



INTRODUCING THE **LET US KNOW PROGRAM**

Prestige Health Choice is eager to partner with the provider community in managing our chronically ill members. We are here to help you engage members in their health care, and to that end are introducing the Let Us Know program. We have many support teams and tools available to assist in identifying, educating, and outreaching to our members, as well as clinical resources for providers in their care management.

Visit the dedicated Let Us Know page in the Providers section of our website at www.prestigehealthchoice.com.



LET US KNOW PROGRAM

Here's how to let us know about chronically ill members

Contact our Rapid Response and Outreach Team — they are here to support you!

- Call **1-855-371-8072**, Monday – Friday, 8 a.m. – 5 p.m.
- The Rapid Response and Outreach Team addresses the urgent needs of our members and supports Prestige Health Choice providers and their staff. The team comprises registered nurses and Care Connectors who are trained to assist members in investigating and overcoming barriers to achieving their health goals.

Use the Member Intervention Request Form (attached).

- Fax this form to **1-855-236-9281** to request the Rapid Response and Outreach Team contact the member.

Use the Availity Care Gap Report.

- When checking member eligibility, your office gets pop-up alerts that indicate members who are at risk due to missing or overdue preventive services or to under-utilization or absence of specific controller medications.
- Run a care gap query or report and contact the Rapid Response and Outreach Team to request outreach to a member.

Refer a patient to the Complex Care Management program.

- Complex Care Management is a voluntary program focused on prevention, education, lifestyle choices, and adherence to treatment plans and is designed to support your plan of care for patients with chronic diseases such as asthma, diabetes, and coronary artery disease.
- Members receive educational materials and, if identified as being at high risk, will be assigned to a Care Manager for one-on-one education and follow-up.
- For more information, or to refer a patient to the Complex Care Management program, call **1-855-371-8072**.





Let Us Know Program

Member Intervention Request Form

Please fax this form to the Rapid Response and Outreach Team at **1-855-236-9281**.

Date: _____

Member information		
Member name	Member ID number	Member date of birth
Parent or guardian name (if applicable)		Member phone number

Provider information	
Primary care provider (PCP) name	PCP ID number
Office contact name	PCP phone number
PCP county	PCP fax number

Please check the items requiring intervention:

- | | | |
|---|--|---|
| <input type="checkbox"/> Noncompliance with prescribed medications | <input type="checkbox"/> Persistent and/or chronic mental or physical illness* | <input type="checkbox"/> Behavioral health assistance or services needed* |
| <input type="checkbox"/> Failure to appear for appointments or follow-up care | <input type="checkbox"/> Inappropriate use of outpatient services, e.g., emergency room* | <input type="checkbox"/> Limited or no knowledge of plan benefits |
| <input type="checkbox"/> Assistance needed in locating specialty provider | <input type="checkbox"/> Noncompliance with treatment plan* | <input type="checkbox"/> Fraudulent behavior |
| <input type="checkbox"/> Frequent inpatient hospitalizations* | <input type="checkbox"/> Inappropriate behavior* | <input type="checkbox"/> Issues with care gaps |
| <input type="checkbox"/> Multiple missed appointments* | <input type="checkbox"/> Drug-seeking behavior* | <input type="checkbox"/> 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:

- | | |
|--|--|
| <input type="checkbox"/> Rapid Response Care Connector: Refer member to Rapid Response Care Manager. | <input type="checkbox"/> 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.