



Western Health Advantage
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CONFIDENTIAL

CASE MANAGEMENT REFERRAL

Referral Date: ____ / ____ / ____

WHA Contact: ____

Dear Case Manager:

In an effort to improve coordination of care for our members, Western Health Advantage or one of our health care affiliates has identified this member as a potential candidate for case management (CM) assistance. Please screen this member using your available resources and CM guidelines to see if s/he meets criteria, and notify us of your finding by faxing this form back to us within two (2) weeks of receipt. Thank you.

Member Name: _____ ID #: _____
 Address: _____ Phone #: () - _____
 DOB: ____ / ____ / ____ Sex: F M Referral Source: _____
 Medical Group: _____ PCP: _____ Specialist: _____

CLINICAL DATA

Diagnosis: _____

Comments/Reason for Referral:

Note: If this case is related to Behavioral Health and is accepted into CM, you may contact Magellan (or UBH for UCD employees/retirees) directly and schedule a case conference to coordinate care for this member.

GROUP RESPONSE TO PLAN

Date Referral Received: ____ / ____ / ____ Date Case Screened: ____ / ____ / ____

Status (check one):

- Did not meet CM or CCM criteria
- Met criteria but no needs identified
(or member/rep declined to participate)
- Met Criteria (case opened to CM/CCM)
- Other (explain): _____

Response Completed by: _____ Date: ____ / ____ / ____

Comments:

(Please attach separate sheet for additional comments)