

# CONDITION HEALTH/CASE MANAGEMENT PROGRAMS REFERRAL GUIDE



To Make a Referral: **Call 1-866-942-7966, Fax 1-866-942-7785 or Email [phmreferrals@mvphealthcare.com](mailto:phmreferrals@mvphealthcare.com)**

- Programs are open to members of MVP health plans at no charge and with no obligation
- Your referral triggers our outreach (or members may call the phone number above to self-refer)
- Sessions are confidential and conducted by phone
- Programs include education and training, personalized mailings and health coaching for those who need extra help to set and reach goals that are important to their treatment plans

## CONDITION MANAGEMENT PROGRAMS

Program	Patients to Refer	Information that MVP May Request
<b>Asthma</b>	Adults or children who have been in the hospital or ER due to an asthma attack; frequently using a rescue inhaler, waking up at night with trouble breathing and/or missing time from work or school because of asthma.	<ul style="list-style-type: none"> <li>• Controller medication</li> <li>• FEV1 or PFT</li> <li>• Inhaled corticosteroid</li> <li>• Use of spacer</li> <li>• Whether an asthma action plan is in place.</li> </ul>
<b>Cardiac</b>	Adults who have experienced a heart-related event in the past six months: open heart surgery (Coronary Artery Bypass Graft: CABG), a heart attack (Myocardial Infarction: MI), or a stent (Percutaneous Coronary Intervention: PCI).	Most recent labs (HDL, LDL, total cholesterol, blood pressure, triglycerides), use of Beta blocker
<b>COPD</b>	Adults with a diagnosis of chronic obstructive pulmonary disease.	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• COPD severity (stage 1-4)</li> <li>• FEV1 or PFT</li> <li>• O2 saturation</li> <li>• Use of spacer</li> <li>• Use of Systemic corticosteroid and bronchodilator medications</li> </ul>
<b>Depression*</b>	Adults with a diagnosis of depression or whom you may suspect to be depressed.	Information may be requested as needed
<b>Diabetes</b>	Adults or children whose diabetes is not under good control, have recently been to the ER for high or low blood sugars and/or who are not following recommended preventive guidelines for diabetes.	<ul style="list-style-type: none"> <li>• Blood pressure</li> <li>• Date of dilated retinal exam</li> <li>• Most recent labs: (HbA1C, LDL, total cholesterol, albumin/creatinine ratio or urine microalbumin)</li> </ul>
<b>Heart Failure</b>	Adults with a diagnosis of heart failure.	<ul style="list-style-type: none"> <li>• ACE inhibitor</li> <li>• ACE substitute</li> <li>• ARB</li> <li>• Blood pressure</li> <li>• Ejection fraction</li> <li>• Most recent labs (HDL, LDL, total cholesterol)</li> </ul>
<b>Low Back Pain</b>	Adults diagnosed with low back pain on more than one visit during a six-month time period.	Information may be requested as needed

## CASE MANAGEMENT PROGRAMS

<b>Acute Case Management</b>	Members who have high-risk medical complications including cancer, end stage renal disease, HIV and AIDS or serious health concerns other than those addressed by our condition-specific programs.	<ul style="list-style-type: none"> <li>• Recent H&amp;P, labs and office visit notes</li> <li>• Medical treatment plan</li> <li>• Medications</li> </ul>
<b>Little Footprints<sup>SM</sup></b>	Any pregnant MVP member who is experiencing a difficult pregnancy or has had problems with a previous pregnancy or is considered high risk.	<ul style="list-style-type: none"> <li>• Office prenatal form or health risk assessment</li> <li>• EDC</li> <li>• Completed Prenatal Risk Form for MVP Medicaid Members</li> </ul>
<b>Social Work</b>	Members who need help connecting to community resources and services.	Most recent office visit notes, caregiver resources
<b>Transplant Case Management</b>	For approval of transplant evaluations and listings for solid organ and bone marrow transplants.	<ul style="list-style-type: none"> <li>• Clinical information to support transplant request</li> <li>• Most recent labs and office visit notes</li> </ul>

\*Depression program managed by Beacon Health Options