

MEDICAL MANAGEMENT REFERRAL FORM

(DISEASE MANAGEMENT AND CASE MANAGEMENT)



Blue Cross offers Medical Management programs to help members with current health concerns. Please only use this form for Blue Cross and Blue Shield of Minnesota (BCBSMN) member referrals, and submit the completed form via secure email, as noted below.

Section 1: Referral Type: *(please check type)*

Commercial or Medicare Referral to BCBSMN from

→ *Email completed form to:* ACMC@bluecrossmn.com

Medicaid Referral to BCBSMN from

→ *Email completed form to:* Medicaid.HSC.CM@bluecrossmn.com

Referral from BCBSMN to 3rd party employer group vender

Section 2: Care Coordinator / Requestor Information *(*required data fields that must be completed)*

*Date: / /

*Requestor Name (first & last):

*Requestor Facility Name:

*Requestor Phone: - - ext. *Requestor Fax: - -

*Requestor Email:

Best Time to Reach Requestor (if more detail needed): 8am-11am 11am-2pm 2pm-5pm

Section 3: Member (Subscriber) Information *(*required data fields that must be completed)*

*Member's Insurance Plan (Product Type): Commercial Medicare Medicaid

If a commercial plan, identify sponsoring employer Group Name (if known):

*Member (Subscriber) Name (first & last):

*Member Blue Cross ID Number:

*Member Date of Birth (DOB): - -

*Member Phone Number: - -

Member Best Time to Call (to reach member): 8am-11am 11am-2pm 2pm-5pm

OK to Contact Member Directly

Contact Care Coordinator / Requestor before calling member

Section 4: Referral Information

Type of Case Management Requested: Chronic Condition Management
 Case Management (medical or behavioral health)
 Tobacco Cessation
 Other:

Member's Primary Diagnosis for Case Management:

Member's Secondary Diagnosis (if applicable):

Member's Provider Name:

Provider Phone Number: - - ext.

Reason for Referral:

**Additional Information
Regarding Referral:**

Medical Management Referrals

Blue Cross Health Coaches can provide case management services in complex situations involving catastrophic illness, high medical costs, frequent hospitalizations, out-of-state providers, or when a member's caregiver requests additional education or support. These same Health Coaches can also work with members that have more chronic conditions. The program is completely voluntary and a member's health insurance is not impacted by participation in the program.

Care Management Hours of Operation:

Monday through Friday 8:00 a.m. to 4:30 p.m. Central time, *excluding Blue Cross holidays*

Case Management Conditions & Referral Triggers:

- Catastrophic or complex illness or conditions (Medical or Behavioral Health)
 - Medical
 - Behavioral Health
 - Specialty Case Management for
 - Eating Disorder
 - Substance use
 - Autism
 - Oncology- metastatic cancer
- Post Inpatient support
- Care coordination and readmission prevention.
- Maternity Management- high risk pregnancies but can offer support to all members.

Chronic Condition Management supported where there is a gap in care:

- Asthma
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Mood Disorder (Depression, & Bipolar Depression)
- Diabetes
- Heart Failure