



MTM / TOC Referral Form

Please send completed form to PharmacyLiaison@ucare.org

☐ MSHO ☐ Connect + Medicare ☐ UCare Medicare ☐ EssentiaCare ☐ Connect ☐ MSC+ ☐ PMAP
☐ MN Care ☐ UCare IFP

Patient Information

Patient Name:	Date of Birth:	UCare ID#:
Mailing Address:	County:	Phone:
Member speaks: <input type="checkbox"/> English <input type="checkbox"/> Burmese <input type="checkbox"/> Hmong <input type="checkbox"/> Karen <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____		Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Care Coordinator Information

Care Coordinator Name:	Phone:	Email:
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Type of Referral

Program for Referral (select all that apply)

- ☐ **Comprehensive Medication Review** – Interactive consultation to review medication safety, effectiveness, adherence, and cost-saving opportunities. *(Eligible for all plans listed above. **Note:** Some plan types may require external referrals)*
- ☐ **Transitions of Care Visit – Medication Reconciliation** – A comprehensive medication review with a member within 30 days of inpatient discharge. *(Eligible for MSHO, Connect + Medicare, and Medicare Part D plans)*
- ☐ Date of Discharge: _____
 - ☐ Please attach a copy of the discharge summary if available.
- ☐ **Navigator Assistance** – Assist with pharmacy gaps in care, adherence concerns, and coordinate care for those with non-optimal medication use. *(Eligible for all plans listed above)*

Reason for Referral (select all that apply)

- ☐ Assistance contacting a member's pharmacy
ex: Assistance with setting up Med Sync, automatic refill, extended day supplies, or prescription delivery
- ☐ Assistance contacting a member's provider or care team
ex: Requesting extended day supplies, drug clarification questions (dosage, directions, etc.)
- ☐ Educating members on Costco Mail Order Pharmacy
- ☐ Assisting member with clinical medication questions or concerns
- ☐ Other (please explain below)

Note: Questions related to formulary alternatives (e.g. lower cost options, covered products), lost medication or vacation overrides, prior authorization requests, etc., should be routed to Customer Service.

Referral Source

Please describe reason for referral:

*Attach any supporting documentation that may be helpful in processing this referral.