

PCP Change Request Form

Instructions for completing the North Carolina Medicaid PCP Change Request Form for members enrolled in managed care prepaid health plans

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:

- The member may call Member Services directly at **1-855-375-8811**. The member must be able to attest to the change on the call.
- Complete this PCP Change Request Form on the member's behalf with the member's written signature or verbal consent documented.

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

Please note: Members of federally recognized tribes or those eligible for Indian Health Services may change PCPs at any time and are not limited to changes two times per year.

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 email 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.

- Members should continue to use their current ID card until they receive their new ID card.
- Members may be seen by their chosen PCP before they receive their new ID card. A PCP who is not on the member's ID card can still see the member and bill for services.

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 AmeriHealth Caritas North Carolina.
- The change form should only be used to move patients into your practice. If you wish to disenroll a patient from your practice contact your Provider Network Management Account Executive to discuss that process.
- The form must be signed by the member, legible and completely filled out to be processed. If a written signature from the 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.
- Use one form per person, even if there are multiple family members requesting the change.

Submitting completed forms:

- Fax the completed form to **1-855-329-1900**.
- **Forms completed improperly or missing the member or responsible party signature or without verbal consent attestation will not be processed, and the PCP change will not occur.**



AmeriHealth Caritas® North Carolina

Request for a Change of PCP/AMH

For immediate service, please call the Member Services toll-free number at 1-855-375-8811.

Complete and submit the PCP Change Form on the member's behalf with member signature or verbal consent documented.

Member name:			
Member date of birth:	Member ID number:		
Member street address:			
City:	State:	ZIP code:	
Member phone number:	Current PCP/AMH name:		

Reason for change (check one): <input type="checkbox"/> Member/PCP relocation <input type="checkbox"/> Patient is already established <input type="checkbox"/> PCP office inconvenient <input type="checkbox"/> Member choice <input type="checkbox"/> Other (please describe): _____			
New AMH/practice name: _____			
New individual provider name: _____			
New PCP NPI: _____	New AMH Tax ID: _____		
New AMH street address: _____			
City: _____		State: _____	ZIP code: _____
Fax number: _____		Phone number: _____	

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.

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.