment. We recommend you incorporate Partnership's PCP Selection Form during new patient registration and send it to us for members.

Partnership is prohibited from changing PCP assignments for members without their consent. Below are some frequently asked questions about member reassignment.

I have Partnership members in my office who want to be assigned to my practice or assigned to a different PCP within the Partnership network. How can the members change their PCP assignments?

Members can authorize assignment changes by:

- Calling our Member Services Department at **(800) 863-4155**, Monday through Friday, 8 a.m. – 5 p.m. TTY users can call **(800) 735-2929** or **711**.
- Filling out a PCP Selection Form and mailing or faxing it to our Member Services Department. The form is on our website at <http://www.partnershiphp.org/Providers/Medi-Cal/Pages/PCP-Selection-Forms.aspx>.

Note: The member's signatures and the date are required to be on the form.

What should happen if a member moves out of the Partnership service area?

Members can report address changes by calling our Member Services Department at **(800) 863-4155**, Monday through Friday, 8 a.m. – 5 p.m. They should also call the county in which their Medi-Cal benefits are granted to change their residence county.

What should happen if a member is deceased?

If you find out that a member is deceased, you can contact our Member Services Department at **(800) 863-4155**. You will need the member's CIN and date of death. We will suspend the member's PCP assignment and remove the member record from your capitation list.

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What should happen if a member has other primary health insurance?

If you find out that a member has other medical insurance, you can contact our Member Services Department at **(800) 863-4155**. You will need the member's CIN and insurance information, including name of the coverage provider and the policy number. Once verified, we will remove the member from your capitation list.

How can I have certain members excluded from my Quality Incentive Program (QIP) denominators?

The QIP targets are based on HEDIS performance of Medicaid health plans across the nation. For these targets to be meaningful in relation to our HEDIS performance, we must follow the standardized HEDIS specifications including the exclusion criterion, which only allows exclusions on a clinical basis. While you may encounter situations where patients cannot be reached or refuse services, this affects the entire network and other health plans. The QIP denominators for this are applied to these types of patients.

Additional resources on our website:

Member Grievance:

- Medi-Cal Member Grievance System Policy CGA-024 [click here](#)
- Your Rights under Medi-Cal Managed Care Letter Policy CGA-024A [click here](#)
- Member Grievance and Appeal Form and Instructions [click here](#)
- Member Discrimination Grievance Procedure Policy CGA022 [click here](#)

Member Disenrollment:

- Provider Request to Discharge Member and Assistance with Inappropriate Member Behavior Policy MP316 [click here](#)
- Provider Request for Discharge/Assistance with Inappropriate Behavior Form [click here](#)