

Care Management Referral Form

The person submitting the referral for care management or continuity of care should complete this form. When complete, please fax to Anthem Blue Cross and Blue Shield (Anthem) Care Management at **1-855-417-1289**. Thank you for the referral!

Member information

- Hoosier Healthwise Hoosier Care Connect
 Healthy Indiana Plan Other

Date of referral: _____ Parent/guardian name: _____
Member name: _____ Date of birth: _____
Phone number: _____ RID number: _____

Referring person's information

Name of person submitting referral: _____
Relationship to member: _____
Are you a provider? Yes No
Phone number of person submitting referral: _____
Email of person submitting referral: _____

Reason for care management referral (check all that apply)

- Care coordination
 Pregnancy case management
 Missed appointments
 ER misuse/abuse
 Newly diagnosed
 Focused education
 Possible medical frailty
 New member benefits orientation
 Community resources needed
 Behavioral health/addiction
 Noncompliant with treatment plan
 Complex medical issues
 Assistance with social determinants
 Referral to Anthem program/resources (Bosma – services for the visually impaired, VRI-telemonitoring services, Autism Program, Weight Watchers®, etc.)
 Other

Comments: _____

Please focus outreach on the following diagnoses (check all that apply):

- ADHD
- Asthma
- Autism/pervasive developmental disorder
- Behavioral/mental health
- Chronic kidney disease
- COPD
- Coronary artery disease
- Depression
- Diabetes
- Heart failure
- Hypertension
- Other complex case management
- Pregnancy/prenatal
- Substance use disorder
- Other

Comments: _____

If you have any questions, please contact Anthem Case Management at **1-866-902-1690**.

This form may not be used for prior authorization/precertification purposes.

To be completed by care manager:

- Assigned care manager: _____
- Care management case opened: _____
- Care management case **not** opened (check reason below):
 - Sent to member outreach
 - No active care management needed at this time
 - Member not eligible for services
- If referral form is from a provider, list the date the provider was contacted regarding a care plan and/or other determinations: _____

Provider disclaimer

Providers who are contracted with Anthem to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization, participating medical group or Independent Physician Association are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.