



# Primary Care Clinic / Care Coordination Change Request form

**UCare Connect, UCare Connect + Medicare, UCare MSHO/MSCH+:** Fax to 612- 884-2228 or email [pccformsmedicaid@ucare.org](mailto:pccformsmedicaid@ucare.org)

**UCare Medicare and Essentia Care members:** Fax to 612-884-2274 or email to [clinicchanges@ucare.org](mailto:clinicchanges@ucare.org)

Program: -

Person Requesting Change:

Date:

Phone:

Fax:

**I have spoken to the member and confirmed the new PCC/Care Coordination information to be accurate.**

- o Ensure the PCC is in UCare's provider network, if not, the current CC should work with the member to establish care at an in-network provider, prior to completing a PCC change form.

**Member Name:**

**UCare Member #:**

**Date of Birth:**

Current PCC/Care Coordination Information		New PCC/Care Coordination Information	
Current Primary Clinic		New Primary Care Clinic	
Current Care Coordination Entity		New Care Coordination Entity (if applicable)	
(If member is in nursing home) Facility Name		New Primary Care Physician (if known)	
Address		Address	
City		City	
State	Zip	State	Zip

Comments:

**Effective Date of Change:**

**MSCH+/MSHO or Connect/Connect +Medicare:**

Retro effective dates: If the member is new to UCare or is a member with a product change, the change may be effective the 1st of the current month if received on or before the **12th** of the month.

If the member is not new or did not have a product change, submit to UCare no later than the 24th of the month prior to the transfer effective date. If submitted after the **24th**, the change may not be effective the following month.