

DO NOT USE FOR MEMBER WHO IS IN CRISIS OR NEEDS IMMEDIATE ASSISTANCE.

While speaking to member on the phone, use conference call feature to dial and add Magellan customer service to the call.



## Care Management Health Plan Referral Form

Date of Referral: Click or tap to enter a date.

<p><b>1. Name of Person Making Referral</b> Click or tap here to enter text. <b>Relation to Member:</b> Click or tap here to enter text.</p>	<p><b>2. Contact Phone Number</b> Click or tap here to enter text. <b>Email:</b> Click or tap here to enter text.</p>										
<p><b>3. Health Plan Name:</b> Click or tap here to enter text.</p>											
<p><b>4. Member Last Name:</b> Click or tap here to enter text.  <b>Member First Name:</b> Click or tap here to enter text.  <b>Member Middle Initial:</b> Click or tap here to enter text.</p>	<p><b>5. Member insurance ID:</b> Click or tap here to enter text.</p>	<p><b>6. Member DOB:</b> (dd/mm/yyyy) Click or tap to enter a date.</p>									
<p><b>7. Criteria for Referral to Magellan Care Management (select all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Behavioral Health (Question 8) + Medical Diagnosis (Question 9)</li> <li><input type="checkbox"/> Behavioral Health (Question 8) + Emergency Room visit in past 6 months</li> <li><input type="checkbox"/> Behavioral Health + currently prescribed 3+ psychotropic medications (provide list in comments)</li> <li><input type="checkbox"/> Behavioral Health (Question 8) + Medical hospitalization in past 6 months</li> <li><input type="checkbox"/> Behavioral Health (Question 8) + Behavioral Health hospitalization in past 12 months</li> <li><input type="checkbox"/> Behavioral Health + (ECT or rTMS) in past 12 months</li> <li><input type="checkbox"/> Recent Standardized screening risk (Question 10)</li> <li><input type="checkbox"/> Recent Medical Discharge with suicidal ideation or gesture (provide details in comments)</li> <li><input type="checkbox"/> Currently active substance use disorder</li> </ul>											
<p><b>8. Member's Behavioral Health Diagnosis (select all that apply):</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Depression</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Anxiety (including OCD, Panic Attacks)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> PTSD</td> <td style="border: none;"><input type="checkbox"/> Bipolar Disorder</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Psychotic Disorder (Schizophrenia, Dissociative, Somatoform)</td> <td style="border: none;"><input type="checkbox"/> Substance Use – Alcohol</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Substance Use -Opioid</td> <td style="border: none;"><input type="checkbox"/> Substance Use - Other</td> </tr> </table>		<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety (including OCD, Panic Attacks)	<input type="checkbox"/> PTSD	<input type="checkbox"/> Bipolar Disorder	<input type="checkbox"/> Psychotic Disorder (Schizophrenia, Dissociative, Somatoform)	<input type="checkbox"/> Substance Use – Alcohol	<input type="checkbox"/> Substance Use -Opioid	<input type="checkbox"/> Substance Use - Other		
<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety (including OCD, Panic Attacks)										
<input type="checkbox"/> PTSD	<input type="checkbox"/> Bipolar Disorder										
<input type="checkbox"/> Psychotic Disorder (Schizophrenia, Dissociative, Somatoform)	<input type="checkbox"/> Substance Use – Alcohol										
<input type="checkbox"/> Substance Use -Opioid	<input type="checkbox"/> Substance Use - Other										
<p><b>9. Member's physical diagnosis (select all that apply):</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> CAD post CABG</td> <td style="width: 50%; border: none;"><input type="checkbox"/> COPD</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Diabetes in poor control (HbA1c &gt;8.0)</td> <td style="border: none;"><input type="checkbox"/> HIV/AIDS</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Open Wound</td> <td style="border: none;"><input type="checkbox"/> Post-Transplant (Liver, Lung)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> None</td> <td style="border: none;"></td> </tr> </table> <p style="text-align: right;"><b>Or</b> Click or tap here to enter text.</p>		<input type="checkbox"/> CAD post CABG	<input type="checkbox"/> COPD	<input type="checkbox"/> Diabetes in poor control (HbA1c >8.0)	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Post-Transplant (Liver, Lung)	<input type="checkbox"/> None			
<input type="checkbox"/> CAD post CABG	<input type="checkbox"/> COPD										
<input type="checkbox"/> Diabetes in poor control (HbA1c >8.0)	<input type="checkbox"/> HIV/AIDS										
<input type="checkbox"/> Open Wound	<input type="checkbox"/> Post-Transplant (Liver, Lung)										
<input type="checkbox"/> None											
<p><b>10. Standardized Screening Scale (select all that apply)...</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><input type="checkbox"/> AUDIT positive</td> <td style="width: 50%; padding: 2px;">Click or tap to enter a date.</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> CAGE positive</td> <td style="padding: 2px;">Click or tap to enter a date.</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> GAD-7 &gt;12</td> <td style="padding: 2px;">Click or tap to enter a date.</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> PHQ9 &gt;15</td> <td style="padding: 2px;">Click or tap to enter a date.</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> PHQ9 – (Positive Q9 suicide) if member in crisis or needs immediate assistance, with member online, call Magellan customer service for assistance</td> <td style="padding: 2px;">Click or tap to enter a date.</td> </tr> </table>		<input type="checkbox"/> AUDIT positive	Click or tap to enter a date.	<input type="checkbox"/> CAGE positive	Click or tap to enter a date.	<input type="checkbox"/> GAD-7 >12	Click or tap to enter a date.	<input type="checkbox"/> PHQ9 >15	Click or tap to enter a date.	<input type="checkbox"/> PHQ9 – (Positive Q9 suicide) if member in crisis or needs immediate assistance, with member online, call Magellan customer service for assistance	Click or tap to enter a date.
<input type="checkbox"/> AUDIT positive	Click or tap to enter a date.										
<input type="checkbox"/> CAGE positive	Click or tap to enter a date.										
<input type="checkbox"/> GAD-7 >12	Click or tap to enter a date.										
<input type="checkbox"/> PHQ9 >15	Click or tap to enter a date.										
<input type="checkbox"/> PHQ9 – (Positive Q9 suicide) if member in crisis or needs immediate assistance, with member online, call Magellan customer service for assistance	Click or tap to enter a date.										
<p><b>11. Expectations for Care Management Referral (select all that apply):</b> Or Click or tap here to enter text.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Member needs assistance seeking Behavioral Health Services</li> <li><input type="checkbox"/> Desire for collaboration and/or co-management with a Behavioral Health Care Manager</li> <li><input type="checkbox"/> Assist member with coordination of services between Physical Health and Behavioral Health providers</li> </ul>											

- Member needs assistance with education regarding Behavioral Health condition
- Member needs assistance seeking community-based behavioral health services and/or other self-help resources
- Member needs assistance with understanding importance of taking medications

12. Is Member currently in Health Plan's DM/CM Program?  Yes  No

13. If yes, for what reason/illness? Click or tap here to enter text.

14. DM/CM contact name (if different from above):  
Click or tap here to enter text.

15. Contact Phone Number  
Click or tap here to enter text.

Email:

Click or tap here to enter text.

16. Did member agree to be contacted by Magellan's CM?  Yes  No

17. Is there a durable POA/healthcare proxy/healthcare surrogate?  Yes  No  
If yes, please include a copy with this referral form

Member's current location (e.g., hospital, home): Click or tap here to enter text.

If inpatient, include facility name: Click or tap here to enter text. And phone number Click or tap to enter a date.

**Member Contact Information:**

Home Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Mobile Phone: Click or tap here to enter text.

Language Preference: Click or tap here to enter text.

Best time and day of the week to contact: Click or tap here to enter text.

***Please include relevant care notes and send form by email to***

[Medicalcmreferrals@MagellanHealth.com](mailto:Medicalcmreferrals@MagellanHealth.com)

Phone: 1-800-375-1575

*Complete Form and Schedule Call for member with Engagement Specialist at*

[Bookme.magellanhealth.com](http://Bookme.magellanhealth.com)

Thank you for your referral.