

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. Submit via phone at **866-856-8974** or fax at **813-321-7220**.
- For all comprehensive members' needs (long-term care [LTC] and Managed Medicaid Assistance), please contact the member's Humana LTC coach or call the Provider Help Line at **888-998-7735**. For patients, Humana's Member Help Line number is **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: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
Type of referral: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent	
Power of attorney on file? <input type="checkbox"/> Yes (If yes, please attach with referral) <input type="checkbox"/> No	
Relationship:	
Home phone:	Cell phone:
Family member name(s):	Relationship(s):
Home phone:	Cell phone:
Person making referral:	Phone:
Patient's PCP:	
PCP address:	
Office phone:	Fax:
Office email:	PCP email (if different from office):

Humana Healthy Horizons® in Florida

Humana Healthy Horizons in Florida is a Medicaid product of Humana Medical Plan Inc.

LC2815FL1019 FLHKN2XEN0123

Referring patient to (please check):

Case management Pediatric case management Disease management

(Please check applicable disease(s) below):

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> ESRD/CKD | <input type="checkbox"/> Palliative care |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Sickle cell |
| <input type="checkbox"/> CHF | <input type="checkbox"/> HumanaBeginnings™ | <input type="checkbox"/> Social work |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Substance Use Program |
| <input type="checkbox"/> Diabetes | | |

**COPD: Chronic obstructive pulmonary disease | CHF: Congestive heart failure
ESRD: End-stage renal disease | CKD: Chronic kidney disease**

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

Problem list:

Hospitalizations (include date and name of hospital):

Procedures/surgeries:

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

Medications: