UNABLE TO REACH SUPPORT PLAN
MSHO / Connect + Medicare

MEMBER INFORMATION	DATE UNABLE TO REACH SUPPORT PLAN COMPLETED:		
Member Name	**Member ID#**	**Date of Birth**	**Member Phone #**
Care Coordinator Name & Phone #	**PCP Name/Clinic**		**PCP Phone #**

CARE TEAM INFORMATION

Name	Relationship to Member	Phone #
Name	Relationship to Member	Phone #
Name	Relationship to Member	Phone #
Name	Relationship to Member	Phone #

OUTREACH ATTEMPTS

Outreach made by telephone or by mail please specify unable to reach attempts Dates Attempted:

#1 #2 #3 #4

Notes:

Rank by Priority	My Goals	Intervention	Target Date	Monitoring Progress/Goal Revision Date	Date Goal Achieved/Not Achieved (Month/Year)
☐ **Low** ☐ **Medium** ☒ **High**	I will contact my Care Coordinator when I need assistance obtaining care or services over the next year.	Care Coordinator provided contact information including name and phone number.			
☐ **Low** ☐ **Medium** ☐ **High**					
☐ **Low** ☐ **Medium** ☐ **High**					

UNABLE–TO– REACH SUPPORT PLAN CONTINUED

OUTREACH INVESTIGATION

Contacted Financial Worker to obtain correct contact information, document the new information in the member's case file.

☐ Check if completed. Date Completed:

Call Primary Care Physician's office to obtain correct contact information for the member, document the new information in the member's case file.

☐ Check if completed. Date Completed:

Call UCare to obtain any new contact information and/or review claims information for the member, document the new information in the member's case file.

☐ Check if completed. Date Completed:

Care Coordinator/ Case Manager follow-up will occur:

☐ Once a month ☐ Every 3 months ☐ Every 6 months ☐ Other:

Additional Comments:

Unable to reach entered into MMIS annually Date Completed:

Care Coordinator Signature: Credentials Date:

Confirm Primary Care Provider:

Date Provider Engagement letter sent:

☐ Fax ☐ Email ☐ EMR ☐ N/A * N/A can be used if unable to confirm PCP