

Univera Community Health Case Management Referral

Physician Information:

Attending
Physician: _____

Tax ID #: _____

Contact Name: _____

Contact Phone #: _____

Demographic Information:

Member Name: _____

Member ID #: _____

Date of Birth: _____

Plan Name: **CHP FHP PlusMed**

Phone: _____

Address: _____

Medical Needs

Hospital Utilization: Inpatient Admission, Readmission, or ER
Life threatening event with complex benefit needs and/or issues
Psychosocial events causing decline in medical/functional status
Transplant - Solid organ or bone marrow
Home Care
Pregnancy
Potential high dollar medical needs
Acute or chronic medical illness
SSI eligible with complex medical needs
Receiving services from multiple providers

Behavioral Health Needs

ER visit within 6 months for mental health and/or chemical dependency
Behavioral health discharge planning needs (complex)
Depression with history of 2 or more ER visits or 1 admission in 24 months

Psychosocial Needs

Assistance with obtaining medical services, including transportation and patient advocacy
Community resources Needed
Difficulty with understanding basic directions
Housing - Homeless or staying at a temporary shelter
Lack of food
Language barriers
Medications - Difficulty in obtaining
Moved out of the assigned county or service area
Non-compliance history with medical appointments and/or follow through with community resources
Social Work interventions
Transportation needs
Unable to contact

Notes / Comments

Univera Community Health

Fax: (716) 614 - 5760

Phone: (800) 509 - 5290