



<b>Patient Last Name</b>	<b>Patient First Name</b>	<b>Patient Middle Name</b>
<b>Patient DOB</b>	<b>Health Plan ID</b>	<b>Patient Home or Cell Phone</b>
<b>Referring Provider Name</b>	<b>Provider Type</b>	<b>Provider Phone</b>
<b>Provider Email</b>		<b>Provider Fax</b>

**Please check all that apply to this member:**

<input type="checkbox"/> 15 prescription medications identified in HAV visit	<input type="checkbox"/> Evaluation for referral to hospice needed
<input type="checkbox"/> Active Cancer /chemotherapy	<input type="checkbox"/> Feeding tubes
<input type="checkbox"/> Advanced Care Planning discussion needed	<input type="checkbox"/> Frequent ER utilization (2 or more visits in last 6 months)
<input type="checkbox"/> Advanced wound care assessment / planning needed	<input type="checkbox"/> High Risk for Readmission
<input type="checkbox"/> CHF (NYHA stage III and IV)	<input type="checkbox"/> Hoyer lift
<input type="checkbox"/> CKD stage IV or greater	<input type="checkbox"/> Hypertension (uncontrolled, >160 systolic)
<input type="checkbox"/> CKD>4 and not interested in pursuing dialysis	<input type="checkbox"/> Liver disease with ascites
<input type="checkbox"/> Complex psychosocial or symptom management needed	<input type="checkbox"/> Member is home bound /bed bound or institutionalized, or at risk of either
<input type="checkbox"/> COPD (Gold stage III, IV)	<input type="checkbox"/> Paraplegia /quadriplegia
<input type="checkbox"/> Dementia with functional decline, Parkinson's, CVA with inability to maintain caloric intake or hydration, ALS, or MS	<input type="checkbox"/> Progression of cancer or metastasis
<input type="checkbox"/> Dialysis	<input type="checkbox"/> Two falls in the last 6 months
<input type="checkbox"/> DM2 (HbA1c >9.0, hypoglycemic episodes, or new to insulin) resulting in an admission	<input type="checkbox"/>

**\*The Alignment Healthcare Clinical team will review all referrals and route to the appropriate care intervention team based on referral criteria and internal risk score. Intervention teams include:**

- **Care Anywhere Home Based High Risk Program**
- **Telephonic Case Management (CCM/TDM)**

**You may refer members by sending this form via secure email to:**

[CareAnywhereCoordinationNC@AHCUSA.com](mailto:CareAnywhereCoordinationNC@AHCUSA.com)