



Network Notification

Notice Date: November 14, 2019
To: Ohio Medicaid Providers
From: CareSource
Subject: New Primary Care Provider (PCP) Change Request Form

Summary

CareSource has worked collaboratively with the Ohio Department of Medicaid (ODM) and other Medicaid Managed Care Plans (MCPs) to compose a standard Primary Care Physician (PCP) Change Request Form. This change is based on provider feedback received during the Comprehensive Primary Care (CPC) In-Person Learning Sessions conducted this summer by ODM. This form has been accepted by all Ohio Medicaid MCPs, and approved by ODM for use for all Medicaid PCP selection/change requests.

Impact

The new PCP Change Request Form will replace all current Medicaid MCP PCP change forms. The provider's process should be simplified by having one standardized form to use to submit all PCP selection/change requests.

Importance

This form will eliminate the need to use MCP specific forms, and will help to simplify the process of submitting PCP selection/change requests. You may access the PCP Change Request Form at **CareSource.com** > Providers > [Forms](#).

Questions?

If you have questions, please contact Provider Services at **1-800-488-0134** (Monday through Friday, 8 a.m. to 6 p.m. Eastern Standard Time).