



Care Management Program Access Form

MMM of Florida, Inc. provides Case Management (CM) services to high and moderate risk members of MMM. Upon referral, a Case Manager will determine the appropriateness of CM services. To request Case Management services, complete the following referral form information and send it via fax to **833-523-2621**. You can include any additional clinical information that may assist the Case Manager to provide her/his services to the referred member. You can also call our Customer Services Department at **1-833-991-9959**.

Member Information	
Member ID #: _____	Referral Date: _____
Member Name: _____	Telephone #1: _____
Contact Name: _____	Telephone #2: _____
Referral Source Name: _____	Telephone No: _____
REFERRAL CRITERIA	
Has to meet 3 or more criteria	
COMPLEX CASE MANAGEMENT	DISEASE MANAGEMENT
<input type="checkbox"/> <u>Utilization Criteria</u> <ul style="list-style-type: none"> <input type="checkbox"/> Multiple Admissions: More than 3 admissions within 3 months <input type="checkbox"/> Readmission within 30 days with same/similar diagnosis <input type="checkbox"/> Multiple ER Visits: More than 3 per month <input type="checkbox"/> <u>Major Surgery</u> <ul style="list-style-type: none"> <input type="checkbox"/> Major Trauma (MVA, TBI, etc.) <input type="checkbox"/> Bariatric Surgery <input type="checkbox"/> Major organ transplant <input type="checkbox"/> <u>Chronic conditions (4 or more)</u> <input type="checkbox"/> <u>Catastrophic Conditions</u> <ul style="list-style-type: none"> <input type="checkbox"/> HIV <input type="checkbox"/> End Stage Renal Disease <input type="checkbox"/> Active Cancer Under treatment <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Amyotrophic Lateral Sclerosis <input type="checkbox"/> <u>Polypharmacy</u> (30 or more prescriptions per quarter) <input type="checkbox"/> <u>Psycho-social Risk</u> <ul style="list-style-type: none"> <input type="checkbox"/> Access to care <input type="checkbox"/> Undomiciled <input type="checkbox"/> Unable to travel <input type="checkbox"/> Cost of care <input type="checkbox"/> Inability to care for self <input type="checkbox"/> Recent falls <input type="checkbox"/> <u>Significant Change on Health Status</u> <ul style="list-style-type: none"> <input type="checkbox"/> New catastrophic Diagnosis <input type="checkbox"/> Diabetic with serious complications (amputation, infected ulcers) <input type="checkbox"/> Metastasis Cancer – New Diagnosis 	<input type="checkbox"/> <u>Has Chronic Conditions</u> <ul style="list-style-type: none"> <input type="checkbox"/> <u>Diabetes Mellitus</u> <ul style="list-style-type: none"> <input type="checkbox"/> Newly diagnosed <input type="checkbox"/> Insulin dependent or use of Insulin Pump <input type="checkbox"/> A1c > 9% <input type="checkbox"/> No monitoring <input type="checkbox"/> <u>Hypertension</u> <ul style="list-style-type: none"> <input type="checkbox"/> Newly diagnosed <input type="checkbox"/> Uncontrolled Hypertension <input type="checkbox"/> Non-compliant with Medications <input type="checkbox"/> No monitoring <input type="checkbox"/> <u>Utilization Criteria</u> <ul style="list-style-type: none"> <input type="checkbox"/> Multiple Admissions: More than 3 admissions within 6 months due to the above chronic condition <input type="checkbox"/> Readmission within 30 days with same/similar due to the above chronic condition <input type="checkbox"/> Multiple ER Visits: More than 3 per month due the above chronic condition

The information contained here is privileged, confidential and for exclusive use of the addressee. If you receive this by mistake, you are not authorized to use, distribute or photocopy this information. Please notify MMM of FL immediately by calling 1-833-991-9959 to coordinate the return and/or destruction of the documents.