



CARE COORDINATION NOTIFICATION FORM

FAX TO: 915-298-7863

Phone: 1-888-532-3778

E-Mail: preferredadmin@elpasohealth.com

Address: 1145 Westmoreland, El Paso, TX 79925

Use this form to refer TPA member to CARE Solution Department. Please complete all fields.

| | | | |
|---|------------------|--|--|
| Submitted Date: | | Referring Provider Name: | |
| Phone: | Fax: | Contact Person: | |
| Member Information | | | |
| Member Name: (Last, First M.I.) | | Address: | |
| Health Plan ID#: | DOB: | Phone: | |
| Provider Information (if applicable) | | | |
| Primary Care Provider: | Provider Address | Phone Number | |
| Specialist: | | | |
| Type of Specialist: | | | |
| Behavioral Health Provider: | | | |
| Hospital: | | | |
| Other Provider: | | | |
| Reason for Notification to Care Coordination (check "✓" all that apply) | | | |
| Care Coordination <input type="checkbox"/> Two or more inpatient admissions within the last year <input type="checkbox"/> Second Opinion Visit <input type="checkbox"/> Continuation of Treatment <input type="checkbox"/> Specialist not available in member's area <input type="checkbox"/> Significant impairment in two or more activities of daily living, particularly when there are inadequate support systems (e.g., trauma, brain injury, burns) <input type="checkbox"/> Needs help with coordination of medical services <input type="checkbox"/> Treatment of available in El Paso Region Area <input type="checkbox"/> Post-Transplant recipient <input type="checkbox"/> New Hemodialysis Other (please specify) <input type="checkbox"/> _____ | | Diagnosis/Medical History <input type="checkbox"/> Cancer <input type="checkbox"/> Organ Transplant <input type="checkbox"/> Neuro <input type="checkbox"/> Behavioral <input type="checkbox"/> Other: _____ Diagnoses: (list any pertinent that you would like us to address) _____ _____ | |
| Brief Description of Notification Need *For Preferred Administrators Only* | | | |
| | | | |
| NOTE: Member agreed to be referred for case management. Yes or No | | | |