



# Member PCP Transfer Policy



When a member wishes to change his or her primary care practitioner, or a PCP wishes to have a member transferred from their panel, the change is processed under the following guidelines:

PCP Change Request Received	Example	Effective Date
When the request is <b><u>received prior to the 25<sup>th</sup> of the current month</u></b> , the new effective date will be the first of the following month.	Request is received on October 7 <sup>th</sup> .	This member will be <u>effective November 1<sup>st</sup></u> with the new primary care practitioner.
When the request is <b><u>received on or after the 25<sup>th</sup> of the current month</u></b> , the new effective date will be the first of the subsequent month.	Request is received on October 28 <sup>th</sup> .	This member will be <u>effective December 1<sup>st</sup></u> with the new primary care practitioner.

**NOTE:** an exception to the above guidelines can be made if the situation warrants.

## **Transfer of Non-Compliant Members**

PCPs that experience an interruption of care due to any member behavior issues that would preclude delivery of optimum medical care may have that member transferred from the practitioner's panel. Gateway's goal is to accomplish the uninterrupted transfer of care for a member who cannot maintain an effective relationship with a given practitioner. Primary Care Physicians are not permitted to transfer a member based upon the member's health status, race, color, creed, religion, age, sex, national origin, ancestry, marital status, sexual orientation, income status, program membership, language, MA status, health status, disease or pre-existing condition, anticipated need for healthcare or physical or mental disability.

**In order to assist Gateway practitioners in the management of members who violate office policy in regard to scheduled appointments Gateway has instituted the following Member No-Show Policy:**

Gateway will recognize the individual practitioner's written office policy in regard to scheduled appointments. Gateway practitioners are responsible for recording no-show appointments in the member's medical record. When a transfer is being conducted due to member no-show, the practitioner's notification should indicate that the practitioner wants to transfer the member to another primary care practitioner's practice due to this reason.

## **Transfer Process**

If a member is non-compliant with no-show policies or should an incident of inappropriate behavior or non-compliance occur, and transfer of the member is desired, the practitioner must send a letter to the member as well as notify Gateway to request that the member be removed from his/her panel. The letter must include the member's name and Gateway ID Number, and, when applicable, state your no-show policy, and the member(s) who has (have) violated the policy to the Provider Relations Department at:

Gateway Health Plan®  
Attention: Provider Relations  
US Steel Tower, Floor 41  
600 Grant Street  
Pittsburgh, PA 15219-2740

All written requests are forwarded to the Enrollment Department within 48 hours of the receipt of the practitioner's request. The Enrollment Department notifies the original practitioner in writing when the transfer has been accomplished. If the member requests not to be transferred, the primary care practitioner will have the final determination regarding continuation of primary care services. The provider must provide continuation of care for 30 days from the date of the request. Please reference the grid above to determine the effective date to when the member in question would be removed from the PCP panel.

## **Transfer of Medical Records**

The primary care practitioner shall transfer the member's medical records or copies of records to a newly designated primary care practitioner within seven (7) business days from receipt of the request from the Department of Public Welfare, its agent, the member or the member's new primary care practitioner, without charging the member.

The primary care practitioner shall transfer the member's medical record or copies of records to a newly designated Managed Care Organization within seven (7) business days from receipt of the request from the Department of Public Welfare or its agent.

### **Medical Records Retention Requirement:**

CMS requires practitioners maintain all Medicare members' medical records for 10 years, and Gateway also follows this same requirement for any Medicaid member.

Please visit our website at [www.gatewayhealthplan.com](http://www.gatewayhealthplan.com)