

PROVIDER BULLETIN

PREFERRED IPA OF CALIFORNIA

1025 N. Brand Blvd.
Glendale, CA 91202

PHONE:

(800) 536-2867

Extensions:

Member Services	561
Provider Relations	562
Credentialing	224
Contracting	563
Capitation	216
Eligibility	254
Compliance	260

Utilization Management

Phone: (800) 874-2091

Authorizations: Option 1

Claims: Option 2

WEBSITE:

www.preferredipa.com

CASE MANAGEMENT REFERRALS

Please review this bulletin for the Criteria for Case Management Referrals, the form is included on the next page.

MEDICAL CONDITIONS

****Must have 2 or more of these Medical Conditions AND 1 High Risk criteria OR 1 of these Medical Conditions with 2 High Risk Criteria)**

- CHF (Stage 3+4 /C+D) or Ejection Fraction <35%)
- COPD w/all of the following: O2 Dependent, on Steroids & Inhaler, Restricted ADLs & multiple ER visits in 6 month period
- CVA with stroke prevention therapy
- Dementia w/comorbidities and Dependent for ADLs.
- Diabetes Uncontrolled or HA1C > 12
- End Stage Aids
- Multiple Wound Ulcers
- New onset of paralysis, paraplegia or Quadriplegia (diagnosed within 90 days)

HIGH RISK CRITERIA

****Must have 1 High Risk criteria w/ 2 or more Medical Conditions above or 2 High Risk criteria with at least 1 Medical Condition above)**

See attached Referral Form

If you have any questions, please call 818-265-0800 x563.

Fax authorization request to: (818)534-5423

CASE MANAGEMENT REFERRAL CRITERIA MET (Select one)

- Patient with 2 or more medical conditions listed below AND 1 High Risk Criteria below
 Patient with 1 poorly controlled medical conditions below AND 2 High Risk Criteria below

PLEASE INCLUDE ALL RECENT PROGRESS NOTES, MEDICATIONS, PERTINENT LABS AND IMAGING STUDIES.

Patient Name	Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB	Age
Address	City	Zip	
Phone No:	Member Number & Health Plan		
Family/Caregiver Name	Relationship	Phone	
PCP Name	Contact/Completed by:	Phone	

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- CHF (Stage 3+4 /C+D) or Ejection Fraction <35%)
 COPD w/all of the following: O2 Dependent, on Steroids & Inhaler, Restricted ADLs & multiple ER visits in 6 mo period
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 Multiple Wound Ulcers
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HIGH RISK CRITERIA

****Must have 1 High Risk criteria w/ 2 or more Medical Conditions above or 2 High Risk criteria with at least 1 Medical Condition above)**

- Poor Social Support (please provide explanation below)
- _____

- Poor Functional Status (please provide explanation below)
- _____

- Poor Nutritional Status (please provide explanation below)
- _____

- > Non-Compliance (Defined as: patient having multiple PCP visits once every month for 6 month period and member continues to be non-compliant). Please provide all PCP office visit dates below.

Visit 1 _____ Visit 2 _____ Visit 3 _____ Visit 4 _____ Visit 5 _____ Visit 6 _____

- > 2 Hospitalizations or > 3 ER visits in previous 6 months