



Enrollment/Change Form

As a participant in Idaho Medicaid, you are required to have a Primary Care Provider (PCP)

Fill in choice of PCP below (in box following "Birth Date") or one will be selected for you

ID Number	Participant Name	Birth Date	Name of Provider or Clinic

If this is a change to your current Healthy Connections enrollment, the reason for your change is required:

- A list of participating PCPs can be found at www.healthyconnections.idaho.gov and select "Find a Medicaid Primary Care Provider"
- To choose your PCP by phone, please contact Healthy Connections at (888) 528-5861

Person Completing the Form (Participant or Authorized Individual) Please print clearly			
Name:			
Address:			
City:	State:	Zip:	
Phone Number:		E-Mail Address:	

I understand I am enrolling in Healthy Connections and I have read and understand the information on both sides of the form.

Signature: _____ Date: _____

Print Name: _____

**Form will only be accepted when signed by the participant or the participant's authorized representative*

Completing this form is not a guarantee of enrollment. Enrollment requests will be acted on if approved.

Healthy Connections Contact Information		
Phone: (888) 528-5861 (English & Spanish)	Fax: (888) 532-0014	E-Mail: HCCR7@dhw.idaho.gov



Rights & Responsibilities

Your Rights:

- To choose your PCP
- To request a change to your PCP during the annual enrollment period or anytime under approved special circumstances
- To request referrals for services
- To opt out of Healthy Connections if you are receiving Medicare, foster care, adoption services or are a member of a federally recognized tribe. *Note: Your PCP may require enrollment in the Healthy Connections program.

Your Responsibilities:

- Establish care with your PCP and be involved in your healthcare
- Communicate your needs, questions and concerns to your PCP
- Present your Medicaid card each time you visit any Medicaid healthcare provider
- Make sure your PCP has made a referral before receiving services from another provider or specialist, or this may not be a Medicaid covered service
- Cancel in advance if you can't make an appointment
- Only visit the Emergency Room for medical emergencies
- Enrollment requests must be submitted by you or your authorized representative

Special Circumstances to change your PCP during the Fixed Enrollment Period

- Request different provider than one assigned to you by HC
- Moved outside of the PCP's service area
- Participant requests different PCP to allow members of the household to be enrolled with the same PCP (one medical home)
- Due to moral & religious reasons, the PCP does not cover the service member needs
- Due to changing to or from a specialty provider (i.e., OBGYN, Peds, etc.)
- Due to following PCP to a different HC organization, to maintain the existing relationship with the PCP
- Due to foster care placement
- Due to other incompatible primary insurance coverage
- Poor quality of care, verified by the Dept.
- Lack of access to covered services, verified by the Dept.
- Lack of access to providers experienced in dealing with the members health care needs, verified by the Dept.
- Due to a provider determining related services are not available within the provider network and would result in putting you in unnecessary risk to receive services separately
- Administrative error on the part of the Department
- Other reason determined to be acceptable by the Department

Healthy Connections Problem Resolution/Grievance Process Steps:

- Step 1** Contact Healthy Connections office at (888) 528-5861 to discuss the problem. They may help you resolve your issues. If you are not satisfied, continue to step two.
- Step 2** Please submit a written explanation of your grievance. You will receive a written response. If you are not satisfied with the outcome, continue to step three.
- Step 3** You have the right to file for a Hearing. You may request a Hearing by writing directly to the address on your grievance response letter. You do not contact Healthy Connections to request a Hearing