

# North Carolina Medicaid PCP change request instructions

For members enrolled in Medicaid Managed Care Prepaid Health Plans

## Developed by the Medicaid Administrative Simplification Workgroup

If your practice has a member who wishes to change their primary care provider (PCP) to your practice, there are 2 options:

- For the quickest turnaround, let the member know they can call UnitedHealthcare Member Services at **800-349-1855**
- Complete and submit the PCP change form on the member's behalf with member's written signature or verbal consent documented

Medicaid beneficiaries can change their PCP up to 2 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

- Do not use this form to process "for cause" member-requested changes; these changes may occur at any time and should be processed by calling Member Services
- Requests received by Member Services will be processed at the time of the call and effective on the first of the following month
- Requests received by faxed form may result in longer processing times. The effective date will be the first of the following month when received on or before the 16th of the month. The effective date will be the first 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 who 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 UnitedHealthcare Community Plan
- The form should only be used to move patients into your practice. If you need to disenroll a patient from your practice, call Provider Services at **800-638-3302** or contact your provider engagement representative to discuss that process.
- To be processed, the form must be filled out completely, legible and signed by the member. If a written signature from the member isn't possible, the provider must attest that they had direct interaction with the member regarding the PCP change and verbal consent was obtained.
- Members should continue to use their current ID card until they receive their new ID card

### How to submit completed forms:

- Fax to UnitedHealthcare at 844-386-9286
- Forms completed improperly or missing the member or responsible party signature will not be processed and the PCP change will not occur



# Request for a change of primary care provider/ advanced medical home

Complete this form on the member's behalf with member signature or verbal consent documented. Then fax to 844-386-9286. For urgent requests or immediate service, the member should call Member Services at **800-349-1855**.

Member name:		Member date of birth:	
Member ID #:		Member street address:	
City:	State:	ZIP:	
Member phone:	Current primary care provider (PCP)/advanced medical home (AMH) practice name:		
<b>Reason for change (check one):</b>			
Member/PCP relocation		PCP office inconvenient	
Patient is already established		Member choice	
Other (please describe):			
New PCP/AMH practice name:		New PCP/AMH group National Provider Identifier (NPI) number:	
New PCP/AMH tax ID number (TIN):		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.