



PCP Change Request Form

Instructions for Completing the North Carolina Medicaid PCP Change Request Form for Members Enrolled in Tailored Plan Managed Care Health Plans

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 and Recipient Services at 800-510-9132.
- 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"

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 and Recipient Services.
- Requests received by calling Member and Recipient 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 Alliance Health Tailored Plan Medicaid
- The change form should only be used to move patients into your practice. If you need to disenroll a patient from your practice contact Member and Recipient Services at 800-510-9132.
- 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 Alliance Health at 919-651-8668. **Forms completed improperly or missing the member or responsible party signature will not be processed, and the 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 PCP/AMH

Fax to 919-651-8668

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 and Recipient Services toll-free number at **800-510-9132**.

Member name		
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="radio"/> Member/PCP relocation <input type="radio"/> Patient is already established <input type="radio"/> PCP office inconvenient <input type="radio"/> Member choice		
New PCP/AMH practice name	New individual provider name	
New PCP/AMH street address		
City	State	Zip Code
Fax number	Phone number	
Member or parent/guardian signature	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.