

Primary Care Provider Change or Patient Reassignment Request



Instructions for Completing this Request

To make a Primary Care Provider change, **complete only Section 1.**

To assign a Member to a new Primary Care Provider, **complete only Section 2.**

For PCP changes for members enrolled in Medicaid Managed Care, Child Health Plus, MVP Harmonious Health Care Plan, and Essential Plans in the New York State Mid-Hudson Region, many of the providers in this region are capitated and PCP changes do not happen immediately. Changes will take effect the first day of the following month.

Submit this completed form to MVP by fax:

Commercial Plan Members (HMO, EPO, and Exchange Plans) **518-386-7700**

Medicaid, Child Health Plus, MVP Harmonious Health Care Plan, and Essential Plan Members **914-631-1746**

Medicare Advantage Plan Members **585-327-2298**

Section 1: Primary Care Provider Change Request *(Completed by Member)*

Member First Name	Member Last Name	MVP Member ID No.
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Current or Former Provider Name

New Provider First Name	New Provider Last Name	Provider ID No.	Effective Date of Change
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New Provider Street Address	City	State	Zip Code
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Member Signature

Date

Section 2: Patient Reassignment Request *(Completed by Provider)*

By completing Section 2, the Primary Care Provider (PCP) is requesting that MVP Health Care® contact the member indicated below to begin the process of selecting a new PCP. By law, the member's current PCP must continue to provide medical care for this member for 30 days after notifying MVP that this patient should be removed from the Provider's roster. The Provider will remain the patient's PCP until MVP completes the process of contacting and successfully assigning the member to a new PCP.

MVP Member Name	MVP Member ID No.	Date
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Current Provider Name	Provider NPI No.	Provider ID No.
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Current Provider Street Address	City	State	Zip Code
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New Provider Name	Provider NPI No.	Provider ID No.
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New Provider Street Address	City	State	Zip Code
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