

PCP Patient Referral Form Case and Disease Management Department

Please review the below case and disease management program criteria *prior to completing this form*.

Case and Disease Management Program Member Criteria

To request case or disease management services for one of your patients, simply review the program criteria below, select only one program that your member meets the criteria for, then complete the attached form.

Below is the criteria for referrals to Optum Case and Disease Management Programs:

- **Complex Case Management- (SNP members only)**
 - 3 or more unplanned admissions and/or ER visits in the last 6 months or
 - Multiple, complex co-morbid conditions and/or
 - Coordination of multiple community resources/financial supports to cover basic services

- **Heart Failure Disease Management Program-**
 - Diagnosis of HF **and**
 - Has CHF on an inpatient claim **or**
 - HF admission in last 3 months

- **Diabetes Disease Management Program-**
 - Diabetic with A1C 9% or greater or
 - An inpatient admission related to Diabetes in the past 12 months or
 - 2 or more Emergency Room visits related to Diabetes

- **Advanced Illness Case Management-**

Primary goal is to facilitate and support End of Life Wishes and Services

 - Life expectancy of 12 - 18 months
 - Chronic, irreversible disease or conditions and declining health
 - Reduce disease and symptom burden

- **Transplant Case Management and Network Services-**

Below are the types of transplants managed:

 - Bone marrow/stem cell, kidney and kidney/pancreas, heart, liver, intestinal, multi-organs and lung transplants
 - Case management for 1yr post transplant

- **End Stage Renal Disease Case Management-**

The member is diagnosed with end stage renal disease and is undergoing outpatient dialysis including in-center or home hemodialysis, home peritoneal dialysis, etc.

If the member does not qualify for one of the above programs, they do have 24/7, 365 days a year access to speak with a nurse by calling the Optum NurseLine number on the back of their ID card.

NOTE: *South Florida Medica and Preferred Care Partners no longer provides Social Worker evaluations without skilled services. Please direct your patient to their local social services department or The Florida State Department of Elder Affairs Help Line at 1-800-963-5337.*



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Please review the case and disease management program criteria *prior to completing this form*.

To request case or disease management services for one of your patients, simply review the program criteria, then complete the information below and email this form to the following address: southfl@optum.com

Date of referral: ____/____/____	
Patient Information:	
Member's Name: _____	Member ID Number: _____
Date of Birth: _____	
Address: _____ _____	
Home Phone Number: (____) _____	
Alternate Phone Number: (____) _____	

1. Reason for referral _____

2. Please identify which Case or Disease Management Program* you would like your patient enrolled in:

- Complex Case Management (SNP members eligible only)
- Heart Failure Disease Management
- Diabetes Disease Management
- Advanced Illness Case Management
- Transplant Case Management
- Kidney End Stage Renal Disease Case Management

*Only select the **one** most appropriate program