

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services, Member Services
11 State House Station
Augusta, Maine 04333-0011
Toll Free: (800) 977-6740; TTY: Dial 711 (Maine Relay)
Fax: (800) 314-8775

MaineCare Well Child Member Education Request Form (MERF)



Date: _____

**Required Information*

*Provider Name/ Specialty

*Provider Phone Number

*Provider Fax Number

*MaineCare Member's Name

*Member's MaineCare ID #

*Member's DOB

* Member's Phone Number

*Date of Last Office Visit

EDUCATION ~ This MaineCare member needs to be educated regarding *(Check all that apply):*

- Missing appointments
 - Has chronic health condition
 - Recent diagnosis/injury needs follow-up
- Staying current with Well-Child visits/Immunizations
- Immunization hesitancy/refusal
- Developmental screening
- Lead screening
- Other *(explain below)*

Other *(please be specific)*: _____

ACTION REQUIRED ~ This MaineCare member requires action regarding:

- Family has Moved or Gone Elsewhere (MOGE).
- Unable to contact patient. Request MaineCare to contact family and encourage them to return to the practice for care.
- Member in danger of discharge within 30 days from practice due to:
 - Three unsuccessful attempts to contact family
 - Other reason: _____

When discharging a Primary Care Case Management (PCCM) member from a practice, please send a copy of the discharge letter to PCP Network Services using a **secure** e-mail to: PCP-Network-Services.DHHS@maine.gov. You will also need to provide verification in the member's record, indicating that the member was advised of the practice's policy, with signed acknowledgement from the member and/or guardian.

MaineCare Services ~ PCP Network Services
11 State House Station ~ Augusta, ME 04333-0011
You may FAX completed form to 207-287-3373 or mail completed form to address above.
For questions, email PCP-Network-Services.DHHS@maine.gov