

NW Momentum Health Partners (NWMHP) offers care management services to high-risk patients with multiple chronic conditions, behavioral health concerns, and socioeconomic barriers. Care management services provide one-on-one support to assist individuals, and their practitioner and care team, to manage their conditions and follow a prescribed plan of care.

To best support our practitioners and patients, NWMHP has instituted a Care Management Referral form that practitioners can complete (via hard copy or electronically) when it has been determined that a patient may benefit from the care management services we offer. Practitioners are asked to discuss the referral with their patients in order to support engagement and avoid patient confusion.

### **Referring Practice Point of Contact Information**

**Name:**

**Phone:**

**Email:**

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### **Indicators for referral to High-Risk Care Management:**

- Multiple chronic conditions.
- Specific chronic conditions including heart disease, HTN, COPD, cancer, asthma, diabetes, obesity, and depression.
- Social risks (e.g. housing instability, food insecurity, transportation issues, unable to afford medications).
- Mental health conditions.
- Practitioner or care team knowledge that patient is at risk with managing current health conditions.

### **Care Management Services that are provided to patients:**

- Dedicated Nurse Care Manager to assist patients in managing their health and prescribed care plan.
- Comprehensive care plan that reflects action steps and goals set in collaboration with the patient.
- Regular check-ins (typically monthly) via phone or visits to assist patients in staying on track.
- Support communication between patient, practitioner, and care manager.
- Connection to community resources and support, as needed.
- Primary Care and Specialty referral appointment compliance through reminders and other supports.
- Care transition support, including follow-up after hospital discharge or emergency room visits.
- Medication management including support obtaining and reconciling medications.

**Forward Care Management Referral to NWMHP via Fax: (360) 464-2563 or  
Encrypted Email: [careteam@nwmhpaco.com](mailto:careteam@nwmhpaco.com)**

**PATIENT ELIGIBILITY SHOULD BE CONFIRMED IN INNOVACER PRIOR TO SENDING THE REFERRAL**

Date of Referral:		
Referring Practitioner:	Phone:	Email:
<b>Patient Information</b>		
Patient Name (First, Middle Initial, Last):		
Patient ID:	Patient DOB:	Patient Phone:
<b>Practitioner Information</b>		
PCP Name:	PCP Phone:	PCP Email:
<b>Reason for Referral</b>		
<p><b>Patient's social risks (select all that apply):</b></p> <p> <input type="checkbox"/> Housing instability                      <input type="checkbox"/> Transportation issues  <input type="checkbox"/> Food insecurity                              <input type="checkbox"/> Unable to afford medications  <input type="checkbox"/> Other (describe):         </p> <p><b>Patient's chronic conditions:</b></p> <p> <input type="checkbox"/> Heart disease                                  <input type="checkbox"/> Asthma                                  <input type="checkbox"/> Other (describe):  <input type="checkbox"/> HTN    <input type="checkbox"/> Diabetes  <input type="checkbox"/> COPD    <input type="checkbox"/> Obesity  <input type="checkbox"/> Cancer    <input type="checkbox"/> Mental Health Conditions         </p> <p><b>Additional information regarding referral:</b></p>		
Referral has been discussed with patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, referral was discussed by (Name):	
<b>Internal Use Only - NWMHP Nurse Care Manager</b>		
Referral Process Date:	Name of NWMHP Nurse Care Manager Processing the referral:	

To report a complaint or concern related to Care Management services, you may contact the Compliance Department at 1.877.943.4337 option 7, or you may report anonymously by visiting [www.nwmomentumhealthaco.com/compliance](http://www.nwmomentumhealthaco.com/compliance).