Enhanced Community Care Management

REFERRAL FORM: Pennsylvania

Phone Number: 844-438-3226 (844-GET-ECCM)
Email: eccmreferrals@highmark.com
Fax: 844-978-2756

Please complete this form, include the patient's most recent H&P, Visit/Progress Note and Current Medication & Allergy List and email or fax it to the contact information listed above.

Patient Information			
Patient's Insurance:	☐ Highmark Medicare Advantage ☐ Highmark ACA		
Is this patient/caregiver aware of this referral?	☐ **Yes** ☐ **No**		
Patient Name:		**DOB:**	
Phone Number:		**Alt. Phone:**	
Patient Address:		**Alt. Address:**	
Emergency/Caregiver Contact Information:	**Name:** **Relationship:** **Phone Number:**	**Alt. Phone:**	
Physician Information			
Referring Physician:		**Phone Number:**	
Referrer's Name:		**Fax Number:**	
PCP Name:		**Phone Number:**	
PCP Practice:		**Fax Number:**	

General Considerations

Would you be surprised if this patient died in the next 12 months? *(check all boxes that apply)*

☐ Decreased or declining functional status
☐ Weight loss (5-10%) over the past 3-6 months
☐ Multiple co-morbidities –optimally treated or patient declining treatment
☐ Persistent, troublesome symptoms despite treatment of underlying condition (unacceptable level or pain, uncontrolled n/v, SOB, etc.)
☐ New event or diagnosis that is likely to reduce life expectancy to < 1 year
☐ None

Utilization

☐ Did the patient have 1, 2, or more hospital admissions/ED visits w/ 1 unplanned long-term/advanced illness?
☐ Unplanned hospital admission (2 more in last 12 month2) Date(s):
☐ ED visits (2 or more in the last 6 months) (insert checkbox) Date(s):
☐ No recent hospital admissions or ED visits

Long-Term or Advanced Illness

☐ Diagnosis of chronic/progressive disease(s)
Please list most advanced disease state (s):
(ALS, Anxiety, Cancer, CV, CVA, COPD, Connective Tissues, Dementia, DM, HIV, Huntington's Liver, Renal, PVD)

Symptom Management:	Difficulty management symptoms? ☐ **Yes** ☐ **No** Comments:
Polypharmacy:	☐ **Yes** ☐ **No**
Additional Clinical Notes:	