



Instructional Sheet for Care Management Referral Form

Boston Medical Center HealthNet Plan Senior Care Options (BMCHP SCO) offers care management services to members with chronic, special health needs, 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, BMCHP SCO 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 for the Most Vulnerable Members and DSNP Members

BMCHP defines its most vulnerable beneficiaries, all of whom will qualify for categorization in the most intensive case management risk group, as members who meet one of the following criteria:

Admission	Any SCO member who has an unplanned admission
LTSS Services	Any SCO member who has a change in support services
Emergency Visit	Any SCO member who has an ER visit for any reason
Chronic Comorbid Conditions	Any SCO member who has 3 or more comorbid conditions <ul style="list-style-type: none"> • Diabetes • Coronary artery disease (CAD) • Asthma • COPD • Congestive heart failure (CHF) • Other chronic conditions
Multiple Medications	Any SCO member who has 5 or more medications
New Hip Fracture	Any SCO member who is diagnosed with a new hip fracture
SCO Age 95 years or More	Any SCO member who is 95 years of age or greater
High Utilizers of Medical or Behavioral Services	Any SCO member with: <ul style="list-style-type: none"> • An inpatient stay > 21 days • A SNF stay > 30 days • 2 or more acute medical or behavioral hospital admissions within 6 months • 3 or more medical, behavioral or substance abuse ED visits in last 6 months An inpatient admission for delirium or change in mental status

Living Arrangements	Any SCO member who is: <ul style="list-style-type: none"> • Homeless • Homebound
Pharmacy Use	Any SCO member who is using more than 4 pharmacies to obtain their medications
Medication Interactions	Any SCO member taking medications with potential drug interactions
Chronic Alcohol and Other Drug Dependence	Any SCO member with a chronic alcohol and other drug dependence
Autoimmune Disorders	Any SCO member with the following: <ul style="list-style-type: none"> • Polyarteritis nodosa • Polymyagia rheumatica • Polymyositis • Rheumatoid arthritis • Systemic lupus erythematosus
Cancer, Excluding Pre-cancer Conditions or In-situ Status	Any SCO member with cancer, excluding pre-cancer conditions or in-situ status
Cardiovascular Disorders	Any SCO member with: <ul style="list-style-type: none"> • Cardiac arrhythmias • Coronary artery disease • Peripheral vascular disease • Chronic venous thromboembolic disorder
Chronic Heart Failure	Any SCO member with chronic heart failure
Dementia	Any SCO member with dementia
Diabetes mellitus	Any SCO member with Diabetes mellitus
End-stage Liver Disease	Any SCO member with end-stage liver disease
End-stage Renal Disease Requiring Dialysis	Any SCO member with end-stage renal disease requiring dialysis
Severe Hematologic Disorders	Any SCO member with hematologic disorders: <ul style="list-style-type: none"> • Aplastic anemia • Hemophilia • Immune thrombocytopenic purpura • Myelodysplastic syndrome • Sickle-cell disease (excluding sickle-cell trait) • Chronic venous thromboembolic disorder
HIV/AIDS	Any SCO member with HIV/AIDS

Chronic Lung Disorders	<p>Any SCO member with:</p> <ul style="list-style-type: none"> • Asthma • Chronic bronchitis • Emphysema • Pulmonary fibrosis • Pulmonary hypertension
Chronic and Disabling Mental Health Conditions	<p>Any SCO member with:</p> <ul style="list-style-type: none"> • Bipolar disorders • Major depressive disorders • Paranoid disorder • Schizophrenia • Schizoaffective disorder
Neurologic Disorders	<p>Any SCO member with:</p> <ul style="list-style-type: none"> • Amyotrophic lateral sclerosis (ALS) • Epilepsy • Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia) • Huntington’s disease • Multiple sclerosis • Parkinson’s disease • Polyneuropathy • Spinal stenosis • Stroke-related neurologic deficit
Stroke	Any SCO member diagnosed as having a stroke
Change in Member Condition	<p>Any SCO member who experiences a significant change in condition that is:</p> <ul style="list-style-type: none"> • Not temporary • Impacts more than one area of health status • Requires interdisciplinary review or revision of the Individual Plan of Care (i.e., when the member is discharged from an inpatient facility, at times when health status changes are evident)

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.

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 855-833-8125.

Care Management Referral Form

FAX TO: 617-951-3426

Member Information

Member Name: _____ DOB: _____ BMCHP SCO 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

Diagnosis:

Pertinent Clinical Information:

Reason for Referral to Care Management:

Member Services: 855-833-8125

Provider line: 855-833-8127