

Social Work Department

Submitting a Social Work Referral

AltaMed Net Social Worker Expectations

1-1Objective

The goal of the Social Work Referral is to provide assistance and support for a social service needs.

Protocol:

Members inclusionary Criteria:

- Seniors 65+
- Individuals with disabilities
- Open to Outpatient Case Management

Member Exclusionary Criteria

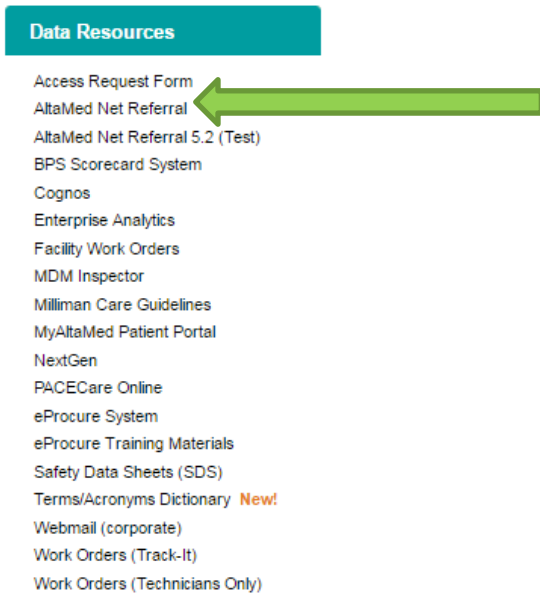
- Children without any disabilities
- Not opened to Outpatient Case Management

Member is identified by CM:

- A social issue is 1st identified by any member of Inpatient, Outpatient, TOC, Case Management Team or Clinic.
- A member of the Inpatient, Outpatient, TOC, Case Management Team or clinic process referral in AE.

CM completes referral in AE:

- In town square click on Alta Med Referral:



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- Log in with computer login ID and Password

AltaMedNet

Welcome to the online system for:

AltaMed Production

User Name:

Password:

- Click on ELIGIBILITY

AltaMedNet

- Home
- Inquiry
- Input Authorizations
- Internal Work Lists
- Messaging
- Information
- Support
- Administration Maintenance
- Provider Services
- Custom Links
- Sign Off

MAIN MENU

Please select from the following list:

- [Eligibility](#) (Look up member)
- [Member not found](#) (Send message requesting further research)
- [Member request](#) (Send eligibility request on current member)
- [Display current member](#)
- [Display Authorizations](#) (Look up authorizations for current member)
- [Search Authorizations](#) (Search based on date, number, etc)
- [Provider](#)
- [Diagnosis](#)
- [Procedure](#)
- Input Authorizations
 - [Office Referrals](#) (Referral requests for services provided within the office)
 - [Inpatient Admissions](#) (Referral request for hospital admissions and inpatient hospital services)
 - [Outpatient Referrals](#) (Referral requests for services provided outside of the office)

- Enter the member's name and then click on **SEARCH** button

AltaMedNet

- Home
- Inquiry
- Input Authorizations
- Internal Work Lists
- Messages/Email
- Information
- Support
- Administration Maintenance
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- Sign Off

SEARCH ELIGIBILITY

OPTION I: SEARCH BY MEMBER ID

Plan ID:

DataWarehouse ID:

Internal AE ID:

OPTION II: SEARCH BY MEMBER DEMOGRAPHICS

Last Name: First Name:

DOB: (mm/dd/yyyy)

Health Plan:

PCP:

Company:

POD:

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- Select member by clicking on member's name

AltaMedNet User: VASQUEZ, BRENDA Site: ALTAMED - CORPORATE
This is a Test/Demo WebSite

[Home](#) [Inquiry](#) [Input Authorizations](#) [Internal Work Lists](#) [Messages/Email](#) [Information](#) [Support](#) [Administration Maintenance](#) [Provider Services](#) [Custom Links](#) [Sign Off](#)

SELECT MEMBER

| Member Name | DOB | Sex | Health Plan | Plan ID | DataWarehouse ID | EffDate | TermDate |
|---------------------------|-----------|-----|--------------------------------|---------|------------------|----------|----------|
| DOE, JOHN | 4/12/1998 | M | No Payor Identified - Self-Pay | | 1031403 | 1/1/1900 | |

* This member has additional information available. Click to view.

<< FIRST < PREV NEXT >> LAST >> (Page: 1 of 1. Total Records: 1)

Show Termed Members. [APPLY FILTERS](#)

- ***Please be sure to check to see member is not termed***
- On left hand side select **OFFICE REFERRALS**

SELECTED MEMBER

[\[View authorizations \]](#) [\[Search authorizations \]](#) [\[Submit request to eligibility dept \]](#) [\[View eligibility history \]](#)

[\[View PCP capitation payments \]](#) [\[View claims \]](#)

MEMBER DEMOGRAPHICS

| | |
|------------------|-------------------------------|
| Name | DOE, JOHN |
| Date of Birth | 4/12/1998 |
| Sex | M |
| Address / Phone | 323-266-2340 |
| DataWarehouse ID | 1031403 |
| PERNO | 576561 |
| Company | ALTAMED |
| POD | Default Pod |
| PCP | MIGUEL A ANDA |
| PCP Eff Date | 5/1/2014 |

- * Are required fields. Select **OTHER PHYSICIAN** for Referred to

Category: [Use for Standard Requests](#)

* Referred from: [OTHER FROM PHYSICIAN](#)

* Referred to: [OTHER PHYSICIAN](#)

* Place of Service:

* Estimated Date of Service: (If range, list first date in mm/dd/yy format)

* Received Date:

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- Select Social Worker on drop down menu and search

OPTION II: SEARCH BY DEMOGRAPHICS

Name:

Specialty:

City:

Company:

From Zipcode:

Distance from ZipCode: Any

POD:



- Click on Medical Management Social Worker

| Name | Specialty | Address |
|----------------------------------|---------------|---------------------------|
| ANGELICA L ALVARADO | SOCIAL WORKER | 5427 E WHITTIER BLVD |
| MEDICAL MANAGEMENT SOCIAL WORKER | SOCIAL WORKER | 500 CITADEL DR STE 301 |
| MONICA ARTEAGA | SOCIAL WORKER | 4701 E CESAR E CHAVEZ AVE |
| JILLIAN MARIE PAYAN | SOCIAL WORKER | 5427 WHITTIER BLVD |



- Under Place of Service click on drop down menu and select **OFFICE**

* Referred to:

* Place of Service:



- Under Diagnose 1 click on **SELECT DIAGNOSIS 1**

* Place of Service:

* Estimated Date of Service: (If range, list first date in mm/dd/yy format)

* Received Date:

* Diagnosis 1:



- Enter corresponding **diagnosis** for example referral needed for housing, type in **HOUSING** in Description or **diabetes** type **DIABETES** in Description

Diagnosis Code:

Description:

Include Inactive Codes:

Code Type:



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- Select one option

| Code | Description | Effective Date |
|------------------------|--|----------------|
| Y93.83 | ACTIVITY, ROUGH HOUSING AND HORSEPLAY | 10/01/2015 |
| Z59 | PROBLEMS RELATED TO HOUSING AND ECONOMIC CIRCUMSTANCES | 10/01/2015 |
| Z59.1 | INADEQUATE HOUSING | 10/01/2015 |
| Z59.8 | OTHER PROBLEMS RELATED TO HOUSING AND ECONOMIC CIRCUMSTANCES | 10/01/2015 |
| Z59.9 | PROBLEM RELATED TO HOUSING AND ECONOMIC CIRCUMSTANCES, UNSP (PROBLEM RELATED TO HOUSING AND ECONOMIC CIRCUMSTANCES, UNSPECIFIED) | 10/01/2015 |

- Click on **SELECT PROCEDURE 1**

* Procedure 1: **SELECT PROCEDURE 1**

Modifier 1: **OTHER MODIFIER 1**

Requested Units 1:

- Type in **99490** and then click **SEARCH**

Procedure Code: **SEARCH**

Description:

Include Inactive Codes:

Code Type:

- Under authorization summary type in note and click **SUBMIT**.

* **Authorization Summary:** Summary should include Specialty, Service Requested, and Diagnosis.

Per member he lives in a car and has had feeling for sadness.

(Max length: 255; Remaining: 194)

Reason For Request / Notes: (Please provide clinical information to support the request)

(Max length: 6000; Remaining: 6000)

SUBMIT [Reset fields](#)

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- Click on corresponding boxes and click **Submit Answers**

Authorization Guideline: SOCIAL WORKER

*1. Reason for Referral

| | | |
|---|---|---|
| <input type="checkbox"/> CBAS | <input type="checkbox"/> Disability Resources (ex: wheel chair ramp) | <input type="checkbox"/> Food Resources (ex: Food Banks or Meals on Wheels) |
| <input type="checkbox"/> Home Environment | <input type="checkbox"/> Foundation Referrals (ex: Cancer Association, Epilepsy, Parkinson, etc.) | <input type="checkbox"/> Housing Resources |
| <input type="checkbox"/> IHSS (Application or change of health status for more hours information) | <input type="checkbox"/> Low Income Eye Glasses Resources | <input type="checkbox"/> Low Income Funeral Benefits Resources |
| <input type="checkbox"/> Low Income Utility Resources | <input type="checkbox"/> LTSS/MSSP | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Regional Center | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> SSI Benefits Information |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other | |

2. If Other reason, please explain

Rich text editor toolbar with icons for undo, redo, bold, italic, underline, text color, background color, bulleted list, numbered list, link, unlink, insert image, and zoom in/out. A text color dropdown menu is visible on the right side of the toolbar.

Submit Answers

