

RHEP DOCUMENTATION

I. Recipient Profile

Name		Address	
SID	Analysis Period	Worker	County Office

II. Medical Case Summary

Action: RHEP _____ Lock-in _____ Code _____

Why action taken:

- | | |
|--|---|
| <input type="checkbox"/> Two or more physicians same type | <input type="checkbox"/> Two or more prescribing physicians |
| <input type="checkbox"/> Duplicated prescriptions | <input type="checkbox"/> Numerous prescriptions or refills of a controlled drug |
| <input type="checkbox"/> Two or more pharmacies | <input type="checkbox"/> Repeated emergency room visits |
| <input type="checkbox"/> Two or more emergency room facilities | <input type="checkbox"/> Other _____ |

See Recipient History Request for a list of providers and dates of service. * Indicates possible choices for lock-in recipient that does not designate.

Summary _____

III. Recipient Interview

A.

Date	Place	Interviewer
------	-------	-------------

- Was clarification of services in question achieved? Yes No
 Did recipient seem aware of misutilization? Yes No
 Was explanation given on how to use Title XIX appropriately? Yes No

RHEP designation of primary providers (no sanction)

Physician	Pharmacy	Other
-----------	----------	-------

- B. Recipient failed to appear for interview scheduled on _____
 Worker assigned primary providers for lock-in recipient.
 Effective date _____.

Comments _____
