



Non-Participating Provider Contract Requests

Interested non-participating providers must submit all contract requests to UCare's Provider Network Management (PNM) in writing **on their letterhead and in a letter format**. The request must include the following, but is not limited to this information:

- Your legal entity name (including any DBA's), address, and phone number.
- Your TAX ID number.
- Name, phone number, and an e-mail address of the person in charge of contracting at your office.
- If you are a Primary Care Clinic, Hospital, or County Agency, please state that in your letter.
- What specialty service(s) do you provide? (I.e. Certified Home Health, Physical Therapy, DME, STS Transportation, Common Carrier Transportation, Cardiology, and etc.)
- List any unique services you offer. (E.g. If Interpreter, Home Health Care, PCA, and Transportation services, do you provide any foreign languages?)
- Some providers may have specific service areas that they provide services in only. Please list the service areas by county, if applicable. (I.e. Transportation, Home Health, PCA, and Interpreters.)
- Hours of operation.
- How long you have been in business.
- Affiliations with any other entities.
- Include any brochures, if available.

Please do not bind this information in any way or place them in a folder. Please submit the requested information **only**. Please do not send additional information, such as forms your employees fill out, and so forth. By submitting unnecessary additional information, it may slow down the process of reviewing your contract request.

Please note that the review of your request may take up to 90 days before a decision is made. You will receive a written response once a review of the information has been completed.

Also, submitting an initial credentialing application is NOT a request for a contract. Interested non-participating providers should follow the instructions above to request a contract.

As of June 1, 2009, UCare is no longer accepting requests for Personal Care Assistant (PCA) providers. If you submit a request and you are a PCA provider, you will receive a denial.

Please submit your request to:

UCare

Attention: PNM

P.O. Box 52

Minneapolis, MN 55440-0052