



Care Management Referral Form

Fax to: 1-866-287-3286

Please print or type requested information below.

Mail available medical records to:
Attn: Case and Disease Management
WellCare Health Plans, Inc.
P.O. Box 31401
Tampa, FL 33631-3401

Date:

Referral Date:

CHECK ONE OF THE FOLLOWING:

Case Management

Disease Management

PATIENT INFORMATION

Please verify with patients that all demographic information is correct for timely and effective processing.

County

Member Phone #:

Member Name (Last, First, MI):

Member DOB:

Member Address (Full Address):

Subscriber ID #:

PCP Name:

PCP Phone Number:

Hospital Name:

Hospital Phone Number:

REFERRAL INFORMATION

Name of Referring PCP or Specialist (Full Name):

Phone Number: (Include Area Code)

Fax Number: (Include Area Code)

REASON FOR REFERRAL: (Include CLINICAL INFORMATION below)

DIAGNOSIS: (Include CLINICAL INFORMATION below)

CASE MANAGEMENT USE ONLY

CM STATUS Accepted Rejected

CM Screening Date:

Screened by:

Assigned to CM:

Fill in if different from reviewer name

Reason for REJECTION:

Care Management Referral Form

The Plan encourages providers to send referrals to our Case Management and Disease Management programs. By completing and returning this form, you can help us provide the best possible care to our members – your patients.

WellCare's / Harmony's Care Management programs include **fully integrated care** with pharmacy and Behavioral Health benefits.

Examples of Cases for Care Management:

Case selection parameters include diagnosis, recidivism, procedures, potential high dollar claims, request for multiple services, case complexity and client request. The types of cases appropriate for case management include:

- Inpatient and outpatient -- Medical, Surgical and Obstetrical, i.e., CHF, COPD, multiple comorbidities
- Psychiatric/Substance Abuse
- Transplants
- Physical Therapy, Rehabilitation, Skilled Nursing Facilities
- Complex Care -- needing multiple services
- Prolonged illness and injuries. "Prolonged" is defined as cases that need management for 90 days or longer.
- Cases that do not meet any of the above criteria but are of such intensity they warrant clinical management and scrutiny, e.g., a case that is a limitation/exclusion to the Plan that has developed a complication and the complication is covered by the Plan
- Cases that are customer directed – outside of Plan scope
- Short-term – cases expected to last for less than 60-90 days that have more than one service need

Available WellCare / Harmony Disease Management programs include*:

- Asthma
- Bipolar Disorder
- Coronary Artery Disease (CAD)
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- HIV/AIDS
- Hypertension
- Major Depression
- Obesity
- Psychotic Disorder
- Substance Abuse

* Programs vary by contractual requirements.

If you have any questions, please call the Case and Disease Management Referral Line at **1-866-635-7045**.