



# LET US KNOW PROGRAM

AmeriHealth Caritas District of Columbia is here to help you engage enrollees in their health and well-being.

**Let us know when our help is needed.**



**AmeriHealth Caritas**  
District of Columbia



[www.amerihhealthcaritasdc.com/provider](http://www.amerihhealthcaritasdc.com/provider)

*When enrollees need assistance managing their health, **we can help!***

### 1 LOOK UP ENROLLEE CARE GAPS

The [NaviNet Provider Portal](#) will indicate when an enrollee is overdue for preventive care services or may be underutilizing disease-specific medication. Login to NaviNet and use the Care Gap worksheet to have the Rapid Response and Outreach Team contact the enrollee.

### 2 REFER TO CASE MANAGEMENT

AmeriHealth Caritas DC offers care management programs to assist enrollees with their specific health needs. Learn about these programs on our [website](#) or call the Rapid Response and Outreach Team (RROT) at **1-877-759-6224** to refer an enrollee to a program.

### 3 BRIGHT START® MATERNAL HEALTH PROGRAM

Bright Start helps expecting moms have healthy pregnancies and prepare for the arrival of their babies. Learn about Bright Start on our [website](#) or call the Bright Start Team at **1-877-759-6883** to refer an enrollee to the program.

### 4 EVENTS AND PROGRAMS

Learn more about:

- [Events and programs](#).
- [Urgent care](#) options, including telehealth.
- Our [transportation](#) benefit. Enrollees get no-cost transportation to and from medical appointments and urgent care.

For questions or more information, call the Community Outreach Solutions (COS) Team at **202-216-2318**.

### 5 CLINICAL RESOURCES

Use the [enrollee intervention request form](#) to let us know of enrollees who we can assist with issues, such as:

- Missing an appointment
- Behavioral health assistance
- Medication noncompliance
- Care management engagement
- Developmental screening issues
- Emergency room mis-utilization
- Limited to no knowledge of plan benefits
- Needs related to social determinants of health
- Tobacco cessation referral

For questions, call RROT at **1-877-759-6224**.

### 6 OTHER PROVIDER SERVICES

- Provider Services: **202-408-2237** or **1-888-656-2383**
- Provider Services fax: **202-408-1277**
- Utilization Management: **1-888-605-4807**
- Utilization Management fax: **1-877-759-6216**
- Credentialing: **1-877-759-6186**
- [Provider Account Executives Contact Information](#)

### 7 ENROLLMENT VERIFICATION

To verify that a patient is an ACDC enrollee, call RROT at **1-877-759-6224**.

Date: \_\_\_\_\_

**ENROLLEE INFORMATION**

Enrollee name:		Date of birth:
Enrollee 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 enrollee 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 enrollee'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"> <li><input type="checkbox"/> Assistance locating a specialty provider, e.g., physical health, behavioral health, trauma specific</li> <li><input type="checkbox"/> Assistance with durable medical equipment (DME), e.g., wheelchair</li> <li><input type="checkbox"/> Assistance with translation services and preferred language materials</li> <li><input type="checkbox"/> Bright Start® maternity program referral<br/>Estimated date of delivery: _____</li> <li><input type="checkbox"/> Care Management referral</li> <li><input type="checkbox"/> Caregiver resources</li> <li><input type="checkbox"/> Coaching and education on health conditions</li> <li><input type="checkbox"/> Crisis follow-up resources (recent suicide attempt or bereavement after a death by suicide)</li> <li><input type="checkbox"/> Education on alternative and proper use of urgent care and emergency services</li> <li><input type="checkbox"/> Education on plan benefits and resources</li> <li><input type="checkbox"/> Frequent emergency room utilization</li> <li><input type="checkbox"/> Identified care gaps</li> <li><input type="checkbox"/> In need of dental provider</li> <li><input type="checkbox"/> Multiple missed appointments or follow-up care</li> <li><input type="checkbox"/> Nonadherence with treatment plan</li> <li><input type="checkbox"/> Pharmacy consult on controlled substances</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Recent discharge (e.g., assistance with scheduling and transportation)</li> <li><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)</li> <li><input type="checkbox"/> Risk of prescribed medication nonadherence</li> <li><input type="checkbox"/> Screening for mental health or substance use services</li> <li><input type="checkbox"/> Tobacco cessation</li> <li><input type="checkbox"/> Weight management</li> </ul> <p>Assistance identifying resources for the following social determinants of health (SDOH):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Education and employment</li> <li><input type="checkbox"/> Food and nutrition</li> <li><input type="checkbox"/> Financial (budget/utilities)</li> <li><input type="checkbox"/> Housing resources</li> <li><input type="checkbox"/> Transportation</li> <li><input type="checkbox"/> Vital records</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment plan coaching and education support</li> <li><input type="checkbox"/> Additional comments:</li> </ul> <div style="border: 1px solid black; height: 50px; width: 100%; margin-top: 5px;"></div> |
|---|---|

**Please fax this form to the Rapid Response and Outreach Team at 1-888-607-6405.**

For guidance on completing this form, or to inquire about a submission, please call **1-877-759-6224**.

**Internal use only:**

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