Instructions for Completing the North Carolina Medicaid

PCP Change Request Form for Members Enrolled in Managed Care Prepaid Health Plans (PHPs)

If your office notices the PCP listed on a member's ID card is no longer with your practice or if the member asks for help changing their PCP to your practice, you have two options:

- Let them know that they can call Member Services at **1-866-799-5318**
- Give them a copy of the PCP Change Request Form.

- Medicaid Beneficiaries can change their PCP up to two times a year. The members may change
  - within 30 days of AMH assignment for any reason
  - one additional time a year "without cause"

IMPORTANT NOTES:

- This form should not be utilized to process "for cause" member requested changes. These changes may occur at any time. Those requests should be processed by calling member services.
- Requests received by calling Member Services will be processed at the time of the call and will be effective the 1st of the following month.
- Requests received by faxed form will result in longer processing times. The effective date will be the 1st of the following month when received on or before the 16th of the month. The effective date will be the 1st of the month following the next month if received after the 16th day of the month.

If a member asks about changing their PCP, you can help them complete the PCP Change Request Form.

Please follow these steps to make sure we can process the member's request:

- ❑ Check the member's ID card to confirm they're enrolled in [PHP Name].

The change form should only be used to move patients into your practice – if you need to disenroll a patient from your practice contact Provider Services at **1-866-799-5318**

- ❑ You can help the member fill out the form. The form must be signed by the member, legible and completely filled out to be processed.
- ❑ Use one form per person, even if there are multiple family members requesting the change.

Forms completed improperly or missing the member or responsible party signature will not be processed, and primary care provider (PCP) change will not occur. Members should continue to use their current ID card until they receive their new ID card. All requests will be processed within 10 business days of receipt.

Fax the completed form to WellCare at **1-855-247-7480**.

Request for a Change of Primary Care Provider (PCP/AMH)

Fax to 1-855-247-7480

Your primary care provider (PCP) is the main person who delivers your health care. PCP Assignment is to the AMH or group, not an individual provider. Complete this form to change your PCP.

For urgent requests or immediate service, please call Member Services toll free number at **1-866-799-5318.**

Member Name:			
Member Date of Birth:	Member ID #:		
Member Street Address:	City:	State:	ZIP Code:
Member Phone #:	Current AMH Name:		

Reason for change (check one):

☐Member/PCP Relocation ☐PCP office inconvenient

☐Patient is already established ☐Member Choice

New AMH/ Practice Name: Wilson Community Health Center																			
New AMH NPI:	1	1	8	4	7	9	2	1	0	3	New AMH Tax ID:	5	8	2	0	7	9	8	1	9
New AMH Street Address: 303 Green Street East							City: Wilson				State: NC				ZIP Code: 27893					
Fax #: 252-243-9888											Phone #: 252-243-9800									

Member or Parent/Guardian Signature:	Date:
Signature of New PCP representative:	Date:

Please note: Effective date will be the 1st of the following month when received on or before the 16th of the month. Effective date will be the 1st of the month following the next month if received after the 16th day of month or later.

Members may be seen by their chosen PCP before they receive their new ID card.

To be completed by PCP/AMH if member signature was not obtained:

☐ By checking this box, I, _____ attest in good faith that I have had direct interaction with the member regarding this PCP change request. Verbal consent from the member or the member's parent/guardian was obtained. Alternative signatures should only be used for specific incidents in which attaining live member signatures would be unduly burdensome.