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 **Health***Colorado* 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, and your doctor cannot turn you 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 **Health***Colorado* at 303-839-2120 in the Denver metro area, or 1-888-367-6557 outside metro Denver. The call is free.

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 **Health***Colorado*. Whichever Medicaid health plan you choose, you are allowed to disenroll from the plan for any reason in the first 90 days.

Date: _____

I choose _____to be the Primary Care Medical Provider (PCMP) for the
(Practice Name)

Medicaid ACC Program members listed below.

PCMP phone number: _____ PCMP # or Practice Name: _____

Medicaid ID# (from your Medicaid ID card) (Include all 7 digits)							**Social Security Number or Date of Birth**	**Print Full Name**	**Signature of Medicaid Member/ Parent/ Legal Guardian** *(By signing this I confirm that I am the Parent/Legal Guardian)*

Provider: Please see instructions on back.

Fax this form to Health*Colorado* at 303-832-8352.

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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" (does not have a PCMP). If a client already has a PCMP and wishes to change, the client must call **Health***Colorado* 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 **Health***Colorado* at (303) 832-8352 once the client has completed it. Or, you may mail it to 303 E. 17th Ave, Suite 105, Denver, CO 80203.