

HUSKY Health Program ICM Referral



Fax to: Intensive Care Management at 866.361.7242

Member's Name:	DOB:	HUSKY Health ID #:
Address:		
Phone:		
Home Phone:	Cell Phone:	
Primary Language:		
Best time to contact the member:		
Diagnosis:		

Provider Name:	Provider Phone Number:
Provider Fax Number:	

If you are part of a PCMH+ practice, please complete this section:

PCMH+ Practice TIN Name:	
Contact Person:	Phone Number:

Please check all appropriate needs/triggers that apply for this member:

✓	Need/Trigger	Please give details of the member's needs (type of DME, referral, etc.)
	Asthma	
	Diabetes	
	Pregnancy	
	Complex Medical Needs	
	Behavioral Health Needs	
	Pain Management	
	High Utilizer, ED	
	Care Coordination, Primary Care Needs	
	Care Coordination, Specialist Care	
	Care Coordination, DME	
	Community Support Needs	
	Homeless	
	Unstable Housing	
	PCMH+ Consult	Reason(s):
	Other:	

Signature

Date