

**LET US
KNOW
PROGRAM**



**Member Intervention Request
Form for Provider Referrals**

Please fax this form to the Rapid Response and Outreach Team (RROT) at 1-866-426-7309 or click "Submit" below to return by email. For guidance on completing this form, or to enquire about a submission, please call 1-888-643-0005.

Date: _____

Member information:

Member name: _____ Date of birth: _____

Member ID number: _____ Phone number: _____

Parent or guardian name (if applicable): _____

Provider information:

Provider name: _____ Provider ID number: _____

Phone number: _____ Fax number: _____

Office contact name: _____ Follow-up preference? Call Fax

Please check the appropriate reason(s) for referral (mark all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Noncompliance with prescribed medication(s).* | <input type="checkbox"/> Inappropriate behavior.* |
| <input type="checkbox"/> Inappropriate use of emergency room.* | <input type="checkbox"/> Drug-seeking behavior.* |
| <input type="checkbox"/> Not showing up for appointments or follow-up care.* | <input type="checkbox"/> In need of behavioral health assistance or services.* |
| <input type="checkbox"/> Limited or no knowledge of plan benefits. | <input type="checkbox"/> Fraudulent behavior. |
| <input type="checkbox"/> Frequent inpatient hospitalizations.* | <input type="checkbox"/> Multiple missed appointments.* |
| <input type="checkbox"/> Persistent/chronic mental or physical health illness.* | <input type="checkbox"/> Assistance locating specialty provider. |
| <input type="checkbox"/> Inappropriate use of outpatient services.* | <input type="checkbox"/> Problems/issues with care gaps. |
| <input type="checkbox"/> Noncompliance with treatment plan.* | <input type="checkbox"/> Other: _____ |

Additional information or comments:

Please fax this form to the RROT at 1-866-426-7309 or click "Submit" below to return by email. For guidance on completing this form, or to enquire about a submission, please call 1-888-643-0005.

Follow-up performed: _____

Comments: _____

For the RROT: Please check what interventions were used for issues of noncompliance marked with an * above:

- RROT Care Connector: Refer member to RROT Care Manager.
 RROT Care Manager: Refer to Integrated Health Care Management Team for engagement and outreach interventions.

Note: RROT to follow up with provider office staff, after outreach to member, to report interventions.

SUBMIT