



Enrollment/Change Form

Healthy Connections
150 Shoup Ave. Ste. 5
Idaho Falls, ID 83402

Please list the name and Medicaid ID number for each family member receiving medical assistance and indicate the doctor/clinic each goes to for **general** health care. If the doctor or clinic participates in Healthy Connections, the family member(s) listed will be enrolled with that doctor or clinic. You must tell us your choice of doctor/clinic by phone, e-mail, fax, or by mailing this form to Healthy Connections at the address listed above. If you do not choose a doctor/clinic and reside in a mandatory county, one will be chosen for you. If you need help finding a doctor or clinic, call your local Healthy Connections Office (phone numbers below), visit our Web site at www.healthyconnections.idaho.gov or you can write "Choose for me" in the box below.

Participant's ID Number	Family Member Name	Birth Date	Choice of Doctor or Clinic (one per person) or write "Choose for me"

Are any of the above family members pregnant? Yes No
If yes, name: _____ Due Date: _____

Are any of your doctor or clinic selections a change from your past Healthy Connections doctor? Yes No
If yes, please note the reason you want to change doctors: _____

Examples of reasons for changing doctors are on the back of this form. **If this is a request to change doctors, you need to get a referral to see the new doctor or clinic until the effective date of the change.** You will receive a notice in the mail with the effective date. Effective dates are usually the first of the month after we process your request.

Head of Household Information (Signature and completion of all fields is required)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Home Work Message Cell

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: _____

Region 1 Coeur d'Alene (208) 666-6766 (800) 299-6766 Fax (208) 769-1473	Region 2 Lewiston (208) 799-5088 (800) 799-5088 Fax (208) 799-5167	Region 3 Caldwell/Nampa (208) 642-7006 (208) 455-7244 Español (888) 528-5861 Fax (888) 532-0014	Region 4 Boise (208) 334-4676 (888) 528-5861 Fax (888) 532-0014	Region 5 Twin Falls (208) 736-4793 (800) 897-4929 Fax (208) 736-2116	Region 6 Pocatello (208) 235-2927 (888) 528-5861 Fax (888) 532-0014	Region 7 Idaho Falls (208) 528-5786 (800) 919-9945 Fax (208) 528-5756	Asistencia en Español (800) 378-3385 Healthy Connections email: hccr7@dhw.idaho.gov
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I agree to participate in Healthy Connections

Your Responsibilities:

- Present your medical card each time you receive a service you expect Medicaid to pay for
- Make sure your doctor/clinic has made a referral before receiving services from another doctor/clinic
- Cancel in advance if you can't make an appointment

Your Rights:

- To choose your primary care (basic care) doctor/clinic
- To request referrals for services you feel you need
- Change doctor/clinic should your circumstances change

Call your doctor/clinic for:

- Medical advice
- An office visit
- Medical help any time, day or night, including weekends

Call Your Health Resources Coordinator to:

- Change your doctor/clinic
- Resolve problems with Medicaid providers
- Ask questions about Medicaid or Healthy Connections
- Resolve problems with the Healthy Connections program
- Find a Medicaid Doctor, if you don't have one
- Get more information about Medicaid or Healthy Connections. (See the phone numbers listed at the bottom of the front page for your nearest location).

Examples of reasons for changing enrollment:

(not an all inclusive list)

- Change to/from a specialist (i.e. ob/gyn, pediatrician, internist)
- Moved to (city name) from (city name)
- Changing to a closer provider
- Specific doctor left clinic
- Unsatisfactory customer service
- Long waiting periods to get an appointment (include how long)
- Changing due to perceived quality of care
- Have other family members going to clinic.

I understand that:

Medicaid will not pay other health care providers to treat Healthy Connections patients unless they have a referral from the primary care doctor/clinic or the service does not need a referral.

Healthy Connections Problem Resolution/Grievance Process Steps:

Step 1. Call your nearest Healthy Connections office to discuss the problem. They may help you resolve your issues. If you are not satisfied, continue on to step two:

Step 2. You have the right to file a written grievance with your Health Resources Coordinator (HRC) or contact Healthy Connections at (800) 378-3385. Forms are available from the HRC or you may write a letter. You will receive a written response to your grievance. If you are not satisfied with the outcome, continue on 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 have to contact Healthy Connections to request a Hearing.