

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:**

---

### **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.





1300 Evergreen Park Dr SW | Suite 200 Olympia, WA 98502  
1.877.943.4337 (option 4) | [careteam@nwmhpaco.com](mailto:careteam@nwmhpaco.com)  
Monday - Friday, 8am - 5pm

**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>  |   |  |  |  |  |   |  |  |                               |                                  |  |                                 |   |  |
| <b>Patient's social risks (select all that apply):</b><br><table border="0"><tr><td><input type="checkbox"/> Housing instability</td><td><input type="checkbox"/> Transportation issues</td></tr><tr><td><input type="checkbox"/> Food insecurity</td><td><input type="checkbox"/> Unable to afford medications</td></tr><tr><td><input type="checkbox"/> Other (describe):</td><td></td></tr></table>  |   |  | <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): |  |                               |                                  |  |                                 |   |  |
| <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):  |   |  |  |  |  |   |  |  |                               |                                  |  |                                 |   |  |
| <b>Patient's chronic conditions:</b><br><table border="0"><tr><td><input type="checkbox"/> Heart disease</td><td><input type="checkbox"/> Asthma</td><td><input type="checkbox"/> Other (describe):</td></tr><tr><td><input type="checkbox"/> HTN</td><td><input type="checkbox"/> Diabetes</td><td></td></tr><tr><td><input type="checkbox"/> COPD</td><td><input type="checkbox"/> Obesity</td><td></td></tr><tr><td><input type="checkbox"/> Cancer</td><td><input type="checkbox"/> Mental Health Conditions</td><td></td></tr></table> |   |  | <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 |  |
| <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         |  |  |  |  |   |  |  |                               |                                  |  |                                 |   |  |
| <b>Additional information regarding referral:</b>   |   |  |  |  |  |   |  |  |                               |                                  |  |                                 |   |  |
| 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).