

### Case Management Referral Form

Once you have completed this form, return it to Healthy Blue by fax at **1-888-533-7250**. Our Case Management team will contact the member by phone.

<b>Date</b>					
<b>Member information</b>					
Member name					
Phone number		Alternate phone			
Medicaid ID or Healthy Blue ID		DOB			
Address line 1					
Address line 2					
City		State		ZIP	
<b>Provider point of contact information</b>					
First name		Last name			
Group/facility name		Parish of facility location			
Phone		Email			
Fax					
Preferred method of contact		<input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax			
<b>Reason for referral (select all that apply)</b>					
<input type="checkbox"/> EPSDT <input type="checkbox"/> ED use <input type="checkbox"/> Frequent inpatient readmission <input type="checkbox"/> Hemophilia <input type="checkbox"/> HIV/AIDS			<input type="checkbox"/> Integrated behavioral health <input type="checkbox"/> Obstetric care <input type="checkbox"/> Personal care services <input type="checkbox"/> Post-hospitalization <input type="checkbox"/> Sickle cell <input type="checkbox"/> Other _____		
<b>Provide additional details below</b>					

<https://providers.healthybluelua.com>

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BLAPEC-1706-20 March 2020