



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.

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

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.

**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. 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:										New Individual Provider Name:									
New PCP NPI:										New AMH Tax ID:									
New AMH Street Address:					City:					State:					ZIP Code:				
Fax #:										Phone #:									

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.