

Blue Cross® and Blue Shield® of North Carolina (Blue Cross NC) | Healthy Blue® | Medicaid

Instructions for Completing the North Carolina Medicaid Primary Care Provider (PCP) Change Request Form for Members Enrolled in Managed Care Prepaid Health Plans (PHPs)

Developed by the Medicaid Administrative Simplification Workgroup

If your practice has a member who wishes to change their PCP to your practice, there are two options:

- Complete and submit the PCP Change Form on the member's behalf with member's written signature or verbal consent documented.
- Let the member know they can call Member Services at **844-594-5070**.

Medicaid beneficiaries can change their PCP up to two times a year. The members may change

- Within 30 days of Advanced Medical Home (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 on the 1st of the following month.
- Requests received by faxed form may 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.
- Members may be seen by their chosen PCP before they receive their new ID card. A PCP that is not on the member's ID card can still see the member and bill for services.

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 members' request:**

- Check the member's ID card to confirm they are enrolled in Healthy Blue.
- 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 **844-594-5072** or your provider engagement representative to discuss that process.
- You can help the member fill out the form. The form should be signed by the member, legible and completely filled out to be processed. If a written signature from member is not able to be obtained, the provider must attest that they had direct interaction with the member regarding the PCP change and verbal consent was obtained.

Submitting Completed Forms:

- Fax completed form to Blue Cross NC at **866-840-4993**.

<https://provider.healthybluenc.com>

Healthy Blue is a Medicaid plan offered by Blue Cross and Blue Shield of North Carolina. Blue Cross and Blue Shield of North Carolina is an independent licensee of the Blue Cross Blue Shield Association. ® Marks of the Blue Cross Blue Shield Association. All other marks are the property of their respective owners.

NCHB-CD-083163-25 April 2025

- 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.

**Request for a Change of
Primary Care Provider/Advanced Medical Home (PCP/AMH)
Fax to 866-840-4993**

Complete and submit the PCP Change Form on the member's behalf with member signature or verbal consent documented. For urgent requests or immediate service, the member should call Member Services' toll-free number at **844-594-5070**.

Member Name:			
Member Date of Birth:		Member ID #:	
Member Street Address:	City:	State:	Zip:
Member Phone:	Current PCP/AMH Practice Name:		

Reason for change (check one):

- | | |
|---|--|
| ☐ Member/PCP relocation | ☐ PCP office inconvenient |
| ☐ Patient is already established | ☐ Member choice |
| ☐ Other (please describe): | |

--

New PCP/AMH Practice Name:			
New PCP/AMH Group NPI:	New PCP/AMH Tax ID Number:	Service Location Code (if known)	
New PCP/AMH Street Address:	City:	State:	Zip:

Fax #:	Phone #:
--------	----------

Member or Parent/Guardian Signature:	Date:
Signature of New PCP/AMH Representative:	Date:

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.