

REQUEST A NEW TAILORED CARE MANAGEMENT PROVIDER

INSTRUCTIONS FOR REQUESTING A NEW TAILORED CARE MANAGEMENT (TCM) PROVIDER

Your assigned Tailored Care Management provider is listed on your Welcome Packet insert. To request a different Tailored Care Management provider, you have two options:

- 🌱 You can call Member and Recipient Services at 1-877-685-2415 and request to change.
- 🌱 You can use this form called "TCM Change Request Form."

Trillium members can change their Tailored Care Manager up to two times a year. The members may change their Tailored Care Manager:

- 🌱 within 30 days of assignment for any reason
- 🌱 one additional time a year "without cause" (no specific reason)
- 🌱 any time with cause

IMPORTANT NOTES:

- 🌱 Requests received through the member portal may result in longer processing times. Staff with Trillium's Member Engagement will contact you to assist you with the requested change within two business days.
- 🌱 Your request will not be final by completing this form; Trillium will have to contact you to finish processing your request and assign a new Tailored Care Manager.
- 🌱 It is okay if you cannot complete the entire form. You may not know some requested information, but we can still process your request.

Please follow these steps to make sure we can process your request:

- 🌱 Check your member Medicaid ID card to confirm you are enrolled with Trillium Health Resources.
- 🌱 If you need help filling out this form, you can ask your Tailored Care Manager to help you.
- 🌱 You must electronically sign this form to complete this request.



REQUEST FOR A CHANGE OF TAILORED CARE MANAGEMENT (TCM) PROVIDER

Your Tailored Care Manager is the main person who assists you in managing your care. Complete this form to change your TCM Provider.

For urgent requests or immediate service, please call Member Services toll free number at 1-877-685-2415.

Member Name:			
Member Date of Birth:		Member ID # (from your Medicaid card):	
Member Street Address:		City:	State: ZIP Code:
Member Phone #:		Current TCM Name:	
Email Address:		Okay to leave voicemail: Yes No	

Reason for change (check one):

Member/TCM Relocation (has moved)

TCM office hard to get to

Member already seeing another TCM

Member Choice

New TCM Provider Name::										Preferred Individual Care Manager Name (if known):														
New TCM NPI:										New TCM Tax ID:														
New TCM Street Address:										City:					State:					ZIP Code:				
Fax #:										Phone #:														

Member or Parent/Guardian Signature: _____

Date: _____

Signature of New PCP representative: _____

Date: _____

