

# LET US KNOW PROGRAM



A product of AmeriHealth Caritas Indiana, Inc.

# Member Intervention Request Form

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

## MEMBER INFORMATION

Member name:		Date of birth:
Member ID number:		Phone number:
Preferred language:	Preferred contact method (optional; select all that apply): <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Mail	
Is the member aware of this referral (optional): <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/guardian name (if applicable):

## PROVIDER INFORMATION

Provider name:	Provider ID number:
Role in the member's care team: <input type="checkbox"/> Primary care provider (PCP) <input type="checkbox"/> Specialist	Office contact name:
Phone number:	Email/fax:
Best time to call back:	Follow-up preference: <input type="checkbox"/> Fax <input type="checkbox"/> Call <input type="checkbox"/> Email

### Please check the identified need or intervention:

- Assistance locating a specialty provider (e.g., physical health, behavioral health, trauma specific)
- Assistance with durable medical equipment (DME) (e.g., wheelchair)
- Assistance with translation services and preferred language materials
- Bright Start® maternity program referral  
Estimated date of delivery: \_\_\_\_\_
- Care Management referral
- Caregiver resources
- Coaching and education on health conditions
- Crisis follow-up resources (recent suicide attempt or bereavement after a death by suicide)
- Education on alternative and proper use of urgent care and emergency services
- Education on plan benefits and resources
- Frequent emergency room utilization
- Identified care gaps
- In need of dental provider
- Multiple missed appointments or follow-up care
- Nonadherence with treatment plan
- Pharmacy consult on controlled substances
- Assistance with scheduling and transportation (e.g., recent discharge or appointments)
- Recent exposure to trauma or stressful life events (e.g., natural disaster, bullying, violence, loss of job, or death in the support system)
- Risk of prescribed medication nonadherence
- Screening for mental health or substance use services
- Tobacco cessation
- Weight management
- Assistance identifying resources for the following social determinants of health (SDOH) and/or health-related social needs (HRSN):
  - Education and employment
  - Food and nutrition
  - Financial (budget/utilities)
  - Housing resources
  - Transportation
- Treatment plan coaching and education support
- Additional comments:

**Please fax this form to the Rapid Response and Outreach Team at 1-833-728-7329.**

This form may also be submitted via **NaviNet > Select Your Health Plan > Workflows for this Plan > Forms and Dashboards > Member Intervention Form.**

For guidance on completing this form, or to inquire about a submission, please call **1-844-446-7708.**

### Internal use only:

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