



Care Management Referral Form

To be completed by the person making the referral to care management or continuity of care.
When complete, please fax to **1-866-333-4827**.

Member name: _____	Date of birth: _____
Member phone number: - - _____	Certificate number: _____
Date referred to care management: _____	Name of person submitting referral: _____
Phone number: - - _____	<input type="checkbox"/> Member self-referral <input type="checkbox"/> Provider referral

Reason for care management referral

- Other reasons not listed below (transportation, appointment setting, etc.): _____

High-risk obstetrics-gestational age (less than 35 weeks)

- Member is younger than 16 years of age
- Pregnancy-induced hypertension (increase over baseline of 15 mm diastolic or 30 mm systolic > 140 mm/diastolic > 90 mm)
- Diabetes on insulin
- Previous preterm labor: gestational age < 35 weeks for two or more pregnancies on tocolytics
- Confirmed psychosocial issues (domestic abuse, depression) with plans to continue pregnancy
- Obese with a BMI of > 35
- Current substance abuse (include smoking) — type: _____
- Incompetent cervix Cerclage (date done): _____
- Placenta previa/abruption
- Other high-risk obstetrics: hyperemesis with weight loss of greater than 10 pounds from pregnancy weight
- Other (specify high-risk medical condition): _____

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

<https://mediproviders.anthem.com/ca>

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Transplant

Type: _____ New referral (please check one.): S P

Catastrophic conditions — adult and pediatric (catastrophic/complex diagnosis requiring coordination of care, connection to services and coordination of benefits)

- Serious behavioral health illness
 - with substance abuse
 - with social component (lack of physical/emotional safety, housing, food, etc.)
- Immobility or other severe impairment
- Three or more hospitalizations or emergency room visits within the past six months
- Nonhealing wound requiring active treatment for a duration greater than three months
- Polypharmacy (member having difficulty managing multiple medications)
- Identified postdischarge care needs and barriers to care (for example, medication access and compliance, knowledge deficit related to treatment plan and diagnosis)

HIV/AIDS

- HIV with pregnancy
- AIDS

End stage renal disease

- Hemodialysis
- Peritoneal dialysis

Continuity of care services (because of physician contract terminations or member insurance changes)

- Acute or chronic health care condition requiring completion of service to complete a course of treatment
- Pregnancy Surgery
- Terminal illness Newborn (birth to 36 months)
- Comments: _____

What do you think care management can affect with this referral?

Are medical records attached to this referral? Yes No

To be completed by care manager

- Care management case opened: Assigned care manager:
- Care management case NOT opened: No active care management needed at this time
- Member is not eligible for services