



Condition Care Program Referral Form

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), Child Health Plus (CHPlus), and Essential Plan members. Please note, this information is specific to the MMC, HARP, CHPlus, and Essential Plan 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.

Referring physician information		
Referring physician name:		
Referring physician phone:	Referring physician email:	
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:		Member email:
Health condition (See condition care CNDC eligible conditions):		Reason for referral:
Any additional details:		
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:		Member email:
Health condition (See CNDC eligible conditions):		Reason for referral:
Any additional details:		
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:		Member email:

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Wellpoint Partnership Plan, LLC provides management services for Highmark Blue Cross Blue Shield's managed Medicaid. Highmark Western and Northeastern New York Inc. d/b/a Highmark Blue Cross Blue Shield is an independent licensee of the Blue Cross Blue Shield Association.
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Health condition (See CNDC eligible conditions):	Reason for referral:
Any additional details:	

Please email this form to ConditionCareProviderReferrals@anthem.com by secure email. For more information about the Condition Care Program, visit our website [here](#).