## **Care Management Referral Form**



WellSense Health Plan offers a variety of care management programs to members with complex medical or behavioral health conditions, or other barriers to health. Please complete this form to recommend your patient for Care Management. We will notify you via email of the program that best fits your patient's needs.

Member Information							
Member's Legal Name			DOB		Gender		
Member's Preferred Name			Preferred Language		Pronouns		
WellSense ID #			Medicaid ID #				
Home phone			Cell phone				
Address							
Legal guardian name			Legal guardian phone number				
Referring Provider Information							
Referring provider name			□ PCP □ Specialist □ Other				
Referring provider/group name /							
Email	Phone		Fax				
State or community agency involvement:							
Care Management Referral Reason							
Reason for Referral (check all that apply):   Multiple recent hospitalizations   Multiple ED visits   Complex behavioral health/SUD needs   Complex medical needs   Special needs   2+ chronic conditions under poor control   Need functional assistance with ADLs/IADLs   High risk pregnancy   Other	S	□Serious and Pe Illness (SPMI)	e Disorder (SUD)	Socioeconomic barriers (check all that apply): Homelessness Housing insecurity Food insecurity Lack of social supports Frequent missed or canceled appointments Transportation issues Other SDOH needs			

Add pertinent clinical and psychosocial information to assist with triage to appropriate program (e.g. specific diagnosis, social determinants of health, recent admits, and/or current presentation/goals):



Preferred Care Management Program	Submit to:	
Massachusetts Care Management (includes medical, social, maternal child health)	CM.Tel@wellsense.org or fax 617-951-3426	
New Hampshire Care Management (includes medical, social, maternal child health)	NHCare.Management@wellsense.org or fax 866-409-5657	
New Hampshire Medicare Advantage Care Management	NHCM.MedAdv@wellsense.org or fax 866-409-5657	
Behavioral Health Care Management (includes BH and SUD)	BHCMReferrals@wellsense.org	
Massachusetts BH Community Partner	BHCP@wellsense.org	
Massachusetts LTSS Community Partner	LTSSCP@wellsense.org	