

BCBSAZ INTEGRATED CARE MANAGEMENT REFERRAL FORM

FOR PROVIDER USE ONLY



An Independent Licensee of the Blue Cross Blue Shield Association

To refer a BCBSAZ member to the BCBSAZ Integrated Care Management program, please complete this form and send in a SECURE email format to the Care Management team at CM@azblue.com.

For urgent/high priority requests: Email this form *and* call the Care Management team at **602-544-8982**.

DATE OF REFERRAL (MM/DD/YYYY) / /
Is this request urgent (requiring immediate response)? <input type="checkbox"/> Yes <input type="checkbox"/> No

REFERRING PROVIDER INFORMATION	
PERSON SUBMITTING REFERRAL	BEST CONTACT PHONE NUMBER
ORGANIZATION	MEMBER'S PRIMARY CARE PROVIDER if different from person submitting referral

MEMBER INFORMATION			
NAME (First)	(Middle)	(Last)	
ADDRESS	MEMBER ID NUMBER (include all numbers and letters)	DATE OF BIRTH (MM/DD/YYYY) / /	
CITY	STATE	ZIP CODE	
PHONE	ALTERNATE PHONE	BEST TIME OF DAY TO REACH MEMBER	
ALTERNATIVE CONTACT NAME	RELATIONSHIP TO MEMBER	ALTERNATE CONTACT PHONE	
Is the member aware that a referral is being made? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the member currently outpatient or inpatient? <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient	If inpatient, which facility?	

This member currently has the following services:

Home Care
 Clinical Trial
 Palliative Care
 Hospice
 Enrolled in another Care Management program
 Other (brief explanation):

BCBSAZ INTEGRATED CARE MANAGEMENT REFERRAL FORM

Use the checkboxes to indicate the member's situation and types of care that may be needed. For each box checked, include a brief explanation in the comment box below.

1. HIGH-RISK CARE MANAGEMENT

- Uncontrolled complex conditions (including medical, mental health, and substance use disorders) impacting multiple systems
- Complex discharge needs or post-discharge assistance
- Recent neurological injury or traumatic event/injury
- High-risk pregnancy
- High-risk newborn
- Member being evaluated or waiting for transplant or bariatric surgery
- Adherence to treatment/care plan; barriers to achieving goals
- Assistance with medications (education and compliance)
- Other

2. MEMBER EDUCATION/COACHING/PREVENTION

- Coaching for self-management, self-care, or adherence with care-gap closure actions
- Chronic condition/disease education and support
- Newly diagnosed condition(s)
- Other

3. PSYCHO-SOCIAL/LONG-TERM CARE PLANNING

- Crisis management
- Behavioral health conditions and substance use disorders
- Alzheimer's disease or other brain disorder
- Home safety concerns (e.g., fall risk, violence, neglect, etc.)
- Advance directives/end-of-life planning
- Caregiver distress/family support resources
- Community resources (e.g., financial needs, housing, transportation, support groups , etc.)
- Other

4. OTHER

For all boxes checked above, explain the member's specific situation and care needs.

Note: Document contains PHI - send in SECURE format
SAVE form and send in SECURE email format to CM@azblue.com
Questions? Call [602-544-8982](tel:602-544-8982)