

INSTRUCTIONS FOR COMPLETING THE NORTH CAROLINA MEDICAID PCP CHANGE REQUEST FORM

If the Primary Care Provider (PCP) listed on your member ID card is no longer your preferred doctor's office, you have two options:

- 🌱 You can call Member and Recipient Services at 1-877-685-2415 and request to change.
- 🌱 You can use this form called "PCP Change Request Form."

Trillium members can change their PCP up to two times a year. The members may change their PCP:

- 🌱 within 30 days of assignment for any reason
- 🌱 one additional time a year "without cause" (no specific reason)
- 🌱 Any time with 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:

- 🌱 Requests received by calling Member and Recipient Services will be processed at the time of the call and will be effective the first day of the next month.
- 🌱 Requests received through the member portal may 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.

Please follow these steps to make sure we can process your request:

- 🌱 Check your member Medicaid ID card to confirm you are enrolled with Trillium Health Resources.
- 🌱 If you need help filling out this form, you can ask your PCP to help you.
- 🌱 You must electronically sign this form to complete this request.
- 🌱 Use one form per person, even if there are multiple family members requesting the change.

Forms completed with wrong or missing member information will be returned, and primary care provider (PCP) change will not occur. Members should continue to use their current ID card until they receive new ID card, which will include name of your new PCP. All requests will be processed within 10 business days of receipt.



Transforming Lives. Building Community Well-Being.

REQUEST FOR A CHANGE OF PRIMARY CARE PROVIDER (PCP/AMH)

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 1-877-685-2415.

Member Name:			
Member Date of Birth:		Member ID #:	
Member Street Address:		City:	State: ZIP Code:
Member Phone #:		Current PCP Name:	
Email Address:		Okay to leave voicemail: Yes No	

Reason for change (check one):

Member/PCP Relocation (has moved)

PCP office hard to get to

Patient is already seeing a PCP

Member Choice

New PCP/ 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.

Please save to your computer and email as an attachment to MemberEngagement@TrilliumNC.org if you cannot use the Submit button.

