Health Education Materials & Referral Forms

For P2P Providers

Anthem Blue Cross	**HE Materials** **HE Material Request Form** *Email forms to: healthed_ca_medicaid@anthem.com or fax to* ***ATTENTION: Health Promotion Consultant*** *at: 1-818-240-1206.*
Commercial Exchange	**Care Management Referral** *Email forms to: PC2caremgmt@anthem.com*
Medi-Cal	**Behavioral Health Case Management Referral** **HE Referral Form** *Health Education Referral forms can be emailed to: HealthEd_CA_Medicaid@anthem.com or faxed to* 855-325-4809
Alignment **MemorialCare Select Health Plan is delegated for Health Education Services.*	**HE Material** **HE Material Request Form**
Medicare	**HE Referral Form** *Forms can be emailed to MCSelectQuality@memorialcare.org or faxed to 562.933.1892*
Blue Shield	**HE Materials** **HE Material Requests -** *You can request materials in your preferred language or in alternative formats, such as large print, by calling the Health Education department at (323) 827-6036, 9 a.m. – 5 p.m., Monday through Friday.*
Commercial	**Care Management Referral Form**
Medicare	**Disease Management Referral Form**
Health Net	**HE Material** **HE Material Request Form-** *Available through Provider Portal provider.healthnet.com*
Medi-Cal *Medicare*	**Integrated Care Management Referral Form** *Providers may refer a member by email to cashp.acm.cma@healthnet.com or via fax to 1-866-581-0540.*
LA CARE	**HE Material** **HE Material Request Form-***Link to Website Portal*
Medi-Cal *Covered California*	**HE Referral Form***-Forms can be faxed to 213.438.5042* **Disease Management Referral Form** *Email forms to: asthmadm@lacare.org or heartdm@lacare.org or diabetesdm@lacare.org or via fax to :213.438.4860*

****Referrals are attached to the end of this document***

Care Management Referral Form

Refer to the Care Management Referral Form User Guide for help completing this form. Submit the completed form to PC2caremgmt@anthem.com.

Practice/Group Name:	**Provider State:**
Provider Name:	**Provider Contact Name (Care Coordinator):**
Contact Number:	**E-mail Address:**
Patient Name:	
Patient DOB:	**Patient ID Number:**
Patient Contact #:	**Best Time to Contact and Who to Contact:**
Patient Representative:	

Request Reason *(Patient Needs Assistance With) Select all that apply*

- ☐ **Condition Management**
- ☐ **Medication Coordination** *(i.e. polypharmacy, access to medications, unresolved medication reconciliation)*
- ☐ **Social or Economic Gaps**
- ☐ **Behavioral Health Gaps**
- ☐ **Benefit Services Coordination** (*Includes optimization of benefits (out-of-network, prescription benefits, place of service, benefit mandates, etc)*

Does Member have any of the following five conditions? *(Select all that apply)*

- ☐ **Chronic Obstructive Pulmonary Disease (COPD)**
- ☐ **Congestive Heart Failure (CHF)**
- ☐ **Diabetes**
- ☐ **Coronary Artery Disease (CAD)**
- ☐ **Asthma**

Other Notes to Support Referral:

Discussed Referral with Patient:

Submit

Anthem BlueCross

Anthem BlueCross

Medi-Cal Managed Care
L.A. Care

Case Management Referral Form

To refer your patient for Case Management, please return this form to Anthem Blue Cross (Anthem) by fax at **1-866-333-4827** for physical health referrals and **1-855-473-7902** for behavioral health referrals. If referring multiple patients, please submit only one member per fax.

Referral date		Member/caregiver informed of referral?	☐Yes ☐No
Eligibility verified?	☐Yes ☐No	Records attached?	☐Yes ☐No

Referral source information

Name		☐Member ☐IPA/medical group:_____ ☐Provider ☐ Other: _____ ☐Hospital ☐ Anthem dept.:_____
Phone		

To receive notification of referral outcome, select your preferred contact method.

☐Email		☐Phone		☐Fax	

Member information

First and last name		Parent/ guardian name (if minor)		Primary phone	
				Alt. phone	
Member ID		DOB		Primary language	

Brief history (select all that apply)

Admission history:	Primary diagnoses:	
☐ ≥ 2 hospitalizations in 12 months	☐ COPD	☐ Transplant (potential/actual), type: _____
☐ ≥ 3 ER visits in last 12 months	☐ CHF	☐ Mild-mod behavioral health dx
☐ Rapid readmission (within 30 days)	☐ ESRD	☐ Substance abuse
☐ Hospital discharge within last 7 days	☐ Diabetes	☐ Other: _____
☐ ER visit within last 7 days	☐ Asthma	
	☐ High-risk pregnancy	

Program(s) See description on the following page and select all that apply.

Referrals for **physical health** Case Management (adult/pediatric) — Fax to **1-866-333-4827**.
Referrals for **behavioral health** Case Management (adult/pediatric) — Fax to **1-855-473-7902**.

☐ Complex Case Management/Care Coordination	☐ High-Risk Obstetrics (gestational age < 35 weeks)
☐ Care Transitions (including post-discharge follow-up)	☐ BHT/ABA Coordination
☐ Complex Discharge Planning	☐ Community Health Worker
☐ Continuity of Care	☐ Safe Choice Program

Reason for referral

https://mediproviders.anthem.com/ca

ACAPEC-1693-19 March 2019

Program descriptions

Complex Case Management/Care Coordination — Case managers are nurses or licensed social workers trained to work with members and providers to ensure health care needs are met.

Care Transitions — This program assists with coordinating transitions of medical or behavioral health care, including transitions from pediatric to adult care providers, transitions between health plans, and transitions from hospital to home or community settings (in other words, post-discharge follow-up care).

Complex Discharge Planning — Case managers work with hospital staff and members while they are in an inpatient care setting to assist with complex barriers that may hinder or delay safe discharge.

Continuity of Care — If the member now sees providers who are not in the Anthem network, or if their provider stops working with Anthem, in certain cases they may be able to continue seeing those providers for up to 12 months.* Anthem provides continuity of care services for:

- An active course of treatment for an acute medical or behavioral health condition.
- An active course of treatment for a serious chronic condition.
- Pregnancy, regardless of trimester.
- A terminal illness.
- A newborn child between the ages of birth and 36 months.
- A surgery or other procedure that is authorized by Anthem or a delegated provider and is scheduled to occur within 180 days of the contract's termination or within 180 days of the effective date of coverage for a newly covered enrollee.

* Anthem is not required to provide continuity of care for services not covered by Medi-Cal. Provider continuity of care protections do not extend to providers of durable medical equipment, transportation, other ancillary services or carved-out services.

High-Risk Obstetrics — Appropriate referrals include but are not limited to the following conditions: first pregnancy, maternal age less than 18, multiple pregnancy, previous or current hypertension, diabetes, previous preterm delivery, previous or current preterm labor, psychosocial issues, substance abuse, incompetent cervix, placental issues, hyperemesis, or any other high-risk medical condition.

Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) Coordination — Assigned case managers work with members and/or providers to ensure access to necessary BHT/ABA services.

Community Health Worker — Our Community Health Workers can provide over-the-phone or face-to-face engagement to assist with managing health tasks, assisting with health roadblocks or connecting members to community resources (for example, food bank, utility assistance, phone service, caregiver support and housing assistance).

Safe Choice Program — An integrated physical and behavioral health team consisting of clinical case managers and medical directors works with providers, members and pharmacies to address the inappropriate or unsafe use of prescription opiates. Interventions include:

- Facilitating referrals to pain management specialists, substance abuse treatment programs, community-based support groups or other appropriate resources.
- Care coordination to ensure timely access to necessary health or social services.
- Written communication to providers encouraging collaboration with our clinical teams.
- Member education and reinforcement of appropriate treatment modalities with the goal of supporting member adherence to treatment plans.
- Assigning a member to one pharmacy to obtain prescribed medications and/or assigning a provider to prescribe controlled medications (if clinical team deems appropriate).

For questions related to Case Management referrals, please leave a message at **1-888-334-0870** and a team member will return your call within one business day.

Anthem BlueCross

Medi-Cal Managed Care
Access for Infants and Mothers/Medi-Cal Access Program
L. A. Care
Major Risk Medical Insurance Program

Health education & cultural and linguistic referral form

Provider information - Please print clearly			
Referred by		Date	
Phone number		Fax number	
Address			
☐ Please check box if member follow up documentation is desired, and indicate fax number clearly above.			
Member information			
Member name		Date of birth	
Medi-Cal identification number		Language spoken	
Address		Cell phone	
City, State ZIP code			
Special accommodations	☐vision ☐hearing ☐physical ☐other: _____		

Cultural and linguistic request
Type of service requested :

Requested service: health education topic (check all that apply)	**Under 18**	**Ages 18+**
Asthma		
Breastfeeding		
Diabetes		
Exercise/Physical activity		
Family planning/Unintended pregnancy prevention		
HIV/STD prevention		
Hypertension		
Injury prevention		
Nutrition		
Obesity		
Parenting		
Perinatal/Pregnancy		
Substance abuse (alcohol and drugs)		
Tobacco prevention and cessation		
Other (please specify):		

Specifications for: exercise/physical activity, obesity/weight management and nutrition			
Cleared to exercise without restrictions? ☐ Yes ☐ No, specify_____			
Provider name (print)		Date	
Provider signature			

Provider special instructions/comments – Attach additional pages if necessary

Please fax this form to 1-818-240-1206 or email to
HealthEd_CA_Medicaid@Anthem.com
Attention: Health Education

Please do not send medical records.

Important Note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

www.anthem.com/ca

ACAPEC-0694-15 January 2016

Anthem BlueCross

Medi-Cal Managed Care
L. A. Care

Health Education Materials Request Form

If you would like health education materials, please complete the order form below and **email** to healthed_ca_medicaid@anthem.com or **fax** to **ATTENTION: Health Promotion Consultant** at: **Northern region: 1-916-859-0410; Central region: 1-559-432-2420; Southern region: 1-818-240-1206**.

Provider information — Please print clearly.			
Doctor's name		**Clinic name**	
Requestor's name		**Address, city, ZIP**	
Phone number		**Email (optional)**	

Guidelines for ordering:

- You may order up to a maximum of **four topics** each month. You will receive 50 of each language per topic. Please allow 3 to 6 weeks for processing and delivery.
- All topics are available in English and Spanish. Please mark English and/or Spanish.
- Other languages and alternative formats are available through on-demand interpreter services. Please contact your region's Health Education department staff for more information.

Health category — Circle *prevention* or *management* where applicable.	**English (X)**	**Spanish (X)**
Age-specific anticipatory guidance		
Asthma (prevention or management)		
Breast health		
Breastfeeding		
Cervical cancer		
Complementary and alternative medicine		
Diabetes (prevention or management)		
Exercise		
Family planning		
Heart health		
HIV/STD prevention		
Hypertension		
Immunization		
Injury prevention		
Nutrition		
Obesity/weight management		
Parenting		
Perinatal/pregnancy		
Substance abuse		
Tobacco prevention and cessation		
Unintended pregnancy		
Request other topic(s) not listed:		

https://mediproviders.anthem.com/ca

ACAPEC-2073-20 February 2020

blue california | Promise Health Plan

DISEASE MANAGEMENT REFERRAL FORM

Member Demographics:		
Member Name:		**Member ID:**
Mailing Address:		
Street/City/State/Zip		
Gender: F ☐ M ☐	**Home Phone:** ( )	

Referring Physician's Information:		
Referring Physician:		**PCP ☐ Specialist ☐**
IPA:		**Phone:** ( )

Disease Management Program:	
Medi-Cal Programs	**Medicare Programs**
☐ **Asthma**	☐ **CHF**
☐ **CHF**	☐ **COPD**

Other Relevant Diagnosis:

Reason(s) for Referral:

- ☐ **Difficulty Controlling Symptoms**
- ☐ **Education for Self-Management Recent**
- ☐ **Hospitalizations**
- ☐ **Frequent ER Visits**
- ☐ **Hospital Readmissions same/similar Dx.**
- ☐ **Non-Compliance with Medications**
- ☐ **Non-Compliance with Treatment**
- ☐ **Plan Poly-pharmacy**
- ☐ **Co-Morbidities**
- ☐ **Care Giver/Environmental Issues**

Comments:

Physician Signature:_____ ***Date:***_____

Please Fax to: Blue Shield of California Promise Health Plan
Mail Attention to: Disease Management
Fax #: (323) 889-6517
601 Potrero Grande Dr., Monterey Park, CA 91755

Enrollment criteria must be met to qualify for Blue Shield of California Promise Health Plan programs.

blue of california

Care Management Referral Form

email: **bscliaison@optum.com**
fax: **(877) 280-0179**

Referral Source

Source of referral: ☐ Member/Self ☐ Provider ☐ Blue Shield

Contact Name **(required)**	
Provider's Name (if applicable)	
Phone **(required)**	( )
Email (optional)	

Member

First Name **(required)**			
Last Name **(required)**			
Member ID **(required)**		Phone **(required)**	( )
Date Of Birth **(required)**	/ /	Gender **(required)**	☐ Male ☐ Female
Address (optional)			
City (optional)		State	Zip

Program

☐ **Shield Support (care management)**

☐ **Prenatal**

Comments:

Thank you for your referral

CA Integrated Care Management
Referral Form

DIRECTIONS: **Select the member's plan below and email or fax completed referral**

☐ ***URGENT request***

☐ California State Health Plans **(Medi-Cal)**
Email the completed form to CASHP.ACM.CMA@healthnet.com or **fax to 1-866-581-0540**

☐ CA **Medicare** plans **(including MAPD, SNP, and CMC) for shared risk non-delegated** plans
Fax completed form to: **866-290-5957** or email to **Case.Management.Referrals@healthnet.com**

☐ CA **Commercial & Medicare Emp. Group Plans for** HMO plans, PPO, ECPPO, POS, & EPO products. Fax completed form to: **800-745-6955** or
Email to **Case.Management.Referrals@healthnet.com** ☐**UC Blue & Gold Plan member**

Part 1: Referring Source

First and last Name (title and department name if applicable):		Referral date:
Office contact person:	Telephone number:	Fax number:
Provider/Facility/Vendor Name:		

Part 2: Member Information

Member first and last name:	Member ID#:	Date of birth:
Member address:	City:	ZIP code:
Member telephone number:		

Health Net Integrated Care Management

Member Diagnosis / Health Condition:
(Check all that apply)

☐ Behavioral health issues
- ☐ Depression
- ☐ Anxiety
- ☐ Autism
- ☐ Other (specify) _____

☐ Cancer
☐ Clinical Trials
☐ Prematurity and/or developmental delay
☐ Transplant
☐ Traumatic brain injury
☐ Hepatitis
☐ Other: _____

☐ Asthma
☐ CAD
☐ COPD
☐ Diabetes
☐ Hypertension
☐ Heart Failure
☐ Musculoskeletal
- Back Pain
- Fibromyalgia
- Osteoarthritis
- Rheum. Arthritis
- Carpal Tunnel Syndrome
- Bursitis/Tendonitis
- Frozen Shoulder
- Golf/Tennis elbow
- Migraine/Tension headache

☐ Please check if any of the following referral reasons apply to the Member:
☐ Member needs education/support with managing his/her chronic condition(s).
☐ Member needs prenatal care & support services
☐ Member needs assistance with resources for: ☐ housing/shelter, ☐ food, ☐other (specify) _____
☐ Member needs education on prescriptions and compliance.
☐ Concerned about high emergency room utilization or frequent hospitalizations.
☐ Member needs transportation to medical appointments.
☐ Member needs assistance with medical equipment.
☐ Exhaustion of benefits
☐ Safety concerns
☐ Other (specify) _____

Disease Management Referral Form

In order to be referred to one of L.A. Care's Disease Management programs, the member **MUST:**

Asthma: (All Direct Lines of Business)	**Cardiovascular:** (Cal Medi-Connect and L.A. Care Covered)	**Diabetes:** (All Direct Lines of Business)
Have a diagnosis of asthma (ICD-10: J45.20, J45.21, J45.22, J45.30, J45.31, J45.32, J45.40, J45.41, J45.42, J45.50, J45.51, J45.52, J45.901, J45.902, J45.909, J45.990, J45.991, J45.998) and/or	At risk for Cardiovascular disease and/or	Have a diagnosis of Diabetes (ICD-10: E10.10, E10.11, E10.51, E10.641, E10.65, E10.69, E10.8, E11.00, E11.01, E11.65, E11.69, E11.8 and/or
Asthma medications	Diagnosis/ICD-10: E66.01, E75.21, E75.22, E75.249, E77.0, E77.1, G45.0, G45.8, I10, I11.0, I11.9, I12.0, I12.9, I13.0, I13.10, I13.10, I13.11, I13.2, I15.0, I20.0, I20.1, I20.8, I23.0, I24.0, I24.1, I24.8, I25.2, I25.82, I25.83, I25.84, I25.9, I48.91,I25.10, I51.0, I51.89, I51.9, I67.2, I67.4, I67.89, I70.1, I70.209, I70.219, I70.229, I70.25, I70.299, I70.399, I70.499, I70.599, I70.8, I70.92, I73.1, I73.9	A1C >5.7% and/or
5 years of age or older	ERSD excluded (N18.1, N18.2, N18.3, N18.4, N18.5, N18.6, N18.9, N19)	Hypo/hyperglycemia (ICD-10: E08.649, E15, E16.0, E16.1, E78.1, E78.9) and/or
No COPD (excluded for J41.0, J41.1, J41.8, J42, J43.0, J43.1, J43.2, J43.8, J43.9, J43.9, J44.0, J44.1, J44.9, J68.4, J98.3)		Diabetes medications (i.e. oral agents, insulin)

Date Referred:	
Referred by:	Phone extension#:

Member Information:

Member Name:	Member DOB:
Member ID:	Member Language:
Member Phone #:	Product Line:

Primary Care Physician (PCP) Information:

Physician Name:	Physician Phone #:

Diagnosis / ICD-10 Code:

1.	2.

Reasons for Referral:

Issue prompting referral:
Recent hospital/ER/skilled nursing facility visits:

SUBMIT THIS INFORMATION TO L.A. CARE VIA EMAIL:
asthmadm@lacare.org or heartdm@lacare.org or diabetesdm@lacare.org
OR SUBMIT THIS INFORMATION TO L.A. CARE VIA FAX: 213.438.4860
If you have any questions about our disease management programs, please contact our nurses:
Asthma: 1-888-200-3094 (member toll free line), **EXT. 5426 (for internal staff)**
Diabetes: 1-877-796-5878 (member toll free line), **EXT. 5436 (for internal staff)**
Heart: 1-855-707-7582 (member toll free line), **EXT. 5430 (for internal staff)**

L.A. Care HEALTH PLAN
My Health In Motion

Health Education Referral for
MCLA, PASC-SEIU, LACC and CMC Members

Referred by: _____ Date: _____

Provider Information

Provider Name: _____ License Number: _____

Phone Number Extension: _____ Fax Number: _____

Member Information

Name: _____ Language Spoken: _____

CIN Number: _____ Language Written: _____

Date of Birth: _____ Phone Number: _____

Special Needs: ☐ Vision ☐ Hearing ☐ Cognitive ☐ Physical ☐ Other: _____

Services are provided by phone or in-person – please limit to 3 topics

Weight Management/Nutrition-Related Topics
(MD, PA, PA-C, FNP, NP, DO signature required except for Diabetes)

- ☐ Diabetes: Type 1 ☐ Type 2 ☐ Gestational ☐
- ☐ Gastrointestinal Disorders
- ☐ Hypertension ☐ High Cholesterol ☐ Hyperlipidemia
- ☐ Kidney Disease
- ☐ Prediabetes (A1C between 5.7-6.4%)
- ☐ Weight: Pediatric Underweight (BMI less than 5th%)
- ☐ Weight: Pediatric Overweight (BMI 85th - 95th%)
- ☐ Weight: Pediatric Obesity (BMI greater than 95th%)
- ☐ Weight: Adult Underweight (BMI <18.5)
- ☐ Weight: Adult Overweight (BMI 25-29.9)
- ☐ Weight: Adult Obesity (BMI 30+)
- ☐ Other *(please specify in instructions/comments below)*

Wellness and Health Education Topics

- ☐ Arthritis
- ☐ Asthma
- ☐ Chronic Disease Self-Management Program
- ☐ Cold and Flu Prevention
- ☐ COPD
- ☐ Cultural Resources
- ☐ Living Well With a Disability
- ☐ Health Care Navigation
- ☐ Medication Management
- ☐ Physical Activity
- ☐ Stress and Anxiety Management
- ☐ Tobacco Cessation
- ☐ Other _____

Laboratory and Anthropometric Information:

Date taken: _____

Height: _____ Weight: _____ BMI: _____

A1C: _____ Other: _____

Desired objective of treatment: *(please specify in instructions/comments below)*

_____

Practitioner Signature: _____

Instructions/Comments: _____

_____

L.A. Care Health Plan makes available health education and cultural linguistic services at no cost to direct line of business members (MCLA, PASC-SEIU, LACC, and CMC). Health Education services are offered as individual counseling and/or group appointments.

Weight Management/Nutrition-Related Topics – Diagnosis from referring health care provider

- **Diabetes – Type 1, Type 2, or Gestational**
- **Gastrointestinal disorders**
- **Heart Health – Hypertension, Hypercholesterolemia, Hyperlipidemia**
- **Kidney disease**
- **Prediabetes**
- **Weight: Pediatric underweight**
- **Weight: Pediatric overweight**
- **Weight: Pediatric obesity**
- **Weight: Adult underweight**
- **Weight: Adult overweight**
- **Weight: Adult obesity**
- **Other**

Wellness and Health Education Topics

- **Arthritis:** Discusses what arthritis is and how to effectively manage symptoms of arthritis.
- **Asthma:** Addresses risk factors, asthma trigger avoidance, medication adherence, and the use of peak flow meters and spacers.
- **Chronic Disease Self-Management Program:** ***Healthier Living*** (6-session series) Teaches skills to help manage patient's chronic disease. Instruction includes nutrition, goal setting, and how to better communicate with providers and family members.
- **Cold and Flu Prevention:** Teaches participants the difference between a virus and bacteria, what antibiotics are used for and how to take them, awareness of the risk of antibiotic resistance, and ways to help relieve cold and flu symptoms without the use of antibiotics.
- **COPD:** Teaches adults basic COPD information in easy-to-understand terms, common symptoms, and ways to slow the progression of COPD.
- **Cultural Resources:** Provides referral to community-based organizations working with specific ethnic groups.
- **Living Well With a Disability:** Living Well with a Disability: (8-session series) A peer support workshop for anyone with a health challenge or disability to build skills and maintain a life of healthy independent living.
- **Health Care Navigation:** Teaches participants how to navigate the health care system, including basic managed care definitions and concepts such as how to access the right medical care and how to communicate with their managed care plan and provider, and resources available.
- **Medication Management:** Teaches adults the different types of drugs and what makes them different, the difference between generic and brand-name drugs, ways to take medications safely and how to get the most of your personal pharmacist; can provide pill case if appropriate.
- **Physical Activity:** Discusses ways to incorporate safe and appropriate physical activity into everyday life; can provide with resistance band and exercises if appropriate.
- **Stress and Anxiety Management:** Teaches what stress and anxiety is, its effect on health, signs/symptoms, and ways to manage stress and anxiety.
- **Tobacco Cessation:** Adults who are thinking about quitting smoking for the first time or have tried to quit smoking in the past will learn about why people smoke, different ways to quit smoking, and how to overcome barriers and smoking triggers.

Fax completed referral form to **213.438.5042**

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997