

## WPQC WI ForwardHealth Level II Intervention Request Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Member ID: \_\_\_\_\_ ☐ Medicare Part D

### Reason for Level II Service

- |   |  |
|---|--|
| <input type="checkbox"/> 4+ RX for 2+ chronic disease States (below)    | <input type="checkbox"/> Discharged from hospital or LTCF within 14 days |
| <input type="checkbox"/> Diabetes                                       | <input type="checkbox"/> Health literacy                                 |
| <input type="checkbox"/> Coordination of care due to multiple providers | <input type="checkbox"/> Provider referral                               |

### Disease States/ Medications Need to include medications used to tx

•Hypertension: \_\_\_\_\_

•Asthma: \_\_\_\_\_

•CKD: \_\_\_\_\_

•CHF: \_\_\_\_\_

•Dyslipidemia: \_\_\_\_\_

•COPD: \_\_\_\_\_

•Depression: \_\_\_\_\_

Pharmacist NPI: \_\_\_\_\_

Pharmacy NPI: \_\_\_\_\_

**Call DAPO Center at 800-947-9627 (3)**

Call Tracking #: \_\_\_\_\_ PA #: \_\_\_\_\_

Date of Call: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

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