



Email:

Fax:

Questions? Please call:

Provider follow-up form

Reminder: Please send in secured format as document contains confidential PHI.

As follow-up to the notification of enrollment in disease and case management services, this form is designed to provide updates on program progress and request collaboration (if indicated).

Member name: _____ DOB: _____

Active OptumCare KC program: _____ Enrollment date: _____

Assigned OptumCare KC Case Manager: _____

Member assessment:

- Member doing well, no additional services needed
- Member declined services
- Social and/or clinical services needed
- Higher level of care needed: _____

Barriers found and resources now in place:

- | | |
|--|--|
| <input type="checkbox"/> Support system | <input type="checkbox"/> Understanding of disease |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Medication non-compliance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Fall risk |
| <input type="checkbox"/> Basic (food, shelter) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> End-of-life planning | |

Outcome of assessment:

- Continued outreach to member telephonically
- Scheduled additional home visits
- Interventions completed, case closed
- Member declined further intervention, case closed

Other comments:

Request for collaboration: