



Disease Management / Case Management Referral Form

Today's Date: _____

The **Disease Management Programs** are designed to improve the health of members with certain chronic illnesses. The member is evaluated by a registered nurse, and then assigned to an appropriate level of health education.

The **Case Management Programs** are designed to assist members with more complex acute and chronic health care needs. Members accepted into Case Management are assigned to a nurse or social worker who will assist them and their PCP/provider to access, facilitate and coordinate health services.

To request a referral or make an inquiry about Disease Management and/or Case Management, call 1-800-450-8753 or fax this completed form to: 1-718-360-1314 (medical referrals) or to 1-718-504-7112 (behavioral health referrals)

Health Plus Member Information

HP ID No: _____ DOB: _____
 Last Name: _____
 First Name: _____
 Address: _____

 Phone #: _____

Referring Provider Information

Name: _____
 Address: _____
 City, Zip: _____
 Phone: _____
 Fax: _____
 Provider ID #: _____

DISEASE MANAGEMENT REFERRAL TO (check one):

- | | |
|-------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Asthma <i>Breathe Easier</i> | <input type="checkbox"/> Diabetes <i>Life is Sweet</i> |
| <input type="checkbox"/> Depression <i>Get Happy</i> | <input type="checkbox"/> Coronary Artery Disease <i>Have a Heart</i> |

Reason for referral (check all that apply):

- Health education/training.
 Home environmental assessment.
 Smoking cessation for member or members' household.

Please indicate the specific needs related to the above request (education/training needs, medication compliance, clinical monitoring, etc.):

CASE MANAGEMENT REFERRAL:

Diagnosis of member: _____

Reason for referral to CM: _____

 Provider signature

 Date

This form is to be for referrals to Health Plus Disease Management or Case Management Programs only.

- Use a *Health Plus Physician Referral Form* for specialist visits, outpatient testing and durable medical equipment.
- To verify member eligibility, call INFO PLUS by Phone at 1-800-450-8753, or go to www.healthplus-ny.org and click **Providers**, then **INFO PLUS**.
- The Case and Disease Managers may contact you to request assistance in ensuring member compliance or to update you on the member's progress. If you have questions about this referral or want to provide additional services, call our Health Services Department at 1-800-450-8753.