Healthy Connections (HC) Special Circumstance Request Form

By completing this form, you are requesting to change your Healthy Connections Provider outside the annual open enrollment period. Include in your explanation the medical reason to support this request. Healthy Connections will review this request including contacting the Healthy Connections Provider(s). You will receive written notification based on the decision.

SUBMITTING A REQUEST FOR CHANGE DOES NOT GUARANTEE YOUR REQUEST WILL BE APPROVED

*****COMPLETE ALL FIELDS or form will be considered incomplete & no action will be taken*****

MEMBER INFORMATION

Member Name: _____ ***Date of Birth***: _____

Medicaid Number: _____ ***Phone***: _____

Address: _____ ***Email:*** _____

Clinic currently enrolled: _____

New Clinic requesting:_____ _____

SELECT APPROPRIATE SPECIAL CIRCUMSTANCE

*****SELECT ONE below providing detailed reason*****

Attach any documentation needed to support request. More room, if needed on back of form

☐***Poor Quality of Care:*** _____

_____

_____

☐***Lack of Access to covered services:*** _____

_____

_____

☐***Lack of Access to providers experienced in dealing with the members health care needs:*** _____

_____

_____

☐***Related services are not available within the provider network, and would result in putting member in risk:*** _____

_____

_____

*****Signature required, or form will be considered incomplete & no action will be taken*****

_____ _____

Signature of Member or Authorized Representative — Date

_____ _____

Printed name of person signing form — Phone Number

Submit:

Division of Medicaid
Healthy Connections
150 Shoup Avenue
Idaho Falls, ID 83401
(EMAIL) Hccr7@dhw.idaho.gov
(FAX) 888-532-0014

Division of Medicaid, Healthy Connections will process your request and respond with our decision within *30 days* from date of receipt. If your request is denied, you have the right to file a grievance through the Department. Grievance process described on back of form.

Explanation, continued:

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.