SOONER HEALTH ACCESS NETWORK

Referral for Sooner HAN Complex Care Management

Submit Referral By:
Fax OR Secure Email

MEMBER INFORMATION		REFERRAL DATE:
SoonerCare Choice: ☐ Yes (Continue to HAN for Referral) **SoonerSelect Aetna Better Health of OK** ☐ Yes (Continue to HAN for Referral) ☐ **NO (STOP** – Refer to Clinic for Internal Care Management)		**Member ID (9 Digit RID #):**
Member's Name:		**Date of Birth:**
Mailing Address:	**Physical/Finding Address (if different):**	☐ **Cell Phone #:** ☐ **Home/Other Phone #:**
Email Address:		
Additional Contact Name: **(If Applicable)**	☐ Parent ☐ Primary Caregiver ☐ Legal Guardian** ☐ POA** ☐ Other _____	☐ **Phone #:**

CLINIC INFORMATION			
Clinic Name:		**Primary Care Provider:**	
Person Making Referral	Name: Phone #:	**Clinic Primary Contact** (If different than person making referral)	Name: Phone #:
Primary Diagnosis: **Secondary Diagnosis:**		**Language Request for Care Management:** ☐ **English** ☐ **Spanish** ☐ **Other: _____**	

Reason for Referral ***(Check all that apply and provide details in comment section):***

☐ Poorly controlled chronic condition(s) ☐ Multiple unmet complex social needs ☐ Behavioral Health
☐ High ER Utilization ☐ Frequent missed appointments for chronic condition(s)
☐ Other:
Required comments:

Does Member know about referral?
☐ **Yes** ☐ **No, if no why not?**

Date of Member's Last PCP Appointment:	**Date of Member's Next PCP Appointment:**

FOLLOW UP - Please indicate preferred follow up method:

☐ **Secure Email to Clinic Care Manager Contact:** _____ ☐ **Secure Email to PCP:** _____	☐ **Secure Email to PCP and Clinic Care Manager Contact:** _____ ☐ **Phone report: _____** ☐ **Scanned report** ☐ **Other: _____**

☐ **Please attach an updated medication list and any pertinent medical records to this referral.**

Referral for Sooner HAN Complex Care Management

Submit Referral By:
Fax OR Secure Email

SOONER HAN INTERNAL USE ONLY	
Referral Review Completed by:	**Date:**

☐ **Yes**
- ☐ **Assigned to: _____**

☐ **No – Returned to Clinic**
- ☐ **Complex Care Management needs not identified**
- ☐ **Not SoonerCare Choice Eligible**

DIRECTIONS TO SUBMIT REFERRAL

Please Submit Referral to the Sooner HAN, one of the following two ways:

Fax: (918) 660-3042 OR;
Email: SoonerHAN@ouhsc.edu (*Secure Email Only*.)

**Legal Guardian and/or POA – Must provide copy of Legal Guardianship and/or POA Documents