LET US KNOW PROGRAM

AmeriHealth Caritas™
New Hampshire

AmeriHealth Caritas New Hampshire is eager to work with our provider community in the management of our shared members who may require added support.

We are here to help you engage members in their health care by offering the Let Us Know program. We have many levels of support and teams and tools available to assist in the outreach and education of our members, as well as clinical resources for providers in their care management.

LET US KNOW PROGRAM

How can you let us know about members at risk and in need of extra support?

Call us

- Call **1-833-212-2264** from 8 a.m. to 5 p.m.
- The Rapid Response and Outreach Team addresses the urgent needs of our members and supports AmeriHealth Caritas New Hampshire providers and their staff. The team includes a Care Manager and Care Connector who are trained to work with members in navigating and overcoming barriers to achieving their health care goals.

Utilize the Member Intervention Request Form

- Access the form by visiting **www.amerihealthcaritasnh.com/provider**.
- Fax this form to **1-833-828-2264** to request Rapid Response and Outreach Team outreach to the member.

Refer a patient to the Care Management program

- Care Management is a voluntary program focused on prevention, education, lifestyle choices, and adherence to treatment plans and is designed to support a person-centered plan of care for people living with chronic diseases such as asthma, diabetes, and coronary artery disease; unmet social needs; and exposure to trauma.
- Members receive support matched to their need and preference: educational materials, care coordination services, and assignment to a Care Manager for one-on-one education and follow-up.
- For more information, or to refer a patient to the Care Management program, call **1-833-212-2264**.

LET US KNOW PROGRAM

AmeriHealth Caritas New Hampshire

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): ☐ Phone ☐ Text ☐ Mail
Is the member aware of this referral (optional): ☐ Yes ☐ No	Parent/guardian name (if applicable):

PROVIDER INFORMATION

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

- ☐ Education and employment
- ☐ Food and nutrition
- ☐ Financial (budget/utilities)
- ☐ Housing resources
- ☐ Transportation
- ☐ Vital records

☐ Treatment plan coaching and education support

☐ Additional comments:

Please fax this form to the Rapid Response and Outreach Team at 1-833-828-2264.
For guidance on completing this form, or to inquire about a submission, please call **1-833-212-2264**.

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