COMMUNITY HEALTH PLAN of Washington™

CHPW Care Management Referral Form

Date:_____/_____/_____

Member Information

Member Name:_____ DOB____/____/____

Telephone Number: _____ CHPW ID or Provider One ID:

Preferred Language: _____ _____

Referral Source Information

Printed Name of Person Requesting: _____ E-mail address _____

Printed Name of Referring Provider (if not the same as the Requestor): Phone Number: (___) ___ - _____

_____ Fax Number: (___) ___ - _____

Clinic Name of Referring Provider: _____

TIN or NPI of Referring Provider (optional): _____

Care Management Programs– see reverse for further information

☐ Case Management – Assists members with multiple chronic medical and/or behavioral conditions and/or frequent use of ER/hospital.

☐ Health Coaching – Assists members at risk for or with adult and pediatric asthma, congestive heart failure, diabetes, and COPD.

☐ Transition of Care – Assists members transitioning between care settings.

☐ Community Linkages – Coordinates care and services for members requiring assistance with community-based resources.

Medical – Member with:

☐ Asthma
☐ Cancer
☐ Chronic Back Pain
☐ Chronic Kidney Disease
☐ Congestive Heart Failure
☐ COPD
☐ Coronary Artery Disease
☐ Crohn's Disease
☐ CVA
☐ Depression
☐ Diabetes
☐ Epilepsy/Seizures
☐ ESRD/Dialysis
☐ Hemophilia
☐ High Healthcare Cost
☐ HIV/AIDS
☐ Hypertension
☐ Migraines
☐ Multiple Sclerosis
☐ Obesity
☐ Osteoarthritis
☐ Parkinson's Disease
☐ Rheumatoid Arthritis
☐ Tracheostomy
☐ Ulcerative Colitis
☐ Ventilator Dependency
☐ Other _____

Behavioral – Member diagnosed with:

☐ Anxiety disorder
☐ Autism spectrum disorder
☐ Chemical dependency/Substance abuse
☐ Developmental delay
☐ Psychosis/Psychiatric disorder
☐ Impulse control disorder
☐ Major depression
☐ Mood disorders
☐ Other _____

OB

Current gestational age:_____weeks

☐ High risk OB

Social – Needs assistance with:

☐ Bill paying
☐ Caregiver respite
☐ Child Care
☐ Elder Care
☐ Food bank
☐ Housing
☐ Transportation
☐ Employment assistance

SSI/SSDI Benefits

☐ Assist member with applying for disability benefits through SSI/SSDI

Please send completed form by Fax to: 206-652-7073 or email to CareMgmtReferrals@chpw.org

COMMUNITY HEALTH PLAN of Washington™

Community Health Plan of Washington Care Management Referrals

Community Health Plan of Washington (CHPW) offers free programs to members with complex health conditions. You play an important role in connecting members with these valuable services. CHPW offers the following Care Management programs to assist our members:

Case Management

Assists members with multiple chronic conditions and/ or frequent use of the emergency room and /or hospital. Our case managers coordinate care, manage transitions between levels of care, and work collaboratively with all providers to identify the best care plan possible. Areas of focus include addressing member's psychosocial barriers to health condition improvement, medication compliance, and member goals resulting in decreased emergency room and hospital utilization.

Transition of Care

Assists members to ensure care is uninterrupted when moving between care settings or to the home. Care settings may include hospitals, mental health facilities, substance use treatment facilities, skilled nursing facilities, long-term care facilities, rehabilitation facilities, and correctional facilities. Areas of focus include coordination of services, reviewing discharge plans, and possibly connecting members to longer-term care management programs.

Health Coaching

Helps members at risk for or diagnosed with adult and pediatric asthma, congestive heart failure, diabetes, and COPD. Health Coaches provide education, coaching, and support to members to help them understand and manage their conditions.

Community Linkages

Assists members by addressing social determinants that have an impact on member health. Provides care coordination and referral services to members requiring navigation assistance and access to plan and community-based benefits and resources.