



TRIBAL HEALTH IMPROVEMENT PROGRAM

PROVIDER REFERRAL FORM

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

- Work with you to develop wellness 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 high risks 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 Medicaid member at risk of developing serious health conditions who would benefit from care coordination, please complete the following form and **fax** to:

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

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	

Attachment A

Referring provider signature