

Florida Blue Case Management Tel: 1-800-955-5692, option 1, then option 2

Fax: 1-904-565-4255

Email: medicare_casemanagement_vm@floridablue.com

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 can assist members and their families. These programs are voluntary and offered at no additional cost to members with Florida Blue health plan coverage.

Case Management Programs

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

The **Complex Case Management Program** is a self-management support program. It uses intensive coaching designed to assist members achieve a higher level of wellness and independent self-management of multiple chronic conditions, such as, but not limited to: Diabetes, chronic obstructive pulmonary disease (COPD)/asthma, coronary artery disease (CAD), or congestive heart failure (CHF).

The Integrated Behavioral Health Case Management Program is centered around a holistic approach to help members with behavioral and medical health needs. It focuses on overcoming barriers to health improvement, self-management strategies, and making informed health decisions.

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

The **Readmission Prevention Program** is a post discharge plan of care for members at risk of inpatient readmission. It focuses on educating the member on the hospital/skilled nursing facility (SNF) discharge plan and teaching self-management strategies that will help them better manage their condition.

These program services include:

- A Medication Adherence Survey, Home Safety Survey, Physical Health Questionnaire (PHQ) 2/9 depression screening, and fall risk assessment.
- Support and assistance from a licensed social worker for overcoming Social Determinants
 of Health (SDoH), such as issues with transportation, finances, housing, food insecurity, or
 other barriers.
- 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 readmission prevention strategies.

The **Supportive Care Case Management Program** is a short-term case management program for members who would benefit from palliative care education and assistance with enrollment in a palliative care program.

Community Health

The **Community Health Program** is comprised of Community Health Specialists who collaborate and coordinate member needs within the Medicare Care Programs. The Community Health Specialist can conduct home visits for members with chronic conditions and/or barriers to care with a goal of improving access to care, identifying gaps in care, and working to eliminate SDoH through a range of activities, such as outreach, community education, social support, and advocacy.

Member Engagement

The **Discharge Program** focuses on calling members post discharge from an inpatient (acute or rehabilitation hospital) facility or skilled nursing facility. The Discharge Program is designed to help members receive and understand their discharge instructions, fill their prescriptions, schedule a post discharge appointment with their primary care physician or a specialist, and receive their durable medical equipment and/or home health care.

The **Member Outreach Program** focuses on outreach to members who would benefit from any of our care programs. Member outreach specialists screen the member and then refer them to the appropriate care program. Providers may request outreach to members who they find difficult to reach.



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Please complete the information below and email the completed form to: medicare_casemanagement_vm@floridablue.com.

You will be contacted by Florida Blue Medicare acknowledging receipt of the referral. For additional information, call Florida Blue Case Management at 1-800-955-5692, select option 1, then option 2.

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

Date	Member (ID) Number		Group Number		ľ	Medicare Coverage (Check one)		
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Patient Last Name			Patient First Name			Date of Birth		
Patient Home Phone Number F		Patient Alternate Phone Number			e Number	Relationship to Policyholder (Check one)		
						Self Spouse Child Other		
Referring Physician or Provider Na		ıme FI	me Florida Blue Provider Number			National Provider Identifier		
Phone Number (Referring Physician or F			rovider) Fax Number (R		Fax Number (Refe	eferring Physician or Provider)		
Description of Medical Problem (e.g., chemotherapy, dialysis)			In the space below, please describe current medical concerns and assistance you are requesting from the appropriate care program.					
Diagnosis								
Physician(s) Managing Care								
Physician's Office Phone Number								
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Data of Most Boson	ot Office Vioit							
Date of Most Recent Office Visit								
Medication/Procedu	ure							
Primary Care Physi	cian, if applicat	ole						
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