

Medicare Care Programs Referral Form for Referring Physicians or Providers

Individuals with **Complex or Chronic Health Conditions** may benefit from one of our Florida Blue Medicare Care Programs. Our nurses can assist members who have serious health problems access covered services under their health benefit plan. They also help identify community resources that may assist members and their families. These programs are voluntary and offered at no additional cost to members with Florida Blue health plan coverage.

When should the physician or provider send a referral to a Medicare Care Program?
(Review appropriate Medicare Care Programs below)

Case Management

The **Catastrophic Care Program** is a customized, telephonic outreach program designed for members with catastrophic complex injuries or diagnoses.

The **Complex Care Program** is self-management support program utilizing intensive coaching designed to assist members to achieve a higher level of wellness and independent self-management of multiple chronic conditions such as, but not limited to: Diabetes, COPD/Asthma, CAD, CHF.

The **Health Management Program** is a coaching and self-management support program designed to assist members who have been diagnosed with one chronic condition (CHF, COPD, CAD, Diabetes, Frailty).

The **Re-admission Prevention Program** is a post discharge plan of care for members at risk of inpatient readmission with a focus to educate the member on the hospital/SNF discharge plan and teach self-management strategies that will help them to better manage their condition.

These Program services include:

- A Medication Adherence Survey, Home Safety Survey, PHQ 2/9 depression screening, and fall risk assessment.
- Support and assistance from a licensed social worker for overcoming barriers of Social Determinants of Health such as issues with transportation, financial, housing, food insecurity, etc.
- When appropriate, consultation and education from multiple disciplines such as respiratory therapy, certified diabetic educators and registered dietitians.
- As needed home visit and education of re-admission prevention strategies

Member Engagement

A **Community Health Specialist Program** (CHS) is a frontline public health worker who serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

Discharge program focuses on calling members post discharge from an inpatient (acute or rehabilitation hospital) facility or skilled nursing facility (SNF). The Discharge program is designed to ensure that members receive and understand their discharge instructions, filled their prescriptions, has scheduled a post discharge appointment with their primary care physician or a specialist, and has received their durable medical equipment and/or home health care.

The **Unplanned Care program** focuses on telephonic outreach by non-clinical staff who are specially trained to screen members who have a high ER utilization. Members are provided education on local urgent care locations including GuideWell assets and may be helped with setting up appointments with their providers. Members identified with behavioral needs are referred to the Case Management Social workers.

Medicare Care Programs Referral Form for Referring Physicians or Providers *(continued)*

Complete the information below and mail the completed form to:

Medicare_CaseManagement_VM@bcbsfl.com

You will be contacted by Florida Blue Medicare acknowledging receipt of the referral. For additional information, you may call the respective area: **800-955-5692 opt 1, then opt 2**

Information collected is protected in accordance with Florida Blue privacy and confidentiality policies and federal and state regulations.

Date	Member (ID) Number	Group Number	Medicare Coverage (Check one) <input type="checkbox"/> A only <input type="checkbox"/> B only <input type="checkbox"/> A and B
Patient Name Last	First	Date of Birth	
Patient Home Phone	Patient <input type="checkbox"/> Cell <input type="checkbox"/> Business	Relationship to Policyholder (Check one) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	
Referring Physician or Provider Name	Florida Blue Provider Number	National Provider Identifier (NPI)	
Phone Number (Referring Physician or Provider)		Fax Number (Referring Physician or Provider)	

Description of Medical Problems (E.g., chemotherapy, dialysis)	In the space below, please describe current medical concerns and the assistance that you are requesting from the appropriate clinical care program
Diagnosis	
Physician(s) Managing Care	
Physician's Office Phone Number	
Date of Most Recent Office Visit	
Medication/Procedure	
Primary Care Physician, if applicable	