

The Care Coordination Program helps XO Health members with medical, behavioral health, and support services to improve their health care. Care Coordinators help members use their benefits to get needed services and find their way through the health care system. Members with specific health needs may also enroll in Care Management (and/or Disease Management Programs).

Clinicians, Discharge Planners, Utilization Reviewers and Caregivers: Please use this form to refer members to these programs. Within five (5) business days of receiving this referral, a Care Coordinator will reply to the contact people listed on this form. If the need is more urgent, please call 877-367-9696 (XOXO).

Members: If you want to refer yourself to Care Coordination, you can bypass this form by sending an email message through the Member Portal at <https://member.xohealth.com/>

Who Are You Completing This Form For?		(Please Print Clearly)
Date (mm/dd/yyyy)	Organization/Department	
Name & Title	Relationship to Member	
Phone	Email	

Member Information		(Please Print Clearly)
Name	Date of Birth (mm/dd/yyyy)	
RIN	PCP	
Phone	Address	
Phone Type <input type="checkbox"/> Landline <input type="checkbox"/> Cell	Language Preference	

Reason for Referral (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Complex Medical Condition(s) </div> <div style="width: 50%;"> <input type="checkbox"/> Diabetes Disease Management </div> <div style="width: 50%;"> <input type="checkbox"/> Multiple Emergency Room Visit and/or Hospital Admissions </div> <div style="width: 50%;"> <input type="checkbox"/> Asthma Disease Management </div> <div style="width: 50%;"> <input type="checkbox"/> Help With Medical Services/Community Resources </div> <div style="width: 50%;"> <input type="checkbox"/> Help with eating, bathing, dressing, etc. (activities of daily living) </div> <div style="width: 50%;"> <input type="checkbox"/> Difficulty Following a Medication or Treatment Plan </div> </div>	
Additional Comments (Please be as detailed as possible) 	

Please submit this form via fax it to the
XO Health Clinical Team Referrals at 404-924-6258