



# FAX

**To:** Molina Healthcare UM Department      **From:**  

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**Fax:** 1-800-594-7404      **Phone:**  

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**Phone:** 1-888-898-7969      **Pages:**  

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**Re:** Case Management Referral      **Date:**  

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Urgent     For Review     Please Comment     Please Reply     Please Recycle

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▪ Comments:

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**MOLINA HEALTHCARE CASE MANAGEMENT:**

Molina Healthcare Case Managers are available to provide information and assist members to navigate the care system and obtain necessary services in an optimal setting that will adequately meet their medical needs. All Molina Healthcare members *are* eligible for case management and some members may be eligible for select case management programs. Members referred for case management include those with known chronic disease, those at risk for developing chronic disease, those with multiple hospital admissions, or those with needs for multidisciplinary outpatient care.

The following select case management programs are also available:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Coronary Artery Disease
- End Stage Renal Disease
- High Risk Obstetrics
- Pediatrics
- Skilled Nursing Facility and Rehabilitation
- Transplant / Oncology
- Social Work Services
- Frequent Emergency Department Use

If you would like to refer a Molina Healthcare member for an evaluation for this program, please complete this form and fax it to Molina Healthcare's Utilization Management Department at 1-800-594-7404.

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**CASE MANAGEMENT REFERRAL FORM:**

**Referral Requestor:** \_\_\_\_\_ **Requestor Contact#:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_ **Member ID#:** \_\_\_\_\_

**Member Phone# (if available):** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**Equipment/Home Care Needs:** \_\_\_\_\_

**Referral to Case Management Program:** \_\_\_\_\_

**Referral Reason:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

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