

Completing the PCP change request form

UnitedHealthcare Community Plan of North Carolina

If your office notices the primary care provider (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 2 options:

- Let them know that they can call UnitedHealthcare Member Services at **800-349-1855**
- Give them a copy of the PCP change request form

Medicaid members 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

Please note

This form should **not** be used 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 Member Services will be processed at the time of the call and be effective the first of the following month.

Requests received by faxed form will 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.

Please follow these steps to make sure we can process the member's request:

If a member asks about changing their PCP, you can help them complete the PCP change request form.

- Check the member's ID card to confirm they're enrolled in UnitedHealthcare Community Plan of North Carolina
- The change form should only be used to move patients into your practice. If you need to disenroll a patient from your practice, contact UnitedHealthcare Provider Services at **800-638-3302**.
- You can help the member fill out the form. The form must be signed by the member, legible and filled out to be processed. Fax the completed form to UnitedHealthcare at 844-386-9286.
- Use 1 form per person, even if there are multiple family members requesting the change

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.

Primary care provider change request

Your primary care provider (PCP) is the main person who delivers your health care. Complete this form to change your PCP. Fax the completed form to UnitedHealthcare at 844-386-9286.

For urgent requests or immediate service, please call UnitedHealthcare Member Services at **800-349-1855**.

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 National Provider Identifier (NPI) number:		
New AMH tax ID number:		
New AMH/practice 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 first of the following month when received on or before the 16th of the month. Effective date will be the first 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.