



**BLUE CROSS**

An Independent Licensee of the Blue Cross Blue Shield Association

## Care Management Referral Form

### Submit requests to:

#### Advantasure Care Management

Phone: 1-855-339-8125 option 2

Fax: 1-800-431-3981

Email: MABXCMPremera@bcbsm.com

Date and time of referral: \_\_\_\_\_ AM  
PM  
Person requesting referral: \_\_\_\_\_  
Phone/Ext: \_\_\_\_\_

### 1. Member Information & Background

Patient name: \_\_\_\_\_

Describe patient history/reason for referral:

Sex: M F

Date of birth: \_\_\_\_\_

Member ID number: \_\_\_\_\_

Patient phone #: \_\_\_\_\_

Primary care provider: \_\_\_\_\_

PCP phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Type of request:

For members currently in CM:

Urgent- outreach within 24 hours (Call & fax request)

Current documentation sent with referral form

Routine- outreach within 48 hours (Fax only)

(care plan, recent member notes, etc.)

### 2. Care Management Referral Indicators

#### Case Management Needs

- Complex hospital stay with multiple ongoing service coordination needs
- Unplanned hospital readmissions (2 within 30 days)
- Catastrophic event/trauma with ongoing coordination needs
- Complex care needs
- Transition of care (new member)

#### Age- or Disease-Specific Referral Indicators

- Transplant
- Chronic kidney disease or end-stage renal disease
- Cancer
- Chronic obstructive pulmonary disease (COPD)
- Heart failure
- Diabetes
- Coronary artery disease (CAD)

#### Social/Financial Barriers

- Housing issues
- Food issues
- Caregiver issues
- Transportation issues
- Cannot afford prescriptions

#### Rare Diseases

- Auto-immune disorders
- Hereditary condition
- Chronic inflammatory condition

#### DME

- Needs equipment ordered
- Needs equipment repaired