Health Education and Care Management Referral Form

Complete all requested information (please print clearly). Today's Date:

Member Information

Last Name:	First Name:	Member ID/CIN#:
Address:	City/State:	Zip Code:
Current Phone #:	Preferred Language:	DOB:
Primary Diagnosis:		
Full Name of Guardian (if member is under 18 years of age):		

PCP Information

Provider Name:		
Address:	City/State:	Zip:
Phone Number:	Ext:	Fax Number:

1. Referral for Telephonic Educational Service

To refer a Passport member for the following health education services:
1. Fax or E-mail the completed referral form to Passport at 1 (800) 642-3691 or <MHIHealthEducationMailbox@PassportHealthPlan.Com>
2. Fax required documentation with all referrals.

Case Manager Outreach for:		Health Educator Outreach for:
☐ Asthma (2+ years old) ☐ COPD (35+ years old) ☐ Depression (18+ years old) ☐ Diabetes (18+ years old)	☐ Hypertension (18+ years old) ☐ SUD (18+ years old)	☐ Smoking Cessation (18+ years old) ☐ Adult Weight Management (18+ years old)

2. Medical Nutrition Therapy (Consultation with Registered Dietitian)

For all MNT referrals, please attach most recent progress notes and labs

Condition:	Requested Labs:	Other:
Diabetes	A1c, Lipid	Nutrition Assessment (specify need/goals):
Heart Failure	Chem 10, Lipid	
High Blood Pressure / Coronary Heart	Chem 10, Lipid	
Multiple Food Allergies	Allergy Testing	
Renal Disease (Not on dialysis)	Chem 10, GFR	
Unintentional Weight Loss	Chem 10	

For additional health education questions, please email us at <MHIHealthEducationMailbox@PassportHealthPlan.Com> or call 1 (866) 891-2320

PASSPORT BY MOLINA HEALTHCARE

3. Referral for Care Management Services

To refer a Passport member for Care Management services:
Fax or e-mail the completed referral form to Passport at 1 (800) 983-9160 or <CareManagement_KY@passporthealthplan.com>
If you have any questions, you may call (800) 578-0775 and speak to one of our Care Management team members.

Member's main diagnosis or reason for referral:	Please mark if there is a concern about the member's: ☐ Use of emergency room care for non-emergency health needs ☐ Lack of "pharmacy home" to manage schedule II-V controlled medications

Secondary diagnoses, issues, or barriers to care including Social Determinants of Health (i.e. diabetes, BH/SUD, h/o CAD, food insecurity, transportation barriers, housing insecurity, etc.):

Please check if the member has one of the following diagnoses:
☐ Serious Mental Illness
☐ Serious Emotional Disturbance
☐ Opioid Use Disorder

Additional Information:

4. Referral for EPSDT Well-Child Visit Outreach

Providers can refer any EPSDT eligible Passport Medicaid member (age 0-20) who has missed a scheduled well-child visit appointment and the PCP has been unsuccessful in outreach efforts to bring the member in for the visit within 30 days of the missed appointment. Providers can also refer members who have not followed up with a referral to a specialist secondary to abnormal findings of a well child exam. One of our CM's will attempt to outreach the member/caregiver and assist with bringing the member up to date with their well-child exam.
To refer a Passport member for EPSDT Care Management services:

1. Fax or e-mail the completed referral form to Passport at 1 (800) 983-9160 or <CareManagement_KY@passporthealthplan.com>
2. If you have any questions, you may call (800) 578-0775 to speak to one of our Care Management Team Members

Date of Scheduled Missed Well-Child Visit:	**Missed Referrals** Missed referral appt., date:
Preferred staff with whom CM should Coordinate:	Missed referral appt., provider: Referred provider phone number:

Outreach efforts or additional missed appointments within 30 days of initial missed well-child visit: