

Health-Related Social Needs Referral Form for GroundGame Health

Instructions: Please complete the form below when you or your healthcare team have identified a patient with potential health-related social needs (HRSN) barriers. Once the referral is received, GroundGame Health™* (GGH) will contact the member/patient to complete a comprehensive assessment of HRSN barriers and assist the patient in identifying resources to close the identified gaps. Please access Provider Care Management Solutions (PCMS) to see progress and member/patient engagement information.

Please complete the form and email to physicianreferral@preferredchp.com.

All fields are mandatory.

Date	
Member name (first, middle, and last)	
Member DOB	
Member and/or health plan ID	
Is the member aware of this referral	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member full address	
Healthy Blue approved member primary phone number	
Healthy Blue approved alternate phone number (if available)	
Reason for referral	
Referring provider name	
Referring provider phone number	
Referring provider full address	

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.

* GroundGame Health is an independent company providing health-related social needs services on behalf of Healthy Blue.

<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.

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Provider contact information in the event the GGH care coordinator identifies an urgent medical need during the patient engagement process.

Provider name and title	
Organization	
Phone number	

Thank you for your referral to GGH. If you have any questions about this form or referral, please contact **866-739-6323**. Provider *HIPAA* clauses or secure messaging required. All member phone numbers must be on the Healthy Blue approved list of member information.