

BCBSRI Case Management Referral Form

To refer a member for case management services, please complete this form and **fax it to** (401) 459-5804, Attention Triage.

0	Urgent	
0	Routine	Referral Date:
Patier	nt Information	
First Name:		Last Name:
BCBSRI ID Number:		Date of Birth:
Phone Number:		Member's Preferred Language:
Refer	ral Source Information	
Name of Person Completing Form:		Phone:
Title o	of Person Completing Form:	
Patien	t's Primary Physician:	
Physician Phone Number:		Physician Fax Number:
Reaso	n for Referral:	
Prima	ry Diagnosis:	
Histor	ry of Present Condition:	
Currei	nt Services (if known):	
Was tl	he patient or primary caregiver inf	formed that a referral is being made? Yes No
Comn	nents:	

Submitting a Case Management Referral

Please fax the following information to BCBSRI at (401) 459-5804:

- Referral form
- Medication list
- Any additional clinical information that may help the case manager in addressing your patient's needs

Case Management – General Information

BCBSRI's case management services are provided by registered nurses, social workers, registered dieticians and health advocates. They help patients:

- 1. Who have a complex medical or behavioral health condition
- 2. For whom case management services would likely reduce the risk of adverse outcomes

Upon referral, a case manager will screen for the appropriateness of case management services and triage for urgency of initiating services.

Examples of Cases that Should Be Considered for Case Management Referral

- Medically complex or fragile condition with comorbidities requiring assistance with implementing a treatment plan and addressing access barriers
- Chronic conditions, such as COPD, CHF, ESRD, Hepatitis-C, substance abuse, and cirrhosis, that are not well controlled
- Asthma with ER and inpatient utilization
- HIV non-compliant with medications and/or with ER/inpatient hospitalization
- Dementia
- Oncology with complications
- Organ transplant with complications
- Frequent ER use
- Depression