

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_Reerrals@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.

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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:

This communication is intended only for the person or entity to which it is addressed and may contain CONFIDENTIAL material. If you receive it in error, please contact the sender via the contact information above and delete or destroy the material/information.