



# BEHAVIORAL HEALTH NYC IPA REFERRAL MANAGEMENT SYSTEM USER GUIDE

# Sending Referrals

From Community Based Organizations, Schools, and other Governmental agencies

**Step 1:** Access online referral form:

[https://bhnyc.preferral.com/referral\\_wizard](https://bhnyc.preferral.com/referral_wizard)

**Step 2:** Identify referring source

Type the name of the treating provider in the “Referring Provider or Agency” field. Please note this should not be the name of the person manually entering the referral. The system will ask for this person’s contact info later. When referring from any Outpatient source, the name of the treating provider or practice should be entered under “Referring Provider or Agency”.

Next, click on the “Referring Practice Location” field and choose the appropriate location which is typically the same as the prior field.

## New Referral

Complete form to initiate patient referral

The screenshot shows a form with two main input fields. The first field is labeled "Referring Provider or Agency" and contains the text "Dmitry Aniskin". Below this field is a link that says "Couldn't find the provider?" followed by a button labeled "Enter a Provider". The second field is labeled "Referring Practice Location" and contains the text "Dmitry Aniskin - 1 Emerson Pl". Below this field is a link that says "Couldn't find your practice?" followed by a button labeled "Enter Practice Info".

*Note: If the corresponding “Referring Practice Location” that appears does not match where the provider presently works, please follow the instructions described in the Appendix located on page 6.*

**Step 3:** Type in patient’s first name, last name, and date of birth

**Step 4:** Enter patient insurance information

Select if the patient has primary, secondary insurance or plans to self -pay. Please enter the insurance payer and plan. If you are unsure of the type of plan the patient has (i.e., Medicaid, Medicare, Commercial), click the drop-down and select “Other/Unknown”.

<b>Patient First Name</b>	<b>Patient Last Name</b>	<b>Date of Birth (mm/dd/yyyy)</b>
<input type="text" value="Test"/>	<input type="text" value="Test"/>	<input type="text" value="mm/dd/yyyy"/>

**Patient Insurance**

Patient has insurance  Patient plans to self-pay

Primary Insurance Add More Insurance

CIGNA ▼

Select Plan... ▲

Cigna Connect

Cigna-HealthSpring Synergy IPA

Other/Unknown

**Patient Address**

Although it is discouraged, you may enter “999999999” in place of the Insurance Member ID.

**Patient Insurance**

Patient has insurance  Patient plans to self-pay

Primary Insurance Add More Insurance

CIGNA ▼

Other/Unknown ▼

Carrier not in list

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Insurance Member ID

999999999

**Patient Address**

## Step 5: Type in patient’s address

## Step 6: Upload clinical documentation

*Note: You will have an opportunity to upload documentation further on as well.*

## Step 7: Answer referral questions

Answer the referral questionnaire to help us find the best agency to match your patient needs, and then click “**Continue**”.

The electronic referral form will display agencies available to accept the referral on the next page based on answers provided here.

### Background

**Primary Reason for Referral:**

**Requested Services**

- Outpatient Mental Health Clinic
- Outpatient Substance Use
- Residential Substance Use

**Referring Facility Type**

- Primary Care
- Hospital (ER)
- Hospital (Inpatient)
- CBO
- Governmental or forensic/justice
- Other

**Patient Gender**

- Male
- Female
- Other

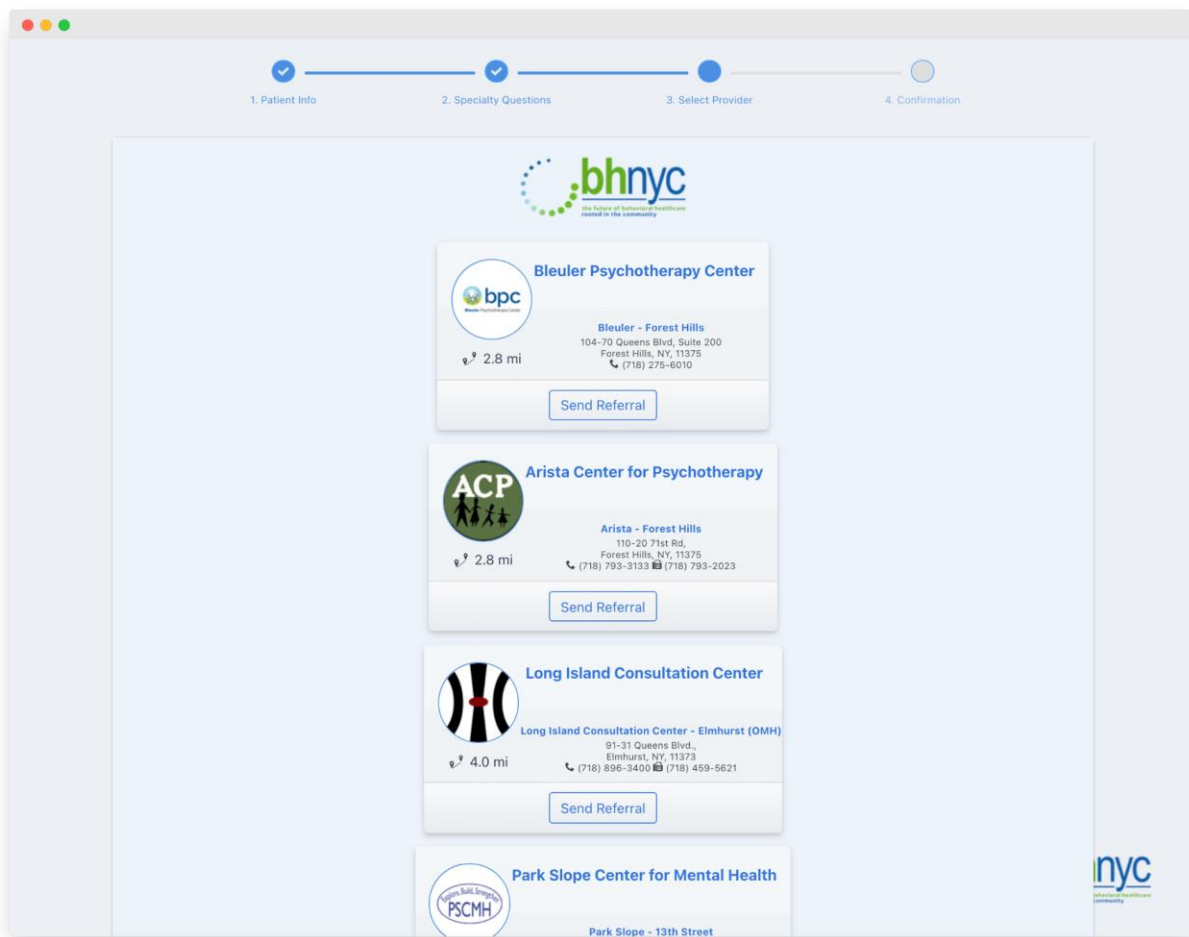
**Patient Primary Language**

**Is handicap accessibility required?**

- Yes
- No

## Step 8: Select referral destination.

The agencies displayed are matched to the requested services and are sorted by distance from the patient/client. Select which agency/site to refer the client to by clicking the blue **“Send Referral”** button.



## Step 9: Confirm referral

Enter the patient’s phone number where they can be reached and whether they consent to receiving a care-related text message.

Next, enter the first and last name and email address of the office contact person responsible for the processing and follow-up for this request for service. This person will receive HIPAA-compliant updates and/or comment notifications from the receiving agency at the email address provided. Please note an office email is a required field. If the office contact person does not have email, a general office email may be utilized.

**Please Confirm Referral**  
Please review details and complete form to submit referral

**Patient**  
Name: Sally Jones  
DOB: 12/19/1919

**Provider**  
bpc **Bleuler Psychotherapy Center**  
Community/Behavioral Health

**Organization**  
BHNYC

**Location**  
Bleuler – Forest Hills  
104-70 Queens Blvd, Suite 200  
Forest Hills, NY, 11375

**Patient Contact Info**

**Patient Phone\***  
(555) 555-5555

**Patient Alternate Phone**  
Secondary Phone

**Does the patient consent to receiving care-related (SMS) text messages?**  
 Yes  No

**Office Contact Info**

**Your First Name\*** John **Your Last Name\*** Snow

**Office Email Address\***  
john.snow@referring.com

**Additional Notes**  
Additional Notes

**Submit**

## Appendix: If you are unable to find your organization

1. **If your organization is not found in our database, please click the green “Enter a Provider” button.**



### New Referral

Complete form to initiate patient referral

<b>Referring Provider</b>	<b>Referring Practice</b>
Select... x	Search for Referring Practice
Couldn't find the provider? <b>Enter a Provider</b>	Couldn't find your practice? <b>Enter Practice Info</b>

2. **Please provide your organizations name as both first and last name and input 999999999 as the NPI and press “Enter Provider”**

**Note:** The NPI does not relate to community-based organizations, and 9's serves as placeholders in our database.

#### Enter Referring Provider

If you couldn't find the referring provider in the search dropdown, you can enter him/her here. After entering, the provider will be available in the search dropdown for future referrals.

**Referring Provider First Name**

**Referring Provider Last Name**

**Referring Provider NPI**

Must be 10 characters

**Enter Provider**

**3. Click the green “Enter Practice Info” button.**

*Note: The pre-populated drop-down list under “Referring Practice Location” is based on an NPI database and may not reflect the most recent practice location for the provider. If the corresponding “Referring Practice Location” that appears does not match where the provider presently works, please input up-to-date information.*



**New Referral**

Complete form to initiate patient referral

Referring Provider Referring Practice

Select... Search for Referring Practice

Couldn't find the provider? [Enter a Provider](#) Couldn't find your practice? [Enter Practice Info](#)

**4. Complete the form by providing the name of your agency as “Practice Name”. If you have more than one location, please denote referring site in location, otherwise use the same “practice name” as location. Complete the remain fields and select “Enter location”.**

**5. Return to step 3 on “Sending Referrals Online”.**

Enter Referring Practice ✕

If you couldn't find the referring practice in the search dropdown, you can enter it here. After entering, the practice will be available in the search dropdown for future referrals.

**Practice Name**

**Location Name**

**Address**

**City**

**State**

**Zip**

**Timezone**

[Enter Location](#)



## Frequently Asked Questions:

### **Why do you ask for office contact info?**

*We ask for your contact information so we can identify who best to communicate with to assure that this referral is successful.*

### **Why do you ask for insurance information?**

*We ask about insurance because it is important that a patient does not incur any additional expenses by going to an out of network provider. We can accommodate within our member network most insurances as well as those who are uninsured so do not hesitate to refer anyone.*

### **Why do you ask for the Patient Address?**

*We ask this because our referral platform (Preferral) matches all the relevant details about the patient including the distance between the patient and the most appropriate agency. You will see the results listed by distance once referral is complete.*

### **Is the system secure?**

*The Preferral system is a HIPAA-compliant platform that allows for a seamless and paperless referral process.*

### **What kind of information should I upload?**

*Where there is more detailed patient information that will be useful in helping our member agency to safely assure the continuity of the patient's care, having it early in the process will help us all be more efficient. It is understood that depending on what type of agency/provider is making the referral, the accompanying information will vary. However, please do not hesitate to attach all documents that you see listed or anticipate will be helpful. Please upload by clicking on the upload file button.*

### **Why do you ask for background information?**

*We ask background questions to allow the platform to apply the decision logic to determine the most appropriate agency. The reason for referral is a drop down but do not limit yourself to any of the more global choices. if you do not feel comfortable doing so, you can enter in free text when you click on other another reason.*

### **How do you define gender?**

*Gender is defined as how the patient identifies (this is relevant for residential sites since our agencies are licensed this way).*

### **What information does the text message to the patient contain?**

*The text message reads "You have been referred to <BHNYC IPA agency name>. You should receive a phone call from the office shortly to schedule an appointment time." Any references to behavioral health and/or substance use have been removed from the agency name to keep the text message confidential.*