

Primary Care Provider (PCP) Change Request Form

Medicaid beneficiaries enrolled in Vaya Health's (Vaya's) Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan, Vaya Total Care, may change their primary care provider (PCP) "without cause" up to two times each calendar year and "with cause" at any time.

If you are a Vaya Tailored Plan Medicaid member, **you can request to change your PCP by completing this form and sending it to Vaya by email to member.services@vayahealth.com or by fax to 1-877-917-9887.** Forms completed improperly or that are missing the member's or appropriate party's signature will not be processed, and the PCP change will not occur.

You can also request to change your PCP by calling Vaya's Member and Recipient Service Line at 1-800-962-9003, 7 a.m.-6 p.m., Monday-Saturday, including holidays.

Please note:

- If you make a request to change your PCP by calling Vaya's Member and Recipient Service Line, the request will be processed at the time of the call.
- If you make a request to change your PCP by submitting this form by fax or email, the request will be processed within two business days.
- Either way, the change will be effective the first day of the next month after the request is processed.
- Vaya will send you a new ID card within 10 days of processing your request, but you may be seen by your new PCP before you receive your new ID card. You should continue to use your current ID card until you receive your new one.

If you need help or have any questions, please call Vaya's Member and Recipient Service Line at 1-800-962-9003, 7 a.m.-6 p.m., Monday-Saturday, including holidays.

Instructions for PCP Practice Staff

If a Vaya member asks for help changing their PCP to a provider with your practice, you may advise them to call the Vaya Member and Recipient Service Line at 1-800-962-9003, 7 a.m.-6 p.m., Monday-Saturday, including holidays, to request the change. You may also give the member a copy of this form and offer to help them complete it. If attaining the member signature would be unduly burdensome, authorized provider staff may sign the form instead by completing the attestation section on the last page.

Please note:

- It is important to check the member's ID card to confirm they're enrolled with Vaya.
- You can help the member fill out the form. The form must be signed by the member, legible, and completely filled out to be processed.
- Use one form per person, even if multiple family members are requesting to change.

Primary Care Provider (PCP) Change Request Form

Complete this form and email it to member.services@vayahealth.com or fax it to 1-877-917-9887.

Your primary care provider (PCP) is the main person who delivers your health care. Complete this form to change your PCP. **If you have questions, need information about available PCPs, or have an urgent request, call the Vaya Health Member and Recipient Service Line at 1-800-962-9003, 7 a.m.-6 p.m., Monday-Saturday, including holidays.**

Member name: _____ Member date of birth: _____

Member ID #: _____ Member phone #: _____

Member street address: _____

City: _____ State: _____ ZIP: _____

Current PCP name: _____

Reason for change (check one): Member/PCP relocation PCP office inconvenient
 Patient is already established Member choice

New PCP/practice name: _____

New individual provider name: _____

New PCP NPI: _____ New PCP tax ID: _____

New PCP street address: _____

City: _____ State: _____ ZIP: _____

Fax #: _____ Phone #: _____

Member or parent/guardian signature: _____ Date: _____

Signature of new PCP representative: _____ Date: _____

To be completed by authorized PCP staff if member signature was not obtained:*

I, _____, attest in good faith that I have had direct interaction with the member named above regarding this PCP change request and obtained verbal consent from the member or the member's legally responsible person.

Signature of authorized PCP staff: _____ Date: _____

PCP staff title/credentials: _____

** Authorized PCP staff signatures should be used for only specific incidents in which attaining the member signature would be unduly burdensome.*