

# Let Us Know Program

## Member Intervention Request Form

Please fax this form to the Rapid Response and Outreach Team at **1-866-279-6377**.

Date: \_\_\_\_\_

Member Information		
Member name	Member ID	Member date of birth
Parent or guardian name (if applicable)		Phone

Provider Information	
PCP name	PCP ID
Office contact name	Phone
PCP county	Fax

**Please check the appropriate intervention(s):**

- |   |   |  |
|---|---|--|
| Assistance locating specialty provider            | Persistent/chronic mental or physical health illness*           | In need of behavioral health assistance or services* |
| Bright Start® referral                            |   |  |
| Care Management referral                          | Inappropriate use of outpatient services, i.e., emergency room* | Limited or no knowledge of plan benefits             |
| Noncompliance with prescribed medication(s)       |   |  |
| Not showing up for appointments or follow-up care | Noncompliance with treatment plan*                              | Fraudulent behavior                                  |
| Frequent inpatient hospitalizations*              | Inappropriate behavior*   | Problems/issues with care gaps                       |
| Multiple missed appointments*                     | Drug-seeking behavior*  | Other:   |

Additional information or comments: \_\_\_\_\_  
 \_\_\_\_\_

**For Rapid Response and Outreach Team**

Follow-up performed: \_\_\_\_\_

Comments: \_\_\_\_\_

Please check which interventions were used for issues of noncompliance marked with \* above:

- |   |   |
|---|---|
| Rapid Response Care Connector: Refer member to Rapid Response Care Manager. | Rapid Response Care Manager: Refer member to Integrated Health Care Management for engagement and outreach interventions. |
|---|---|

Note: Rapid Response and Outreach Team will follow up with provider office staff after member outreach to report interventions.