MODULE 1: COMPLETING PCS FORM DMA 3051

CHANGE OF PROVIDER

Liberty Healthcare Corporation of North Carolina

For Change of Provider Requests, Complete The Following Sections

Section A	• Recipient Demographics
Section F	• Change of Provider Request

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Change of Provider: Section F Key Points

- A beneficiary may request Change of Provider by submitting this form or by calling Liberty Healthcare.
- If a beneficiary needs assistance in selecting an Alternate Preferred Provider, assistance can be provided by a Liberty Healthcare Customer Support Representative.
- Liberty Healthcare will confirm all Change of Provider requests with the Beneficiary or legal guardian.

Change of Provider: Section F Required Fields

- Recipient's Preferred Provider
  - Agency Name
  - Phone
  - NPI #
- Contact Information for Questions
  - Contact's Name
  - Phone

sections A, B and E are accurate for this recipient and authorization to conduct the PCS eligibility assessment.

SECTION F. CHANGE OF PROVIDER REQUEST - complete this section if submitting a Change of Provider (COP).

☐ **Check the box to the left and complete sections A and F only.**

Requested By (select one): ☐ Primary Care Physician ☐ Attending MD ☐ Physician Assistant ☐ Nurse Practitioner ☐ Recipient ☐ Responsible Party

NOTE: Home Care Agencies and Licensed Residential Facilities should have beneficiaries or the recipient's legal representatives to call the Liberty Healthcare Corporation-NC Call Center for Change of Provider (COP) requests at 855-740-1400 or 919-322-5944. Home Care Agencies and Licensed Residential Facilities may assist the recipient or legal representative in placing the call.

Reason for Provider Change (select one):

- ☐ Recipient or legal representative's choice
- ☐ Current provider unable to continuing providing services
- ☐ Other:_____

Status of PCS Services (select one):

- ☐ Discharged/Transferred on _____(mm/dd/yyyy)
- ☐ Scheduled for discharge/transfer on _____(mm/dd/yyyy)
- ☐ Continue receiving services until recipient is established with a new provider agency; no discharge/transfer is planned

Recipient's Preferred Provider (select one):

☐ Home Care Agency ☐ Family Care Home ☐ Adult Care Home ☐ Adult Care Bed in Nursing Facility ☐ SLF-56UUa ☐ SLF-5600c ☐ Special Care Unit (stand-alone Special Care Unit or SCU bed)

Agency Name:_____ Phone: _____

Provider NPI#: _____ PCS Provider Locator Code#: _____(three digit code)

Facility License # (if applicable): _____ License Date (if applicable): _____(mm/dd/yyyy)

Physical Address:

_____

Recipient's Alternate Preferred Provider (select one)

☐ Home Care Agency ☐ Family Care Home ☐ Adult Care Home ☐ Adult Care Bed in Nursing Facility ☐ SLF-56UUa ☐ SLF-5600c ☐ Special Care Unit (stand-alone Special Care Unit or SCU bed)

Agency Name:_____ Phone: _____

Provider NPI#: _____ PCS Provider Locator Code#: _____(three digit code)

Facility License # (if applicable): _____ License Date (if applicable): _____(mm/dd/yyyy)

Physical Address:

_____

Contact Information for Questions about Change of Provider Request (if not recipient or alternate contact listed in section A).

Contact's Name: _____ **Relationship to Recipient:** _____

Phone: _____ **Fax:** _____ **Email:** _____

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Change of Provider: Sending The Completed Form

- Complete Sections A & F.
- Please fax Page 1, 2 & 3 of the completed form to:
  919-307-8307 or 855-740-1600 (toll-free)
- If you prefer, you may mail Page 1, 2 & 3 of the form to:

  Liberty Healthcare Corporation of NC
  Attn: Referral Processing Department
  5540 Centerview Drive, Suite 114
  Raleigh, NC 27606
- If you have questions concerning the form, please email NCfax@libertyhealth.com or call 855-740-1400.
- Keep copies of all forms and fax confirmations for your records.

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