

## ***Disease Management/Population Health Program Referral Form***

BlueCross BlueShield of Western New York partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this correspondence is specific to the MMC and CHPlus programs only.

Thank you for referring your patient(s) to our program. All information contained on this form is strictly confidential and may become part of your patient's record.

<b>Referring physician information</b>	
Referring physician's name:	
Referring physician's phone:	
Referring physician's email:	
<b>Member information</b>	
Member name:	
Member ID:	Member DOB:
Member phone:	
Member email:	
Referral date:	
Health condition (See <b>DM eligible conditions.</b> ):	
Reason for referral:	
Any additional details:	
<b>Member information</b>	
Member name:	
Member ID:	Member DOB:
Member phone:	
Member email:	

**<https://providerpublic.mybcbswny.com>**

Amerigroup Partnership Plan, LLC provides management services for BlueCross BlueShield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de BlueCross BlueShield of Western New York. BlueCross BlueShield of Western New York is a division of HealthNow New York Inc., an independent licensee of the Blue Cross and Blue Shield Association. BlueCross BlueShield of Western New York es una división de HealthNow New York Inc., licenciario independiente de Blue Cross and Blue Shield Association.

Referral date:	
Health condition (See DM eligible conditions on webpage noted below.):	
Reason for referral:	
Any additional details:	
<b>Member information</b>	
Member name:	
Member ID:	Member DOB:
Member phone:	
Member email:	
Referral date:	
Health condition (See DM eligible conditions on webpage noted below.):	
Reason for referral:	
Any additional details:	

Please email this form to [DM-PHP-Provider-Referrals@amerigroup.com](mailto:DM-PHP-Provider-Referrals@amerigroup.com).

For more information about the Disease Management/Population Health Program, visit our website at <https://providerpublic.mycbswny.com/western-new-york-provider/patient-care/health-education/disease-management-and-population-health>.

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.