



TRIBAL HEALTH IMPROVEMENT PROGRAM

PROVIDER REFERRAL FORM

The Tribal Health Improvement Program (T-HIP) serves AI/AN Passport to Health Medicaid Members with chronic illnesses or those at risk of developing serious health conditions. Your current Passport to Health members will stay with you for primary care, but are eligible for care coordination through the Tribal Health Improvement Program. Care Coordinators certified in chronic care may:

- Work with you to develop care plans;
- Educate members on self-management and prevention;
- Provide pre-admission and post-discharge care coordination for out of state hospital referrals;
- Help with local resources; and
- Remind members about scheduling needed screening and medical visits.

Montana uses predictive modeling software to identify chronically ill members. This software uses medical claims, pharmacy claims and demographic information to generate a risk score for each member. Although the software will provide a great deal of information for interventions, it will not identify members who have not received a diagnosis or generated claims. If you have a Passport to Health member at risk of developing serious health conditions who would benefit from care coordination, please complete the following form and **fax** to:

Tribal Health Improvement Program Officer
406-444-1861 (fax)

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| Today's date | |
| Referring provider name | |
| Referring provider address | |
| Referring provider telephone number | |
| Member name | |
| Member date of birth | |
| Member address | |
| Member telephone number | |
| Medicaid member ID number | |
| Member parent/guardian (if applicable) | |
| Chronic disease(s) for which member is at risk | |
| Referring provider care goals for member | |
| Referring provider signature | |