

# Health Education and Care Management Referral Form

Complete all requested information (please print clearly).

Today's Date:

## Member Information

|   |                     |                 |           |
|---|---------------------|-----------------|-----------|
| Last Name:  | First Name:         | Member ID/CIN#: |           |
| Address:  |                     | City/State:     | Zip Code: |
| Current Phone #:  | Preferred Language: | DOB:            |           |
| Primary Diagnosis:  |                     |                 |           |
| Full Name of Guardian (if member is under 18 years of age): |                     |                 |           |

## PCP Information

|                |             |             |
|----------------|-------------|-------------|
| Provider Name: |             |             |
| Address:       | City/State: | Zip:        |
| Phone Number:  | Ext:        | Fax Number: |

## 1. Referral for Telephonic Educational Service

To refer a Passport member for the following health education services:

1. Fax or E-mail the completed referral form to Passport at 1 (800) 642-3691 or MHIHealthEducationMailbox@PassportHealthPlan.Com
2. Fax required documentation with all referrals.

|   |   |
|---|---|
| Case Manager Outreach for:  | Health Educator Outreach for:   |
| <input type="checkbox"/> Asthma (2+ years old)<br><input type="checkbox"/> COPD (35+ years old)<br><input type="checkbox"/> Depression (18+ years old)<br><input type="checkbox"/> Diabetes (18+ years old) | <input type="checkbox"/> Hypertension (18+ years old)<br><input type="checkbox"/> SUD (18+ years old)<br><input type="checkbox"/> Smoking Cessation (18+ years old)<br><input type="checkbox"/> Adult Weight Management (18+ years old) |

## 2. Medical Nutrition Therapy (Consultation with Registered Dietitian)

For all MNT referrals, please attach most recent progress notes and labs

|                                      |                 |  |
|--------------------------------------|-----------------|--|
| Condition:                           | Requested Labs: | Other:                                     |
| Diabetes                             | A1c, Lipid      | Nutrition Assessment (specify need/goals): |
| Heart Failure                        | Chem 10, Lipid  |  |
| High Blood Pressure / Coronary Heart | Chem 10, Lipid  |  |
| Multiple Food Allergies              | Allergy Testing |  |
| Renal Disease (Not on dialysis)      | Chem 10, GFR    |  |
| Unintentional Weight Loss            | Chem 10         |  |

For additional health education questions, please email us at MHIHealthEducationMailbox@PassportHealthPlan.Com or call 1 (866) 891-2320

### 3. Referral for Care Management Services

To refer a Passport member for Care Management services:

Fax or e-mail the completed referral form to Passport at 1 (800) 983-9160 or  
CareManagement\_KY@passporthealthplan.com

If you have any questions, you may call (800) 578-0775 and speak to one of our Care Management team members.

Member's main diagnosis or reason for referral:

Please mark if there is a concern about the member's:

- ☐ Use of emergency room care for non-emergency health needs
- ☐ Lack of "pharmacy home" to manage schedule II-V controlled medications

Secondary diagnoses, issues, or barriers to care including Social Determinants of Health (i.e. diabetes, BH/SUD, h/o CAD, food insecurity, transportation barriers, housing insecurity, etc.):

Please check if the member has one of the following diagnoses:

- ☐ Chronic Kidney Disease
- ☐ Kidney Failure
- ☐ Opioid Use Disorder

Additional Information:

### 4. Referral for EPSDT Well-Child Visit Outreach

Providers can refer any EPSDT eligible Passport Medicaid member (age 0-20) who has missed a scheduled well-child visit appointment and the PCP has been unsuccessful in outreach efforts to bring the member in for the visit within 30 days of the missed appointment. One of our CM's will attempt to outreach the member/caregiver and assist with bringing the member up to date with their well-child exam.

To refer a Passport member for EPSDT Care Management services:

1. Fax or e-mail the completed referral form to Passport at 1 (800) 983-9160 or CareManagement\_KY@passporthealthplan.com
2. If you have any questions, you may call (800) 578-0775 to speak to one of our Care Management Team Members

Date of Scheduled Missed Well-Child Visit:

Outreach efforts or additional missed appointments within 30 days of missed well-child visit:

Preferred staff with whom CM should coordinate: