Case Management Referral Form (External)

Highmark Blue Cross Blue Shield (Highmark BCBS) partners with Wellpoint companies to administer certain services to Medicaid Managed Care (MMC), Health and Recovery Plan (HARP), and Child Health Plus (CHPlus) members. Please note, this information is specific to the MMC, HARP, and CHPlus programs only.

This referral will be screened for case management needs. Provide as much information as possible.

☐ Adult (21+) ☐ Pediatric (< 21) ☐ OB ☐ Special needs

Member information			
Referral date:			
Member name:		Date of birth:	
Parent/guardian name (for minor):		Member ID:	
Member phone #:		Member consent to use phone #:	☐ Yes ☐ No
Name of person submitting referral:			
Referral source:	☐ Health department (county): _____ ☐ Hospital (facility): _____ ☐ Provider (practice): _____ ☐ Other: _____ ☐ Member/caregiver		
Referral source phone:		Referral source email:	

Reason for referral	
Why is the member being referred to case management? Select all that apply:	
☐	Chronic or newly diagnosed complex condition(s): ☐ Asthma ☐ Cancer ☐ Diabetes ☐ HIV ☐ Hypertension ☐ Pregnancy ☐ Sickle cell ☐ Other: _____
☐	Coordination of care needed (such as after recent hospitalization, for home care, skilled nursing, DME, and/or medication access)
☐	Frequent hospitalization or ER use (three or more visits in six months)
☐	Non-adherence with medication and/or plan of care
☐	Severe impairment or immobility (for example, use of wheelchair/walker, para/quadriplegia, or amputation)
☐	Health-related social needs (such as food, housing, and transportation)
☐	Other

Additional notes
Specific reason for referral, actions taken to assist member:

Submit completed forms by fax to **844-765-5163**. You can also call Member or Provider Services at **866-231-0847**.

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