



Care Management

Provider Request Form

Humana Care Management helps your patients covered by Humana remain independent at home. Humana provides personalized and proactive care management to patients at risk of frequent hospitalization or readmission.

Completed forms can be submitted in two ways:

- Fax completed form to 1-877-770-0651 using a fax cover sheet
- Email the form using our secure email portal. Standard email is not secure and may expose information to unauthorized parties.

To send a secure email, [visit this portal](#) and send your message to HAH_ProviderReferrals@Humana.com.

Patients who might benefit from a referral to Humana Care Management:

- Have a comorbid/medically complex chronic condition(s) OR a poorly controlled health condition that significantly limits overall health/function AND:
 - Requires intensive care coordination OR additional support (beyond current providers & support system) to manage health
 - OR**
 - Requires extensive resources and/or services to regain optimal health or improved functionality
- Are at high risk for hospitalization or other adverse health outcomes due to
 - A medical condition that requires continuous, longer-term support & monitoring
 - Requiring frequent adjustments in treatment plan, care plan, and/or medication regimen
 - Need for health education & support for building condition knowledge and self-management skills
 - Lack of resources/areas of concern impacting ability to self-manage (i.e., struggling with financial constraints or barriers related to Social Determinants of Health (SDoH) such as food insecurity, unstable housing, lack of transportation or inability to afford medications

To refer a patient for Humana Care Management services, please provide the information requested below and briefly describe the specific goal you would like the Humana Care Management team to attempt to accomplish on Page 2.

Humana member ID:	Member name:	Date of birth:	Member phone number:
Referred by (name):	Referrer email address:	If referrer is a physician, add physician's phone number:	
Caregiver name:	Caregiver phone number:	Caregiver email address:	



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Patient care needs

Please fill out the form below to provide our care management team with a better understanding of the specific goal you would like the Humana Care Management team to attempt to accomplish with the patient.

Chronic or Behavioral Health conditions

Please list any chronic conditions/illnesses or behavioral health conditions:

Health-related condition/illness requires ongoing management/additional support to manage

Please select all that apply

<input type="checkbox"/>	Frequent adjustments to treatment plan (e.g., frequent visits to PCP/Specialist, ongoing medication monitoring, medical testing/labs, etc.)
<input type="checkbox"/>	Inability or difficulty complying with scheduled appointments and tests (e.g., coordinating across specialties and services)
<input type="checkbox"/>	Inability or difficulty complying with medication regimen (e.g., consistent non-adherence such as missed refills, multiple medications with drug-to-drug interaction concerns, concerns about not being on appropriate medication therapies)
<input type="checkbox"/>	Need for health education & support for building condition knowledge & self-management skills (e.g., signs and symptoms to be aware of, etc.)
<input type="checkbox"/>	Recent changes to overall health that are concerning or interfering with ability to perform activities they were previously able to do
<input type="checkbox"/>	Other, please explain:

Lack of resources/areas of concern impacting ability to self-manage

Please select all that apply

<input type="checkbox"/>	Lack of transportation to necessary appointments or procedures
<input type="checkbox"/>	Lack of funding for necessary medications, co-pays, etc.
<input type="checkbox"/>	Unsafe living environment (bathroom, poor heating/cooling, ramp/handrails needed, etc.)
<input type="checkbox"/>	Inconsistent access to healthy meals
<input type="checkbox"/>	Other, please explain:

What specific health goal is the patient wanting to achieve by working with Care Management?

Briefly describe the health goal: