

# BCBSAZ MEDICARE ADVANTAGE CARE MANAGEMENT REFERRAL FORM

FOR PROVIDER USE ONLY



An Independent Licensee of the Blue Cross Blue Shield Association

To refer a Medicare Advantage (MA) member to the BCBSAZ Care Management program, complete this form and send in SECURE format to the MA Care Management team.

Fax: **602-544-5659** | Email: **Referrals.CMonline@azblue.com** | Phone: **1-800-446-8331**

For urgent/high priority requests: Please fax or email form and call the Care Management team

Date of Referral     /     /

REFERRING PROVIDER INFORMATION		
PERSON SUBMITTING REFERRAL		BEST CONTACT NUMBER
ORGANIZATION	MEMBER'S PRIMARY CARE PROVIDER (PCP)	PCP PHONE

MEMBER INFORMATION			
NAME (First)	(Middle)	(Last)	DATE OF BIRTH (MM/DD/YYYY) / /
ADDRESS			
CITY		STATE	ZIP CODE
PHONE	ALTERNATE PHONE	BEST TIME OF DAY TO REACH MEMBER	
ALTERNATIVE CONTACT NAME	RELATIONSHIP TO MEMBER	ALTERNATE CONTACT PHONE	
MEMBER ID NUMBER		MEDICARE HIC NUMBER (if known)	

This member currently has the following services:

Hospice     Palliative Care     Home Care     Clinical Trial     Enrolled in another Care Management program

Other (brief explanation):

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## INDICATE THE TYPES OF NEEDED CARE THAT APPLY TO THIS MEMBER'S SITUATION AND EXPLAIN THE DETAILS BELOW

### 1. HIGH-RISK CARE MANAGEMENT

- Multiple ED visits and/or inpatient admissions OR recent readmission
- Uncontrolled complex medical condition(s)
- Post-discharge assistance for continued care management support
- Adherence to treatment/care plan; barriers to achieving goals
- Assistance with medications (i.e. education, medication therapeutic management, high-risk meds, polypharmacy)
- Other:

### 2. MEMBER EDUCATION/COACHING/PREVENTION

- Coaching for self-management/self-care/adherence with care gap closure
- Chronic condition/disease education and support (specify below)
- Newly diagnosed condition(s) (specify below)
- Other:

### 3. PSYCHO-SOCIAL/LONG-TERM CARE PLANNING

- Crisis Management
- Behavioral health needs (i.e. depression, anxiety, substance abuse, etc.)
- Alzheimer's Disease or other brain disorder
- Home safety concerns
- Advance directives/end-of-life planning
- Caregiver distress/family support resources
- Community resources (i.e. financial needs, transportation assistance, support groups)
- Other:

### 4. OTHER

## FOR ALL BOXES CHECKED ABOVE, DESCRIBE THE MEMBER'S NEEDS AND REASON FOR REFERRAL

**SAVE form and** **SUBMIT BY EMAIL**

or fax to **BCBSAZ MA Care Management** at 602-544-5659

**Document contains PHI - send in SECURE format**

**Questions? Call 1-800-446-8331**