

Update to patient choice form

TOPIC: **Completing and submitting the patient choice form**

Background:

UnitedHealthcare created this guide to assist primary care practices using the Patient Choice Form. It is essential this form is completed thoroughly and accurately in order for UnitedHealthcare to process the form and for patient choice attribution to occur.

The purpose of a patient choice form is to allow the patient to express, by signature, which practice is their medical home and to document this relationship. This documented relationship will be used for attribution and will supersede any claims-based attribution for 15 months.

UnitedHealthcare anticipates that there will be changes to the form or the process as this patient choice form is implemented. Updated instructions will be available.

Please see the instructions below to guide primary care practices in completing the form and submitting it to UnitedHealthcare.

Instructions for completing the patient choice form:

All fields on the patient choice form must be completed, accurately. If the form is submitted with any missing or inaccurate information, it will be returned to the practice for completion. Attribution will be delayed until the form is complete. The only exception to this is the patient's phone number. The patient's phone number is not required and the form will not be returned to the practice if the patient is unwilling to provide a phone number.

- Print the patient's name in the patient's name box.
- Provide the patient's date of birth in the box provided.
- Ask the patient to sign and date the form in the boxes provided. The form must include the patient's signature and the patient's date of signature (unless a parent or guardian signature is required).
- If a parent or guardian signature is required, the parent/guardian's signature and date of signature must be present on the form.
- Obtain the patient's phone number and if the phone number accepts texts. If the patient is unwilling to provide their phone number and text information, the Patient Choice form will not be returned to the practice for missing or incomplete data.
- Provide the patient's UnitedHealthcare or Medicaid ID in the box provided.
- **Updated change to form – office manager to add selected PCP's TIN and NPI. This is to help ensure the patient is attributed to the correct PCP. Additionally, the UHC Provider ID and UHC Practice ID is required.**
- Finally, the provider or Office Manager must sign the Patient Consent form

Instructions for submitting forms to UnitedHealthcare:

- A practice may submit these forms to UnitedHealthcare using any of the following processes:
 - Email the forms to [Patient Choice Forms@uhc.com](mailto:Patient_Choice_Forms@uhc.com)
 - Utilize Quality Health Network (QHN) processes
- UnitedHealthcare is developing more automated ways for obtaining and processing electronic methods for obtaining this information. Changes to this process may be necessary to support automation and better data collection. Additional information about this process will be forthcoming.
- Patient choice forms submitted to UnitedHealthcare and entered into UnitedHealthcare's system by the 15th of the month are eligible for attribution effective the first day of the following month. For example, for a form received and entered January 16th - February 15th, attribution is effective March 1st. If a Member is new to UnitedHealthcare, attribution may be effective the following month, even if the form is received by the dates noted above.
- UnitedHealthcare will attribute the patient to that practice for 15 months unless a different patient choice form is received from the patient if the following steps occur: 1) a patient and primary care practice sign a patient choice form, 2) all necessary parts of the form are completed, and 3) the form is submitted to UnitedHealthcare. This patient choice supersedes any claims-based attribution.
- A patient must be an active UnitedHealthcare member for attribution to be effective.

For questions about this form, contact UnitedHealthcare. The following Provider Services phone numbers are based on the specific plan:

UnitedHealthcare Individual Exchange Plans
888-478-4760

UnitedHealthcare Medicare Advantage
877-842-3210

UnitedHealthcare D-SNP
800-701-9054

UnitedHealthcare Community Plans
877-668-5947