

REQUEST FOR POPULATION HEALTH MANAGEMENT (PHM) SERVICES



Please email to **PHMReferrals@Cigna.com** (via secure email) or fax to **1-855-645-1230** if completing paper version, please write legibly.

Patient name:	Patient date of birth:
Phone number:	Provider:
Alternate contact (PR/family member/caregiver):	Phone number:

Personal representative (PR) authorization form is on file

Requestor category: PCP Optum Urgent care ED Complex/specialty case management
Other _____ **Priority:** Routine Urgent

Requestor name:

Requestor return phone number:

Requestor return fax number:

Follow up with requestor after services have been provided

Services requested (Select all that apply. Patient must give consent for outreach before services can be provided. Please include supporting documentation with the referral.)

Community/living environment resources

- Caregiver/respite Meals Transportation Dementia programs Loss/bereavement
 Elder law resources Affordable housing Group home/assisted living facilities
 ALTCS consideration as monthly income is confirmed as less than \$2,313 (2019 limit)
 Homeless; note how to contact _____ Other (specify) _____

Focused assessment and care management intervention related to:

- Frequent ED/acute care utilization Access to care/navigation of health care system
 Social determinates of health, suspected determinate: _____
 Medication management (possible pharmacy review indicated)
 Health literacy concern Fragile adult living alone
 Unstable living environment Dysfunctional family dynamic impacting health
 Domestic violence (not a replacement for mandatory reporting obligation of referral source)
 Behavioral health/substance use disorder Other (specify) _____

Health information/education support:

- Diabetes CHF COPD Certified diabetes education class (new DM dx or A1C < 8.5)
Other _____

Financial assistance resources

- Medication cost assistance Health insurance premium assistance Utility assistance
 Other _____

Patient has given consent for Cigna care management outreach, including nursing and/or social work

- Yes (must be checked in order for the referral to be processed)

Situation driving request:

Patient background:

Existing barriers: