

# Humana Healthy Horizons in Louisiana Case Management Referral Form

Please email or fax this form as follows:

General case management:	LAMCDCaseManagement@humana.com	1-833-981-0204
Maternity case management:	LAMCDMaternity@humana.com	1-833-982-0053
Housing/SDOH need program:	LAMCDSDOH@humana.com	1-833-982-0052

Date: \_\_\_\_\_

## Member information

Member name:	Date of birth:
Member ID:	Member phone number:
Primary diagnosis:	Secondary diagnosis:
Parent/guardian name:	
Parent/guardian phone number:	Is member aware of referral?    Yes    No

## Provider information

Provider name:	Provider NPI:
Role in member's care team:	Primary care physician    Specialist
Office contact name:	
Office phone number:	Email/fax:

## Reason for case management referral

### Assistance finding a provider

Type:

### Behavioral health need

Specify:

### Opportunities or care

Specify:

### Caregiver resources/support

**Humana**  
Healthy Horizons®  
in Louisiana

Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.

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**Reason for case management referral****Dental**

Specify:

**Durable medical equipment**

Type:

**Gambling problem****Health coaching (e.g., diabetes, ER use, HIV, Hep C, weight management)**

Condition/topic:

**Medication non-adherence**

Specify:

**Pharmacy need**

Specify:

**Recent trauma and/or stress**

Specify:

**Social determinants of health (SDOH) need(s)**

Specify:

Education

Employment

Financial assistance

Food insecurity/nutrition

Housing

Transportation

Other: \_\_\_\_\_

**Substance use disorder services/support****Tobacco cessation****Vision****Other**

Specify:

Additional information:

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