

## Attachment Form A2: Hospital Notification of Transplant Admission Form

Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY) partners with Amerigroup companies to administer certain services to Medicaid Managed Care (MMC) and Child Health Plus (CHPlus) members. Please note, this information is specific to MMC and CHPlus programs only.

1 10111.															
Name:	Name:					Institut		on:							
Phone #:					Fax #:										
Patient name:			Patient II			ID.	D·			DOB:					
Referring	iiiic.				ationt	1D.					ОВ.				
plan:															
Note: Pleas	Note: Please complete a separate Hospital Notification of Transplant Admission Form for each transplant.														
Solid org	an tra	nsplant													
Solid organ type:							Diag	gnosis:							
Initial transplant:		Initial transplant □ Re-transplant □ Cadaveric □ Living donor □													
Inpatient admission date:		Inpatien						itient tra	nt transplant date:						
Highmark BCBSWNY CME dates:															
Bone mai	rrow/s	tem cell	transplant												
Diagnosis:															
_	s □ A	llogeneic	☐ Mini allo ord Blood ☐ l	_								w 🗆	]		
Mobilization therapy date			· ,	Inpatient:						utpatier					
Marrow/stem cell harvesti			ng date(s):	Inpatient:					0	Outpatient:					
Marrow ablative therapy of			late(s):	Inpatie	nt:				0	utpatier	nt:				
Reinfusion/transplant date			e(s):	Inpatie	nt:				0	utpatier	nt:				
Highmark BCBSWNY C			ME dates:						to						

## https://providerpublic.mybcbswny.com

Amerigroup Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield of Western New York's managed Medicaid. Amerigroup Partnership Plan, LLC brinda servicios administrativos para Medicaid administrado de Highmark Blue Cross Blue Shield of Western New York

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NYWPEC-3253-21 January 2022