

PCP Change Request Form Instructions

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is providing these instructions for providers to help Healthy Blue members complete the *PCP Change Request Form*.

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 two options:

- Let them know that they can call Member Services at **844-594-5070**.
- Give them a copy of the *PCP Change Request Form*.

Medicaid beneficiaries can change their PCP up to two times a year. The member may change:

- Within 30 days of Advanced Medical Home (AMH) assignment for any reason.
- One additional time a year *without cause*.

Important information:

- The fastest way to change a Healthy Blue member's PCP is to call Member Services. Requests called into Member Services will be processed at the time of the call and will be effective the 1st of the following month.
- Requests submitted via fax 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 of Federally Recognized Tribes may change PCPs at any time and are not limited to changes two times per year.

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

- Check the Healthy Blue member's ID card to confirm they are enrolled.
- 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 **844-594-5072**.
- You can help the member fill out the form. In order to be processed, the form must be signed by the member, be legible, and completely filled out.
- Use one form per person, even if there are multiple family members requesting the change.

Fax the completed Healthy Blue form to Blue Cross NC at **866-840-4993**. Forms completed improperly or missing the member or responsible party signature will not be processed, and 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.

<https://provider.healthybluenc.com>

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PCP Change Request Form

Your primary care provider (PCP) is the main person who delivers your healthcare. Complete this form to change your PCP or Advanced Medical Home (AMH) and fax to **866-840-4993**.

For urgent requests or immediate services, call Member Services at **844-594-5070**.

Member name:					
Member DOB:		Member ID:			
Member street address:					
City:		State:		ZIP code:	
Member phone:					
Current AMH name:					
Reason for change (choose one):					
<input type="checkbox"/> Member/PCP relocation		<input type="checkbox"/> PCP office inconvenient			
<input type="checkbox"/> Patient is already established		<input type="checkbox"/> 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:					
Signature of new PCP representative:					

Notes:

- Effective date will be the 1st of the following month when this form is received on or before the 16th of the month. Effective date will be the 1st of the month following the next month if this form is received after the 16th day of the month or later.
- Members may be seen by their chosen PCP before they receive their new ID card.

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