

## Instructional Sheet for Care Management Referral Form - QHP

BMC HealthNet Plan offers care management services to members with chronic and complex medical/ behavioral health conditions and identified socioeconomic barriers to assist members and their providers to manage their condition and follow the prescribed treatment plan. We partner with Beacon Health Strategies to offer integrated care management to those members with a dual diagnosis.

In an effort to better support our providers and members, BMC HealthNet Plan has instituted a Care Management Referral Form that providers may complete and fax directly to us when your office has determined that a member may benefit from the care management services we offer.

### Care Management Services Offered

**Population Management** is an intermediate-level care management program with a focus on helping members develop self-management skills, arranging services and providing health education for members with specific medical, behavioral and social needs. In addition, Population Management interventions may include smoking cessation, diet and nutritional counseling, wellness and prevention, and others for the following targeted medical populations:

- Diabetes
- Heart failure (HF)
- Hypertension
- Pregnancy and high risk pregnancy
- Asthma
- Coronary heart disease
- Chronic obstructive pulmonary disease (COPD)
- Obesity

**Complex Care Management** targets the most complex, highest risk members, including those with special health care needs for which a multidisciplinary approach is utilized, focusing on helping members develop self-management skills, arranging needed services and providing education to meet the varied health needs of this population.

Medical conditions that may be appropriate for a care management referral include but are not limited to:

- Cancer
- Bariatric surgery
- HIV
- CVA or other degenerative neurological or neuromuscular disorders
- Spinal cord injury/ traumatic brain injury /anoxic brain injury
- Complex newborn/NICU stay
- Neonatal abstinence syndrome / shaken baby syndrome

Indications that a patient may benefit from a referral to Complex Care Management for **any medical condition** include but are not limited to

- An illness or event that has caused a change or decline in ability to self- manage
- 5 or more chronic condition medications
- 5 or more different Specialists
- An Acute Inpatient stay with LOS > 7 days
- Multiple admissions/readmissions
- Multiple or repeated Emergency department use
- Homelessness, poor or inadequate living environment

## **How to Complete the Care Management Referral Form**

### **Member Information**

1. Include the member's most up to date demographic information.

### **Referring Provider Information**

1. Include the referring provider's demographic information and NPI #.
2. Include any agency related involvement, if applicable.

### **Clinical Information**

1. Indicate member's diagnosis.
2. Include any relevant clinical information.
3. Indicate reason for referral into the care management program.

### **Care Management Program**

1. Please select the care management program that you are requesting for the member.

Once completed, please fax the Care Management Referral Form to 617-951-3426. If you have any questions about this form, please contact us at 888-566-0008.

## Care Management Referral Form - QHP

FAX TO: 617-951-3426

### Member Information

Member Name: \_\_\_\_\_ DOB: \_\_\_\_\_ BMCHP ID #: \_\_\_\_\_

Gender: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Guardian: \_\_\_\_\_

### Referring Provider Information

Referring Provider Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ PCP Specialist

Referring Provider/Group Name: \_\_\_\_\_ / \_\_\_\_\_ NPI #: \_\_\_\_\_

Individual's name and group name if affiliated with multiple groups

Referring Provider Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Agency Involvement: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Clinical Information – Please provide the below information to support the referral

**Diagnosis:**

**Pertinent Clinical Information:**

**Reason for Referral to Care Management: (i.e. Are there goals or outcomes that the member is trying to attain?):**

### Care Management Program - QHP

Asthma

COPD

Coronary Artery Disease (CAD)

Diabetes

Heart Failure

Hypertension

Obesity (Adults and Childhood)

Pregnancy and High Risk Pregnancy

Complex Care Management

Behavioral Health Care Management

Social Care Management