Community Health Plan OF IMPERIAL VALLEY | health net

Care Management Referral Form

DIRECTIONS:

For Medi-Cal members, email the completed form to CASHP.ACM.CMA@healthnet.com in a HIPAA-secure, encrypted manner or fax it to **866-581-0540** with a fax cover sheet to hide any protected health information (PHI).

Part 1: Referring Source

First and last name:		Referral date:
Office contact person:	Phone number:	Fax number:

Part 2: Member Information

Member first and last name:	Member ID#:	Date of birth:
Member address:	City:	ZIP Code:
Member phone number:		

Member Diagnosis/Health Condition (check all that apply):

- ☐ Asthma
- ☐ Back pain
- ☐ Behavioral health
  - ☐ Depression
  - ☐ Anxiety
  - ☐ Autism
  - ☐ Other (specify) ____________
- ☐ Congestive heart failure
- ☐ COPD
- ☐ Cystic fibrosis
- ☐ Diabetes
- ☐ Hemophilia
- ☐ Cancer
- ☐ HIV/AIDS
- ☐ Hypertension
- ☐ Kidney disease
- ☐ Obesity-weight management
- ☐ High-risk pregnancy
  Estimated date of delivery (EDD): __/__/__
- ☐ Prematurity and/or developmental delays
- ☐ Sickle cell disease
- ☐ Hepatitis
- ☐ Transplant
- ☐ Traumatic brain injury
- ☐ Other:________________________

Please check if any of the following referral reasons apply to the member:

- ☐ Member needs prenatal care education and support services.
- ☐ Member needs disease management/health coaching for his/her illness or condition.
- ☐ Member needs referral for: ☐ housing/shelter, ☐ food, ☐ other (specify) _______________.
- ☐ Member needs education on prescriptions and compliance.
- ☐ Concerned about high emergency room utilization or frequent hospitalizations.
- ☐ Member needs transportation to medical appointments.
- ☐ Member needs assistance with medical equipment.
- ☐ Member needs assistance with behavioral health services.
- ☐ Safety concerns.
- ☐ Other (specify) ____

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved. CONFIDENTIALITY NOTE FOR FAX TRANSMISSION: This facsimile may contain confidential information. The information is intended only for the use of the individual or entity named above. If you are not the intended recipient, or the person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or use of the information contained in this transmission is strictly PROHIBITED. If you have received this transmission in error, please notify the sender immediately by phone or by return fax and destroy this transmission, along with any attachments.

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