Medicaid School-Based Services Program
Good Faith Effort Worksheet for PCP Notification/Parent Outreach

Student Information

Name: _____

Date of Birth: _____

SSN/Medicaid #: _____

Student Number: _____

School Name: _____

Primary Care Provider (PCP) Information

Name: _____

Telephone: _____

Fax: _____

MCO: _____

Native American Exempt ☐

IEP Date _____ to _____

Step One: Determine Medicaid Eligibility & Internal Review Process to determine MCO:

NM Medicaid Web Portal Date _____ Comment _____

AVRS Date _____ Comment _____

80-day Total Count Match List Date _____ Comment _____

Step Two: Internal Review Process to determine PCP:

Registration Information Date _____ Comment _____

Purchased Software/Program Date _____ Comment _____

Contacted Managed Care Organization (MCO)

☐ Blue Cross Blue Shield (BCBS) ☐ Presbyterian ☐ United ☐ Molina

Referral Sent to:

Name: _____ Date: _____

Response Received from:

Name: _____ Date: _____

Comments: _____

School Health Office notified, if applicable:

Name: _____ Date: _____

Comments: _____

Step Three: PCP Review Process:

First Attempt

Date _____ ☐ Mail ☐ Fax ☐ Hand Carry

☐ No Response

☐ Denied

☐ Other Comments: _____

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Second Attempt

Date _____ ☐ Mail ☐ Fax ☐ Hand Carry

☐ No Response

☐ Denied

☐ Other Comments: _____

Step Four: Parent/Guardian Outreach Process:

Parent/Guardian Name: _____

Address/Phone #: _____

First Attempt

Date _____ ☐ Mail ☐ Phone Comments: _____

☐ No Response _____

☐ Well-Child Appt. Made – Date: _____ _____

☐ PCP Has Changed – New PCP: _____ _____

Second Attempt

Date _____ ☐ Mail ☐ Phone Comments: _____

☐ No Response _____

☐ Well-Child Appt. Made – Date: _____ _____

☐ PCP Has Changed – New PCP: _____ _____

Step Five: Good Faith Effort Completed

Date: _____ By: _____

Additional Comments:

_____

_____

_____

_____

_____