

Humana Dual Integrated (HMO D-SNP) in South Carolina Case Management Referral Form

Please email or fax this form as follows:

Case management and care coordination, SCMCDCareManagement@humana.com, 833-441-0948

Date:

Member information

Member name:

Date of birth:

Member ID:

Member phone number:

Primary diagnosis:

Secondary diagnosis:

Parent/guardian name:

Parent/guardian phone number:

Is member aware of referral?

Yes

No

Provider information

Provider name:

Provider NPI*:

Role in member's care team:

Primary care provider

Specialist

Case manager

Office contact name:

Office phone number:

Email/fax:

Reason for case management referral

Assistance finding a provider (e.g., dental, vision, specialist, other)

Type:

Behavioral health need

Depression

Substance use disorder services/support

Other Specify: _____

Opportunities for care Specify: _____

Caregiver resources/support

Humana®

Reason for case management referral

Durable medical equipment

Health coaching (e.g., diabetes, emergency room [ER] use, HIV, hepatitis C, weight management, tobacco cessation)

Condition/topic: _____

Pharmacy needs

Medication non-adherence

Over-the-counter pharmacy assistance

Specialty pharmacy

Other Specify: _____

Maternity support

New pregnancy

High-risk maternity

Doula support

NICU[†]

Other Specify: _____

Recent trauma and/or stress Specify: _____

Social determinants of health (SDOH) need(s)

Education

Food insecurity/nutrition

Employment

Housing insecurity, homelessness or utility assistance

Financial assistance

Transportation

Other Specify: _____

Additional information:

* NPI stands for National Provider Identifier.

† NICU stands for neonatal intensive care unit.