



INTRODUCING THE **LET US KNOW PROGRAM**

AmeriHealth Caritas Florida 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.amerihealthcaritasfl.com.


AmeriHealth Caritas[™]
Florida

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 AmeriHealth Caritas Florida 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.

Look up Member Care Gaps

- The NaviNet Provider Portal will indicate when a patient is overdue for preventive care services or may be underutilizing disease-specific medication. Log in to NaviNet and use the Care Gap worksheet to have the Rapid Response and Outreach Team contact the 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**.



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:

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Assistance locating a specialty provider, e.g., physical health, behavioral health, trauma specific <input type="checkbox"/> Assistance with durable medical equipment (DME), e.g., wheelchair <input type="checkbox"/> Assistance with translation services and preferred language materials <input type="checkbox"/> Bright Start® maternity program referral
Estimated date of delivery: _____ <input type="checkbox"/> Care Management referral <input type="checkbox"/> Caregiver resources <input type="checkbox"/> Coaching and education on health conditions <input type="checkbox"/> Crisis follow-up resources (recent suicide attempt or bereavement after a death by suicide) <input type="checkbox"/> Education on alternative and proper use of urgent care and emergency services <input type="checkbox"/> Education on plan benefits and resources <input type="checkbox"/> Frequent emergency room utilization <input type="checkbox"/> Identified care gaps <input type="checkbox"/> In need of dental provider <input type="checkbox"/> Multiple missed appointments or follow-up care <input type="checkbox"/> Nonadherence with treatment plan | <ul style="list-style-type: none"> <input type="checkbox"/> Assistance with scheduling and transportation, e.g., recent discharge or appointments <input type="checkbox"/> Pharmacy consult on controlled substances <input type="checkbox"/> Recent exposure to trauma or stressful life events (e.g., natural disaster, bullying, violence, loss of job, or death in the support system) <input type="checkbox"/> Risk of prescribed medication nonadherence <input type="checkbox"/> Screening for mental health or substance use services <input type="checkbox"/> Tobacco cessation <input type="checkbox"/> Weight management Assistance identifying resources for the following social determinants of health (SDOH): <ul style="list-style-type: none"> <input type="checkbox"/> Education and employment <input type="checkbox"/> Food and nutrition <input type="checkbox"/> Financial (budget/utilities) <input type="checkbox"/> Housing resources <input type="checkbox"/> Transportation <input type="checkbox"/> Vital records <input type="checkbox"/> Treatment plan coaching and education support <input type="checkbox"/> Additional comments: |
|---|---|

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

For guidance on completing this form, or to inquire about a submission, please call **1-855-371-8072**.

Internal use only:

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