

## How to make a referral:



Call your case manager directly

Send a message via NAMMNet Express to the CM/UM Mailbox. Attn: Embedded Case Management. Include patient name, DOB, reason for referral, diagnosis and daytime contact information for patient

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The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. This includes letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call 1-800-956-8000, option 5, TTY 711.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-800-956-8000, option 4, TTY 711.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電：1-800-956-8000, option 5, TTY 711。

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## Embedded case management provider guide

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We're part of your team. Our goal is to assist you in improving your patients' health and well-being. We'll see patients in your office, at a hospital, skilled nursing facility or their home.

### **When to make a referral:**

- Complex medical management of three or more comorbidities resulting in need of coordination of care
- More than two ER visits, hospital admits or SNF admits in the last 6 months
- Lives alone, unstable living condition or family incapable of managing care
- Fall risk: Two or more falls in the last 6 months resulting in injury, PCP or ER visits

- Cognitive impairment: New knowledge or exacerbation of cognitive impairment resulting in safety concerns for patient
- Needs assistance with: financial resources, housing, transportation, food, caregiving/placement
- Mental health: New knowledge or exacerbation of mental health issues resulting in safety concerns. Possible need for placement, psychiatry appointments and/or medications
- Barriers to care such as language, education, transportation or financial needs
- Non-adherence with care/medications
- Education for new medications or disease management
- Current drug/alcohol dependence resulting in exacerbation of medical condition
- Suspected abuse/neglect
- Coordination of care for referral to hospice or palliative care program
- Completion of advance directives/POLST