



## MEMBER REFERRAL

### ALASKA MEDICAID COORDINATED CARE INITIATIVE (AMCCI)

The Division of Health Care Services (Division) is proud to announce an exciting new program, the Alaska Medicaid Coordinated Care Initiative (AMCCI). We encourage our community stakeholders to refer members to the AMCCI. Your referrals will assist the Division identify members that may benefit from the AMCCI services. Please use this form, the AMCCI Member Referral Form, to send us your comments.

The AMCCI is designed to assist Alaska Medicaid members who use medical services more frequently than other members. The AMCCI will assist participating members to navigate the health care system and appropriately use the benefits of the Alaska Medicaid program. Members will receive one-on-one case management services such as coordination of services, scheduling appointments, addressing barriers, and getting referrals to specialists. Our goal is to help our members receive health care in the appropriate setting.

To submit a referral to the AMCCI, please complete the form and send it by mail or fax to the address listed below. Thank you in advance for taking the time to submit a referral to the AMCCI.

Information Requested	Source of Referral (person completing form)	Member Referred
Name (first, middle, last)		
NPI / Medicaid ID#		
Address		
City		
State/Zip		
Telephone Number		
Email Address		
Comments: Please describe the reason for this referral.		

**To send the referral by mail:**

Alaska Medicaid Coordinated Care Initiative (AMCCI)  
Quality Assurance Unit  
Division of Health Care Services  
4501 Business Park Blvd, Bldg. L  
Anchorage, AK 99503

**To send the referral by fax:**

Fax: (907) 269-8868

**For questions about AMCCI:**

Please visit the AMCCI webpage at:  
<http://dhss.alaska.gov/dhcs/Pages/amcci/default.aspx>

You may also contact the AMCCI staff members at:  
(907) 334-2400.