

Medical / Behavioral CoManagement Referral Form

Date of Referral: E-Mail:	Referred by: Referrer's phone #:		
Patient Name: Patient Contact Information: Patient Expecting MHN's Call: Special Instructions:	Patient ID #: DOB:		
Current Provider / Primary Care Physician / Specialist Name: Telephone #: Office Contact Name:			
<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">If Inpatient, complete the following: Service Requested: Facility Name: Facility Contact Name:</td> <td style="width:50%; border: none;">Diagnosis: Facility City/State: Telephone #:</td> </tr> </table>		If Inpatient, complete the following: Service Requested: Facility Name: Facility Contact Name:	Diagnosis: Facility City/State: Telephone #:
If Inpatient, complete the following: Service Requested: Facility Name: Facility Contact Name:	Diagnosis: Facility City/State: Telephone #:		
Requesting: <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Outbound call to member Outbound call to provider/facility Psych consult on med bed/nursing home/SNF</td> <td style="width:50%; border: none;">Consultation with Referring Case Manager Other / Unknown</td> </tr> </table>		Outbound call to member Outbound call to provider/facility Psych consult on med bed/nursing home/SNF	Consultation with Referring Case Manager Other / Unknown
Outbound call to member Outbound call to provider/facility Psych consult on med bed/nursing home/SNF	Consultation with Referring Case Manager Other / Unknown		
Referral to MHN (Behavioral Health Triggers) Eating Disorder admitted to medical unit Catastrophic Illness requiring behavioral health support Behavioral health follow-up upon discharge from medical admission Complicated detox requiring medical admission Difficult placement due to behavioral health problems Medical admission with planned or actual transfer to psychiatric unit Referrals for post discharge substance abuse treatment while still at medical facility Pain management with substance abuse issues Frequent ER visits for behavioral health diagnoses or medical reason impacted by behavioral health issues Dementia with acute exacerbation of behavioral / psychological symptoms Autism Spectrum Disorders with behavioral health needs Member screened positive on depression screening Other	MHN referral to Health Net (Medical Triggers) Lack of an established or an ineffective treatment plan Over/under/inappropriate utilization of services Discharged/discharging from behavioral inpatient with medical needs Medical condition needing follow-up Lack of education of disease course/process Non-adherence to treatment/medications, missed appointments Compromised patient safety Lack of family/social support Lack of financial resources to meet health needs Exhaustion of medical benefits Member requesting medical Case Manager Autism Spectrum Disorders (OT, PT, ST requests) Pharmacological question Other		
Additional Information:			

Contact Information for Referrals to MHN

- Email completed form to MHN at:
MHN.Case.Management.Referrals@healthnet.com
- OR**
- For HNCA members, fax completed form to MHN at (855) 703-3268
- For HNAZ & HNOR/WA members, fax completed form to MHN at (855) 661-0077
- Urgent/Emergent requests, also call (888) 426-0030

Created by Sandra Morrison
 Manager, Healthnet Care Management 12/2013
 Rev 01/28/14 by L. Tulumello/T. Wasserman

Contact Information for MHN Referrals to Health Net

- For Health Net / MHN Use Only
- Email completed form to
Case Management Referrals/GRP/HNCA/HNT
 - Urgent/Emergent Requests, also call (888) 732-2730