



UMPQUA HEALTH
ALLIANCE

500 SE CASS AVENUE, SUITE 200
ROSEBURG, OR 97470

Case Management Referral Form

FAX FORM TO: 541-229-8180

Date: _____

MEMBER INFORMATION:

Last Name: _____

First Name: _____

Member ID#: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Additional Contact: _____

REFERRAL SOURCE INFORMATION:

Referring Provider name: _____

Phone Number: _____ Fax Number: _____

Office Contact: _____

REFERRAL REASON(S):

CLINICAL INFORMATION (Include ED/inpatient stays and other agencies involved, i.e: home health, senior disable services, ADAPT, Compass Behavior Health, etc)

Is the member and/or primary caregiver aware that a case management referral was made?

☐ YES

☐ NO

Thank You for the Referral!

Submitting a Case Management Referral

Please fax the following to Umpqua Health Alliance Case Management to 541-229-8180

Completed Referral Form and any additional clinical information that may help the case managers address the needs of the member.

Case Management – General Information:

Umpqua Health Case Management services are provided to our members by Umpqua Health Alliance. They help members who:

- Have complex medical **and/or** behavioral health conditions
- Have high psychosocial risk factors
- Needs assistance navigating through the health care system and continuum of care

Once the referral is received in our office, a Case Manager will screen and triage the referral to the appropriate case manager. If the member accepts Case Management our Case Manager will work with the member to come up with a Care Plan. If the member should decline our services we will notify the referring physician or referral source.

EXAMPLES OF CASES THAT SHOULD BE REFERRED TO CASE MANAGEMENT:

- Medical non-adherence
- High utilization of Emergency Department
- Members who will be having or have had life altering surgery (temporary or long term)
- Frequent hospital admissions and readmissions within 30 days of discharge for conditions such as diabetes, asthma, COPD, CHF, HTN etc.
- Cognitive changes (memory, mood, personality or behavior changes by a geriatric member)
- Coordination of care is needed for members receiving medically necessary services outside of the Health Plans provider network.
- Unstable medical conditions warranting closer monitoring (uncontrolled diabetes, COPD, CHF etc)
- Complex or chronic medical conditions (transplants, cancer, ESRD, COPD, CHF, terminal illness w/o hospice services)
- Self-care deficits or care coordination with specialized programs