

WPQC WI ForwardHealth Level II CMR/A 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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