Florida Telephonic Medicaid Case Management Referral Form

Physicians and other healthcare providers requesting prior authorization for outpatient or inpatient services should submit requests to the clinical intake/prior authorization team via phone at **866-856-8974** or fax at **813-321-7220**.

For all comprehensive member needs—long-term care (LTC) and managed medical assistance—please contact the member's Humana LTC coach or call the provider help line at **888-998-7735**. Patients can call Humana's member help line at **888-998-7732**.

Please review all details below before sending a referral to our shared mailbox: **FL_MMA_CM_Referrals@humana.com**.

For assistance, call our toll-free case management number: **800-229-9880**.

Patient name:	
Patient address:	
Humana ID:	Pharmacy:
Phone:	Date of birth:
Plan:	Effective date:
Member language preference: English Spanish Other	

Type of referral: Routine   Urgent

Power of attorney on file? Yes (If **yes**, please attach with referral) No	
Relationship:	
Home phone:	Cellphone:

Family member name(s):	Relationship(s):
Home phone:	Cellphone:

Person making referral:	Phone:

Humana
Healthy Horizons ®
in Florida

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Patient primary care physician (PCP):	
PCP address:	
Office phone:	Fax:
Office email:	
Provider email (if different from office):	

Patient referral (please check):

Case management	Palliative care	Substance use program
Disease management	Pediatric case management	
HumanaBeginnings™	Social work	

Please check applicable disease(s) below:

Alzheimer's	End-stage renal disease (ESRD)/
Asthma	Chronic kidney disease (CKD)
Chronic obstructive pulmonary disease (COPD)	HIV/AIDS
Congestive heart failure (CHF)	Hypertension
Diabetes	Sickle cell

Demographics (include patient function level, living arrangements, transportation, challenges, etc.):

Problem list:

Hospitalizations (include date and name of hospital(s)):

Procedures/surgeries:

Healthcare Effectiveness Data and Information Set (HEDIS®)* measures:
Medications: