



LET US KNOW PROGRAM



Keystone First

Keystone First is eager to partner with the provider community in the management of our members who may require a helping hand.

We are here to help you engage members in their health care by offering the Let Us Know program. We have many support 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 who need intervention?

Contact our Rapid Response and Outreach Team — they are here to support you!

- Call **1-800-573-4100** from 8 a.m. until 6:30 p.m.
- The Rapid Response and Outreach Team (RROT) addresses the urgent needs of our members and supports Keystone First 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.

Use the Member Intervention Request Form

- View a sample request form by visiting www.keystonefirstpa.com/provider.
- Fax this form to request RROT outreach to the member.
- Fax to **1-800-647-5627**.

Refer a patient to the Complex Care Management program

- Care Management is a voluntary program focused on prevention, education, lifestyle choices, and adherence to treatment plans. It is designed to support a person-centered plan of care for people living with chronic diseases such as asthma, diabetes, and coronary artery disease and for those with unmet social needs.
- Members receive support matched to their need and preference: educational materials, care coordination services, and, if identified as high-risk, 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 **1-800-573-4100**.



Date: _____

Member Intervention Request Form

MEMBER INFORMATION

Member name	Date of birth
Member ID number	Phone number
Parent/guardian name (if applicable)	

PROVIDER INFORMATION

Provider name	PCP ID number
Phone number	Fax number
Office contact name	Best time to call back
How would you like to be notified of the referral final outcome?	
Phone number (if different from above):	Fax number:
Email:	

Please check the appropriate intervention(s):

- Noncompliance with prescribed medication(s)
- Education on proper use of the emergency room
- Not showing up for appointments or follow-up care
- Limited or no knowledge of plan benefits
- Education on the importance of following a treatment plan
- In need of dental treatment
- In need of behavioral health/drug or alcohol assistance
- Requesting referral to Care Management program

- Pregnant member requesting engagement in Bright Start® maternity program
- Other: _____

Assistance needed with the following social determinants of health domains:

- Food insecurity resources
- Housing resources
- Transportation resources
- Other (specify): _____

Additional information/comments:

Please fax this form to the Rapid Response and Outreach Team at 1-800-647-5627.

Follow-up performed: _____

Comments: _____