







Molina Medicare Case Management

Overview of Case Management

Living with health problems and how to manage those health problems can be hard. Molina Healthcare's Case Management Program is for members who need extra help with their health care needs. To make sure a member receives the proper care, Molina Healthcare staff are available to help the member coordinate care.

Molina Case Managers are available to help in the following ways:

- Identify any gaps in care of health care needs. 
- Coordinate services with providers, family members, caregivers, and representatives. 
- Provide health education for chronic conditions. 
- Assist members in setting health care goals. 
- Assess and connect members to community services and resources. 
- Help with discharge planning. 

This program and resources are voluntary and offered at no cost. If you want your patient to be enrolled in Case Management, please call Molina Healthcare at (800)665-1029, TTY: 711 or email the referral form to Medicare_CM_Team@MolinaHealthCare.com. The hours of operation are Monday through Friday 8 a.m. to 8 p.m., local time. For more information, go to MolinaHealthCare.com/Medicare.

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800)665-1029, TTY: 711. This call is free.

Molina Healthcare complies with applicable Federal civil laws and does not discriminate based on race, ethnicity, nation origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability or geographic location.



Referral for Medicare Care Management Services

For questions regarding prior authorizations, prescriptions, and benefits, or for help locating a provider please call our Member Services Team at (800)665-1029.

☐ **URGENT:** select only for issues or situations that must be addressed within 1-2 business days.

- **EMERGENT** issues to protect the safety of the member and/or others, call 911 or your local crisis line.

Referral Source Information:

Referring Provider:	Click or tap here to enter text.	Clinic Name:	Click or tap here to enter text.
Contact Name (for questions regarding referral):	Click or tap here to enter text.	Phone Number:	Click or tap here to enter text.

Patient Information:

Patient Name:	Click or tap here to enter text.	DOB:	Click or tap here to enter text.
Parent/Guardian Name:	Click or tap here to enter text.	Relationship:	Click or tap here to enter text.
Patient Address (or current location):	Click or tap here to enter text.	County:	Click or tap here to enter text.
Phone Number:	Click or tap here to enter text.	Member ID:	Click or tap here to enter text.

Reason for Referral: *Please attach clinical notes if available*

Case Management:

<input type="checkbox"/> Collaborate care between BH, SUD, Medical, Hospitals, and IP Facilities	<input type="checkbox"/> Assist with complex care coordination
<input type="checkbox"/> Guide member in self-managing health conditions by goal setting and intervention	<input type="checkbox"/> Transitions of Care
<input type="checkbox"/> Educate on appropriate utilization of Medical /BH services	<input type="checkbox"/> Other: <i>Describe:</i> Click or tap here to enter text.

Community Connector:

<input type="checkbox"/> Housing programs	<input type="checkbox"/> Transportation
<input type="checkbox"/> Food programs	<input type="checkbox"/> Community-based programs: <i>Describe:</i> Click or tap here to enter text.
<input type="checkbox"/> Medical/Behavioral Health referral assistance	

For additional questions, please call us at (800)665-1029, TTY:711.