



Disease Management/Population Health Program Referral Form

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's name:	
Referring physician's phone:	
Referring physician's email:	
Member information	
Member name:	
Member ID:	Member DOB:
Member phone:	
Member email:	
Referral date:	
Health condition (See DM eligible conditions on webpage noted below.):	
Reason for referral:	
Any additional details:	
Member information	
Member name:	
Member ID:	Member DOB:
Member phone:	
Member email:	
Referral date:	
Health condition (See DM eligible conditions on webpage noted below.):	

<https://provider.healthybluemo.com>

Healthy Blue is a Medicaid product offered by Missouri Care, Inc., a MO HealthNet Managed Care health plan contracting with the Missouri Department of Social Services. Healthy Blue is administered statewide by Missouri Care, Inc. and administered in the Kansas City service region by Missouri Care, Inc. in cooperation with Blue Cross and Blue Shield of Kansas City. Missouri Care, Inc. and Blue Cross and Blue Shield of Kansas City are both independent licensees of the Blue Cross and Blue Shield Association.

Reason for referral:	
Any additional details:	
Member information	
Member name:	
Member ID:	Member DOB:
Member phone:	
Member email:	
Referral date:	
Health condition (See DM eligible conditions on webpage noted below.):	
Reason for referral:	
Any additional details:	

Please email this form to DM-PHP-Provider-Referrals@healthybluemo.com.

For more information about the Disease Management/Population Health Program, visit our website at <https://provider.healthybluemo.com/missouri-provider/pre-home>.

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.