

PCP Referral Services

The WVP Behavioral Health Services was developed to address the needed assistance individuals and families had to access behavioral health care. By submitting a referral in CIM for Behavioral Outpatient Care we will connect your patient with a mental health or chemical dependency provider.

Submission Process for PCP-MH/CD Collaboration

This collaboration is a benefit for WVCH members.

- 1- Office staff clicks "Submit Referral" at the bottom of the screen.

Address 1: 1234 Any Street Address 2: City/State: Somewhere, OR 00001 Phone: Alt Phone: SSN: 000-00-0000 DOB: 01/01/1950 Language: Gender: F Condition: Contact: Preg. Due Date:	Plan: Willamette Valley Community Health CCO Phone: (503) 584-2150 Fax: (503) 566-9801 Email: WVCH.CS@phtech.com For Mental Health Information: Phone: (503) 584-2151 Fax: (503) 566-9801 Benefit Plan: WVCH CCOA Med/MH/Dental Member ID: ABC123D4 Effective: 08/01/2015 Termination: Coverage Code: Flags: Positive Developmental Screening, Positive Developmental Screening, Positive Developmental Screening						
Member's PCP: WVP Medical Group Boulder Creek PCP, - Clinic/Center: Primary Care (effective: 12/01/2015) <ul style="list-style-type: none">• Primary Care Physician• WVP Medical Group Boulder Creek<ul style="list-style-type: none">Tawny Alumbaugh (Contact via E-MAIL: talumbaugh@wvphhealth.org)Valley Mental Health, - Group : Multi-Specialty (effective: 01/01/2016 to 12/31/2016)<ul style="list-style-type: none">• Valley Mental Health• Salem Psychiatric Associates (Office Phone: (503) 362-1999)• <i>No primary contact defined for this office</i>Capitol Dental Care DCO, - Clinic/Center: Dental (effective: 03/27/2015)<ul style="list-style-type: none">• Dental Care Organization• Capitol Dental Care Inc (Office Phone: (800) 525-6800)• <i>No primary contact defined for this office</i> (PCP History)							
<table border="1"><thead><tr><th>Benefit Name</th><th>Is Eligible</th><th>Benefit Through</th></tr></thead><tbody><tr><td>MPCHP Plus - Rt Vision Exam 21> Non-covered</td><td>Yes</td><td>12/31/2199</td></tr></tbody></table> <p>* The above information is valid as of 01/06/2016 8:06 AM and doesn't guarantee future dates of service. All eligibility and benefit packages are subject to change based on the member's eligibility.</p>		Benefit Name	Is Eligible	Benefit Through	MPCHP Plus - Rt Vision Exam 21> Non-covered	Yes	12/31/2199
Benefit Name	Is Eligible	Benefit Through					
MPCHP Plus - Rt Vision Exam 21> Non-covered	Yes	12/31/2199					
Other Coverages: <ul style="list-style-type: none">• COB Record Exists							

or

- 2- Submission requirements:

- a. Start date: date of request; End Date: 3 months in the future
- b. Num Visits: Blank
- c. Referring Provider: leave as PCP office
- d. Delivering Provider: Mid Valley Behavioral Care
- e. Auth type: MH/CD Referral
- f. Facility: Blank
- g. DX Codes: CD/PCP Info Exchange and/or MH/PCP Info Exchange *To select both, click one, hold Shift key and click the second dx line*
- h. Attach Documents: Any records pertaining to the request may be attached to the request.

Auth Options:	<input checked="" type="radio"/> Referral <input type="radio"/> Pre-Authorization <input type="checkbox"/> Request Auth from PCP ("I am the specialist") <input type="checkbox"/> Enter Alternate Payee Information	
Member:	Willamette Valley Community Health CCO #ABC123D4 - User3, Test - 01/01/1950 - (08/01/2015 to None) Payee ...	
Start Date:	01/06/2016 End: 02/06/2016 [img]	Num Visits: 1 Max Dollars: \$
Referring Prov:	WVP MEDICAL GROUP BOULDER CREEK PCP, (ID: 183) ...	Delivering Prov: MID VALLEY BEHAVIORAL CARE, (ID: 999999999-MV) ...
Auth/Referral Type:	MH/CD Referral ...	Facility: (pre-auth only) ...
DX Codes:		
DX Codegroup(s) (Reason):	MH/PCP INFO EXCHANGE (-) ...	
Comments:	<input type="checkbox"/> Grant Sub-Referral Authority: <input type="checkbox"/> Allow Surgery / Hospitalization: <input type="checkbox"/> Allow Diagnostic Studies: <input type="checkbox"/> Patient Requested Referral:	
** These notes are not necessarily authorized. **		
Attach Document:	Browse...	
Medical Urgency:	Routine ...	
Submitting Office:	WVP Health Authority	
Received Date:	1/6/2016	Received Time: 08:10
Add'l information to assist the delivering provider and/or medical management »		
<input type="button" value="Submit"/> <input type="button" value="New"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/>		

Additional Information

Comments:

Comments: Please provide current phone number and address.

- 3- Click "Submit"
- 4- Referral will then be assigned to MH/CD Referral Received and the assigned coordinators will process the request.

Member Search	Referral Manager	New Authorization
Reference # 2038472		
Authorization Status: MH/CD Referral Received		
Patient Name: User3, Test Address: 1234 Any Street City/State: Somewhere, OR 00001 Phone: SSN: 000000000 DOB: 01/01/1950 Patient Status: Positive Developmental Screening, Positive Developmental Screening, Positive Developmental Screening Flag(s):	Ins. Carrier: Willamette Valley Community Health CCO Policy #: ABC123D4 Primary Care Provider: WVP Medical Group Boulder Creek PCP Referring Provider: WVP Medical Group Boulder Creek PCP Referred To Provider: Mid Valley Behavioral Care PCP Contact: Brunell, Kimberly	

When the WVP staff is working on the referral the status will change to **MH/CD Referral Active***.

If the WVP staff is able to facilitate member engagement with an agency, the name in the delivering provider will be changed to the agency, WVP staff will email back to the requestor the member went to their intake appointment and any other pertinent information. The status will then be changed to **MH/CD Referral Complete**.

If the WVP staff is unable to engage member with an agency, the status will be changed to **MH/CD Referral Declined**. The “*Procedure Code(s)*” area will indicate reason for decline. This may be one or more of the below reasons:

- Member not interested at this time (000-ZZZ)**
- Member’s WVCH termed (000-ZZZ)**
- MH/PCP info exchange (000-ZZZ)**
- No response-Agency (000-ZZZ)**
- No response-Member (000-ZZZ)**
- Phone disconnected/no current contact information (000-zzz)**
- Preferred agency unavailable (000-ZZZ)**
- Referral pending (000-ZZZ)**
- Unable to leave msg/voicemail box full, not set up (000-zzz)**
- Unable to obtain consent by legal guardian (000-zzz)**
- Waiting list-Members choice (000-zzz)**

Follow up Process by WVP Behavioral Health Coordinators

When a referral is in the MH/CD Referral Complete status;

The end date is changed to the scheduled intake.

The WVP staff follows up with the MH/CD facility to ensure that member arrived for the intake.

If member did arrive, no further action.

If member did not arrive, WVP staff questions if a new intake is scheduled.

If YES, end date changed on the referral to the new intake and follow up with provider after the new appointment date.

If unsuccessful, referral updated to “Declined” with reason.

Questions? If you have questions regarding our process or would like a demonstration on how submit referrals, you can contact Christina McCollum at (503) 485-3218 or cmccollum@mvipa.org