

Primary Care Provider Change or Patient Reassignment Request



Complete **Section 1** to change a Primary Care Provider (PCP) *or* **Section 2** to assign a member to a new PCP.

Section 1: PCP 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 (MM/DD/YYYY)
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New Provider Street Address	City	State	Zip Code
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Member Signature	Date
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Section 2: Patient Reassignment Request *(completed by Provider)*

By completing Section 2, the PCP is requesting that MVP Health Care® contact the member indicated below to begin the process of selecting a new PCP. By law, the 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. Please be aware that 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.
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Current Provider Name	Current Provider NPI No.	Provider ID No.	Date
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Current Provider Street Address	City	State	Zip Code
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New Provider Name	Provider ID No.	Provider NPI No.
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New Provider Street Address	City	State	Zip Code
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For PCP changes in Medicaid Managed Care, Child Health Plus, MVP Harmonious Health Care Plan®, and Essential Plans in the New York Mid-Hudson Region, please be advised that many of these providers are capitated and PCP changes do not happen on demand. Changes will take effect the first day of the following month.

Return this completed form to MVP by fax to one of the following:

- Commercial Members (HMO, EPO, and Exchange Plans) **518-386-7880**
- Essential Plans, Child Health Plus, Medicaid, and MVP Harmonious Health Care Plan Members **914-631-1746**
- Medicare Advantage Plans Members **585-327-2227**