

MSHO/ISNBC UNABLE TO CONTACT/ REFUSAL CARE PLAN

Member Name:		Today's Date:	
Member DOB:		Health Plan ID #:	
Care Coordinator Name		Member Phone:	
Care Coordinator Phone:		Assessment Type:	

Care Coordinator Interventions: Member

Care Coordinator will attempt to contact member a minimum of annually or based on reporting, change in condition or admission to facility.

Outcome:

Unable to contact member either by telephone or mail:

Attempt #1 –

Attempt #2 –

Attempt #3 –

Date on-going No Contact Letter Sent:

No valid member contact information is available. What resources were used in attempt to locate member contact info?

Member not responding to calls or correspondence

Other:

Member declines Health Risk Assessment Date of Refusal:

Date Refusal Letter Sent:

Care Coordinator will send member Mailed HRA (Required) Date Sent:

Care Coordinator will send Member Leave Behind Document (Required) Date Sent:

Other:

Care Coordinator Interventions: Primary Care Physician (PCP)

Physician Name:

Physician Phone #

PCP information obtained from:

Other sources used or reviewed:

Care Coordinator communicated with PCP (when PCP known)

Date of PCP communication:

Method of PCP Communication:

If Communication Method = "Other," please specify:

Goal(s)

To offer a health risk assessment and care coordination support according to DHS, CMS and Medica guidelines annually.

Other:

Other:

Other:

Suggested Contact Resources to locate member contact information

(please note: only phone calls to members are considered as an attempt at outreach)

- County Financial Worker
- Waiver Worker
- Primary Care Physician
- Primary Care Clinic
- Pharmacy
- Providers (Homecare, PCA, DME companies)
- Provide A Ride/QRyde
- MMIS Restricted Recipient Program
- MNITS Internet search

Ongoing Monitoring/Outcomes/Dates Goal(s) Achieved

Monitoring/Comments

Outcomes/Dates Goal(s) Achieved

Care Plan reviewed/updated:

Care Coordinator Signature:

Date:

Care Coordinator Name & Credentials (printed or typed):
