All OH Medicaid MCO Primary Care Provider (PCP) Selection/Change Form

Please complete this form to update the Primary Care Provider (PCP) Selection/Change Form for an OH Medicaid MCO member. Please fax/email completed form to the MCO listed below.

New Provider Information (please print)

PCP Name		**Clinic**	
PCP NPI		**Tax ID**	
PCP Address		**City**	
State		**Zip Code**	
PCP Phone #		**PCP Fax #**	
Effective. Date	/ /		

Have you seen this provider in the last year? ☐ Yes ☐ No (Please check one)

Change Reason (Please check one)

☐ No reason – I just want different doctor on my card
☐ More convenient location/hours
☐ Referral by family/friend
☐ I am an existing patient with this doctor
☐ Dissatisfaction
☐ I requested this PCP when I was enrolled, but was assigned a different doctor

Member Information (please print)

Full Name			
Date of Birth	/ /	**Phone #**	( ) -
Age		**Medicaid ID #**	
Member ID #		**Phone #**	
Address		**City**	
State		**Zip Code**	

(A new ID card will be sent out to this address within seven to ten business days.)

_____ _____
Signature of Member or Member's Guardian **Today's Date**

_____ _____
Provider (Staff) Signature **Today's Date**

OH Medicaid Managed Care Organization (MCO) Information

· AmeriHealth Caritas Ohio; Fax Number: (833) 641-3290
· Anthem Blue Cross & Blue Shield; Fax Number: (866) 840-4993
· CareSource; Fax Number: (937) 226-6916
· Buckeye Health Plan; Fax Number: (866) 719-5435
· Molina Healthcare; Fax Number: (844) 834-2155
· Humana Healthy Horizons in Ohio; Email: OHMedicaidProviderRelations@Humana.com
· UnitedHealthcare Community Plan; Fax Number: (844) 386-9286

AmeriHealth Caritas Ohio

Discrimination is Against the Law

AmeriHealth Caritas Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas Ohio provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, etc.). AmeriHealth Caritas Ohio provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by mail, phone, or online.

Mail: AmeriHealth Caritas Ohio
Attn: Civil Rights Coordinator
P.O. Box 7133
London, KY 40742
Phone: **1-833-764-7700 (TTY 1-833-889-6446)**
Online: **https://apps.amerihealthcaritasoh.com/securecontact/index.aspx**

If you need help filing the grievance, the AmeriHealth Caritas Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: **1-800-368-1019 (TDD 1-800-537-7697)**
Online: **www.hhs.gov/ocr/office/file/index.html**

This notice is also available at AmeriHealth Caritas Ohio's website **www.amerihealthcaritasoh.com**.

AmeriHealth Caritas Ohio is committed to maintaining the privacy and security of the personal information of its plan members. Read more on our privacy practices at **www.amerihealthcaritasoh.com/privacy-notice.aspx**

Multi-language interpreter services

If you have a problem reading or understanding this information or any other AmeriHealth Caritas Ohio information, please contact our Member Services toll-free at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week for help at no cost (free) to you. Call if you would like:

- Oral interpretation, oral translation
- Auxiliary aids and services
- Written information in your non-English primary language
- Written information in other formats, such as braille or large print

English ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-764-7700 (TTY 1-833-889-6446)**.

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-833-764-7700 (TTY 1-833-889-6446)**.

Haitian French Creole ATANSYON: Si w pale kreyòl ayisyen, genyen sèvis pou ede w nan lang pa w ki disponib gratis pou ou. Rele nan **1-833-764-7700 (TTY 1-833-889-6446)**.

Ukrainian УВАГА: Якщо ви говорите українською мовою, ви маєте право на безкоштовні мовні послуги. Телефонуйте за номером **1-833-764-7700 (TTY 1-833-889-6446)**.

Nepali/Nepalese (Nepal) ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका निम्ति भाषासम्बन्धी सहयोग सेवाहरू नि:शुल्क रूपमा उपलब्ध हुन्छन् । **1-833-764-7700 (TTY 1-833-889-6446)** मा फोन गर्नुहोस् ।

Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجانًا. اتصل بالرقم **1-833-764-7700 (TTY 1-833-889-6446)**.

Somali FIIRO GAAR AH: Haddii aadan ku hadlin Af-Soomaali, adeegyada caawimaada luqadda oo bilaash ah, ayaa diyaar kuu ah. Wac **1-833-764-7700 (TTY 1-833-889-6446)**.

Russian ВНИМАНИЕ: если вы говорите по-русски, в вашем распоряжении бесплатные услуги переводчика. Позвоните по тел. **1-833-764-7700 (TTY 1-833-889-6446)**.

Swahili TAHADHARI: Ikiwa huzungumzi Kiswahili, utapokea huduma za usaidizi wa lugha, bila malipo. Piga simu kupitia **1-833-764-7700 (TTY 1-833-889-6446)**.

French ATTENTION : Si vous parlez français, des services d'aide linguistique sont mis à votre disposition gratuitement. Appelez-nous au **1-833-764-7700 (TTY 1-833-889-6446)**.

Kinyarwanda (Burundi) MENYA NEZA: Nimba uvuga Ikirundi (Burundi), ama seruvise afasha mu vy'indimi, atangwa ku buntu, arahari ku bwanyu. Hamagara kuri **1-833-764-7700 (TTY 1-833-889-6446)**.

Uzbek (Uzbekistan) DIQQAT: Agar ingliz tilida gapirmasangiz, siz uchun bepul til yordam xizmatlari mavjud. **1-833-764-7700 (TTY 1-833-889-6446)** ga qo'ng'iroq qiling.

Pashtu (Afghanistan)

توجه: که تاسي په پښتو ژبه غږيږئ، د ژبې د مرستې وړيا خدمتونه ستاسي لپاره موجود دي. دي **1-833-764-7700 (TTY 1-833-889-6446)** شمېرې ته زنګ ووهئ.

Vietnamese CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi **1-833-764-7700 (TTY 1-833-889-6446)**.

Tigrinya ኣስተውዕል ፦ ቋንቋ ትግርኛ ዘይትዛረብ እንተደኣ ኾንካ ብናጻ ዝወሃብ ኣገልግሎት ሓገዝ ንዓኻ ክፉት እዩ። ናብ **1-833-764-7700 (TTY 1-833-889-6446)** ደውል።

Dari (Afghanistan)

توجه: اگر به لسان افغانی گپ میزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارایه میشود. با نمبر **1-833-764-7700 (TTY 1-833-889-6446)** به تماس شوید.