



Provider Initiated Member Transfer/Discharge Request

Medicaid (Healthy MI and CSHCS)
 Molina Dual Options (MI Health Link)
 Marketplace
 Medicare (D-SNP)

Physician:	Member:
ID#:	ID#:
Telephone:	Telephone:
Fax:	Address:

Summary of Process Review:
PCP may request reassignment only if the member exhibits the following: Verbal/Life Threatening, Fraud Misrepresentation, and Non-Compliance. Before discharge request for Non-Compliance, PCP must make effort to resolve the issue. (See Provider Manual)

PCP may not request a member transfer because the member exercises his/her option to make treatment decisions with which the PCP disagrees, including the option of no treatment and/or diagnostic testing.

Documentation required by the Plan:

- Explanation of the verbal/life threatening behavior and how it has impacted the PCP’s ability to provide service to this member or other patients in the PCP’s practice.
- For discharge requests for non-compliance, PCP must document a minimum of three outreach attempts, with at least one by mail and one by phone within a 3-month time span.
- Note: PCP must provide reasonable accommodations for 30 days from final notice to member.

Please include detailed reason for request:
Verbal/Life Threatening:
Fraud Misrepresentation:
Non-Compliance:
Other:
Description:

Physician Signature:	Date:
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Please complete this request in its entirety and attach all supporting documentation, including pertinent medical records and office notes. Do not discuss your request to transfer a member from your care until you receive approval.

Submit your request to:
 Molina Healthcare of Michigan, Inc.

Email: MHMPROVIDERPCP.CHANGEREQUEST@MOLINAHEALTHCARE.COM
 -or-
 You may fax the completed form and documentation to (877) 816-4528.
*****NOTE***-This request may take up to 45 days to process.**