UCare

PCA Add or Change Form

Please note that we no longer require a separate PCA form for most individual PCAs to be enrolled in UCare, as we are now using the DHS PCA file to enroll DHS-approved PCAs. If your facility is enrolled with UCare, and the individual PCA is enrolled with DHS, then you should not have to submit any additional forms. If you have questions about the enrollment status of a specific PCA, please contact the Provider Assistance Center (PAC) for verification.

Please utilize this form only if you need to update a PCA or are having an issue and have confirmed that your PCA is not setup in UCare. If you have questions filling out the form, please contact UCare's Provider Assistance Center at 612-676-3300 or toll free at 1-888-531-1493.

Unfortunately, at this time the Provider Assistance Center will not be able to provide a status update on your request.

Please allow up to 60 days from the date the form was submitted. Please be sure to complete all required fields **(bolded), save the PDF, and email to** demographicupdates@ucare.org. Please include "PCA Form" and the Location Name in the subject line of the email. UCare recommends keeping a copy of your original email on file for your records.

Contact Person:	
Name:	
Phone:	Email:

Location Information	
Location Name:	Location NPI/UMPI:
DBA Name:	Location FEIN/TIN:
Location Address:	Phone:
City, State, Zip Code:	

Personal Care Attendant	
Last Name:	Add ☐ Change☐ Term☐
Old Last Name:	Languages (other than English):
First Name:	Middle Name:
Date of Birth:	Gender:
UMPI:	**Effective Date of Change:**

If you have more PCAs, please utilize this spreadsheet and email a copy to demographicupdates@ucare.org with this page.

Comments
Signature: