



# 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:**

- |   |   |  |
|---|---|--|
| Noncompliance with prescribed medications         | Persistent and/or chronic mental or physical illness*           | In need of behavioral health assistance or services* |
| Not showing up for appointments or follow-up care | Inappropriate use of outpatient services, e.g., emergency room* | Limited or no knowledge of plan benefits             |
| In need of assistance locating specialty provider | Noncompliance with treatment plan*                              | Fraudulent behavior                                  |
| Frequent inpatient hospitalizations*              | Inappropriate behavior*   | 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.