

Personal Care Assistant Change of Medicaid Provider Information

June 27, 2011

This Change of Medicaid Provider Information form may only be used after a Personal Care Assistant's information has been submitted to ACS in an Agency's Mass Enrollment spreadsheet.

Existing Providers	
Title	
Enrollment Requirements	
Standard Provider Enrollment Form	
Standard Provider Enrollment Form - Attachment A	
Change of Medicaid Provider Information Form	

Enrolled providers are responsible for maintaining current information on their provider records. If enrollment information changes, the enrolled provider must mail a signed change of Medicaid Provider Information form to ACS within 30 days. If the PCG cross reference is to be updated, both the PCA and Authorized Representative for the PCG Agency must sign the Change of Medicaid Provider Information form.

To find a Personal Care Assistant Change of Medicaid Provider Information form, go to:
<http://medicaidalaska.com> > Providers > Enrollment.

Complete the form per the following directions:

Field	How it Applies to the Personal Care Assistant
PCA Medicaid Provider Id Number or SSN	PCA's assigned PCxxxxx number or Social Security Number
Rendering PCA Provider Name	Name as reflected on Social Security Card
PCG Cross-Reference	Every Personal Care Agency that the Personal Care Assistant works for, in the format of PCGxxx. Personal Care Assistants should refer to their employer for the Personal Care Agency's PCGxxx number.
PCA Home Street Address	Home street address, must be a physical address, will not accept a PO Box
PCA Mailing Address	Address where Personal Care Assistant receives mail
PCA Telephone Number	Home or cell telephone number.
PCA E-Mail Address	If PCA wishes to have E-mail address on file
Date Change Effective	Date changes to file are effective

The current Personal Care Assistant information on file is listed in the left column and the new information to be updated must be placed in the right hand column. Either party can initiate or terminate a group cross-reference. The Personal Care Assistant and the Agency will need to coordinate this.

If the agency has tried multiple times and is unable to obtain the PC signature to end an affiliation, they may check the "for Agency use only box". The agency must attach a letter detailing their attempts to obtain the PC signature. Only the agency signature will be required to end the affiliation.

Sign and mail the completed form to: Provider Enrollment
P.O. Box 240808
Anchorage, Alaska 99524-0808