



### 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

<input type="checkbox"/> Hoosier Healthwise	<input type="checkbox"/> Hoosier Care Connect
<input type="checkbox"/> Healthy Indiana Plan	<input type="checkbox"/> Other
Date of referral:	Parent/guardian name:
Member name:	Date of birth:
Phone number:	State RID:

#### Referring person's information

Name of person submitting referral:	
Relationship to member:	
Are you a provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number of person submitting referral:	
Email of person submitting referral: _____	

Was member instructed to go to the ER by PMP?  Yes  No

If yes, date:

#### 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, gym membership, WW® [formerly Weight Watchers], etc.)
- Other

Comments:
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#### [www.anthem.com/inmedicaiddoc](http://www.anthem.com/inmedicaiddoc)

**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.*

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**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.