

## Medicaid Accountable Care Collaborative Program Primary Care Medical Provider (PCMP) Choice Form

**What is this form for?**

As a member of Medicaid’s Accountable Care Collaborative (ACC) Program, you must choose a Primary Care Medical Provider (PCMP). This form allows you to tell Medicaid what your choice is. You may choose any PCMP who is participating in the ACC Program. If you have already called **HealthColorado** to choose a PCMP, you don’t need to fill out this form.

**What if I am not ready to choose a PCMP?**

You do not have to choose a PCMP today. You can still go to today’s appointment even if you do not fill out this form. You cannot be turned away from today’s appointment.

**What if I change my mind and want to choose a different PCMP later?**

If you select a PCMP using this form and later decide you want to switch, call **HealthColorado** at 303-839-2120 in the Denver metro area, or 1-888-367-6557 outside metro Denver.

If you are not sure if you want to be in the ACC Program or if you want to know if other health plans are available to you, call **HealthColorado**. Whichever Medicaid health plan you choose, you are allowed to disenroll from the plan for any reason in the first 90 days.

**¿Para qué es esta forma?**

Como miembro del programa de Accountable Care Collaborative (ACC) de Medicaid, usted debe elegir un proveedor médico de atención primaria (PCMP). Esta forma le permite decirle a Medicaid cuál es su elección. Usted puede elegir cualquier PCMP que está participando en el programa ACC. Si ya ha llamado a **HealthColorado** para elegir un PCMP, no tiene que llenar esta forma.

**¿Qué pasa si no estoy listo para elegir un PCMP?**

No tiene que elegir un PCMP hoy. Todavía puede ir a la cita de hoy incluso si no llena esta forma. Usted no puede ser rechazado de la cita de hoy.

**¿Qué paso si cambio de opinión y quiero elegir un PCMP diferente en el futuro?**

Si selecciona un PCMP utilizando esta forma y luego decide que quiere cambiar, llame a **HealthColorado** al 303-839-2120 en el área metropolitana de Denver, o 1-888-367-6557 fuera del área metropolitana de Denver. Si no está seguro si quiere estar en el programa ACC o si quiere saber si otros planes de salud están disponibles para usted, llame a **HealthColorado**. De cualquier plan de salud de Medicaid que elija, podrá desafiliarse del plan por cualquier motivo en los primeros 90 días.

**Date/Fecha:** \_\_\_\_\_

**PCMP Choice/PCMP elección** \_\_\_\_\_ **PCMP phone number/PCMP número de teléfono:** \_\_\_\_\_  
(Practice Name/Nombre de Clinica)

Medicaid State ID# (Include all 7 digits/ Incluya todos los 7 dígitos)	SSN or Date of Birth/ Numero de Seguro Social o Fecha de Nacimiento	Print Full Name/Escriba su nombre completo	Signature of Member/ Parent/ Legal Guardian <i>(By signing this I confirm that I am the Parent/Legal Guardian/ Al firmar, estoy confirmando que soy el padre/Tutor Legal)</i>

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**Instructions for Providers**

- ✓ You may only give this form to Medicaid clients who are designated in the Web Portal as (1) Accountable Care Collaborative Program members and (2) “unattributed” (do not have a PCMP). If a client already has a PCMP and wishes to change, the client must call **HealthColorado** directly at 303-839-2120 in the Denver metro area, or 1-888-367-6557 outside metro Denver.
- ✓ Clients are enrolled based on PCMP name in the State system. Please include the PCMP provider number or the Practice Name on the form. If it is not included, the request may not be processed if the doctor name cannot be found under a PCMP.
- ✓ You may only give this form to Medicaid clients who come in for an appointment. You may not mail or email this form to Medicaid clients to recruit them to choose your practice.
- ✓ Please have clients print legibly.
- ✓ Fax this form to **HealthColorado** at 303-832-8352 once the client has completed it. Or, you may mail it to 4500 Cherry Creek Drive South, Suite 210, Glendale, CO 80246.