Health Net Health Plan of Oregon, Inc.
Health Net Life Insurance Company

CASE MANAGEMENT/CARE COORDINATION REFERRAL FORM

☐ URGENT (member contacted within 1 business day)

This form is for outpatient case management ONLY. Claim issues, assistance with locating specialists or transportation requests are processed via Member Services. If an EPO or CommunityCare member has a provider access issue, please contact the member's PCP and medical group. All inquiries regarding members who are currently in a skilled nursing facility (SNF), hospital, rehabilitation facility, etc., may be referred to the Concurrent Review Department (CCR). For questions regarding member authorizations, contact the Prior Authorization Department.

- **Email completed form to:** CaseManagementReferralsOR@healthnet.com **or**
- **Fax:** 1-844-315-4013
- **Voicemail for CM Referrals:** 1-800-977-7281 (calls are returned within 24 business hours)

Date:	Referral Contact Name:	Contact Telephone Number:
Member Name:		Product/Tier (If Applicable):
Subscriber #:	DOB:	Member Telephone Number:
Primary Diagnosis:		
Contact Person/Relationship to Member:		Telephone Number:
Attending MD/Specialist Name:		Telephone Number:

Case Management/Care Coordination Referral Reason *(Providers must check appropriate reason box below and clearly indicate supporting reason in Referral Reason/Notes section below)*:

☐ Treatment/Medications needed at this time

☐ Needs/Issues identified following a hospital discharge or emergency room (ER) visit

☐ Needs coordination of finances to meet health needs

☐ Premature/delayed discharge from appropriate level of care

☐ Current disease/illness process

☐ Temporary or permanent onset of new disability

☐ Clinical trials

☐ High-risk OB (HROB)

☐ Transgender

☐ Inappropriate utilization of services

☐ Safety concerns

☐ High cost ongoing injury or illness

☐ Lack of family/social support

☐ Exhaustion of benefits

☐ Transition of Care with completed application

☐ Transplant (Potential/Actual)

☐ Other General Case Management request

☐ Complex Case Management request

Clearly Indicate Referral Reason/Notes: