

DENTAL LET US KNOW PROGRAM



Keystone First is eager to partner with the dental provider community in the management of our members.

We are here to help you engage members in their dental care, and to that end we are introducing the Dental Let Us Know program. We have many support teams and tools to assist in the identification, outreach, and education of our members, as well as clinical resources for providers in their care management.

DENTAL LET US KNOW PROGRAM

How can you let us know about any issues or barriers to dental care our members may experience?

Use the new Member Intervention Request Form.

Fax this form to **1-866-208-8145** to request interventions for:

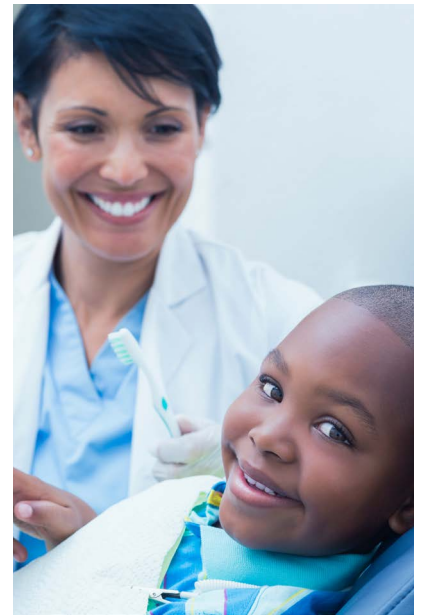
- Inappropriate use of the emergency room for dental issues.
- Inappropriate and/or disruptive behavior.
- Noncompliance with dental office policies or procedures.
- Limited or no knowledge of dental benefits.
- Not showing up for appointments or follow-up care.
- Other issues.

The Rapid Response and Outreach Team will work with members for issue resolution.

The Dental Let Us Know program will work in conjunction with our other departments, which may be accessed at the following phone numbers:

Bright Start® (maternity program) 1-800-521-6867

Complex Care Management program 1-800-573-4100



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Keystone First

www.keystonefirstpa.com



Date: _____

Member information

Member name	Date of birth
Member ID number	Phone number
Parent/guardian name (if applicable)	

Dental provider information

Provider name	Group name
Provider NPI	Group TIN
Phone number	Fax number
Office contact name	Best time to call back

How would you like to be notified of the referral final outcome?

Phone number (if different from above):

Fax number:

Email:

Please check the appropriate intervention(s):

Not showing up for appointments or follow-up care

Pregnant member requesting engagement in Bright Start® maternity program

Education on the importance of following a treatment plan

Other: _____

Education on proper use of the emergency room

Limited or no knowledge of plan benefits

Assistance needed with the following social determinants of health domains:

Noncompliance with office policies or procedures

Food insecurity resources

Requesting referral to Tobacco Cessation program

Housing resources

Requesting referral to Care Management program

Transportation resources

In need of behavioral health/drug or alcohol assistance

Other (specify): _____

Additional information/comments:

Please fax this form to the Rapid Response and Outreach Team at 1-866-208-8145.

Follow-up performed: _____

Comments: