



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company



SIERRA HEALTH AND LIFE
A UnitedHealthcare Company

Online Provider Center Tutorial Submitting a New Referral

Submitting a New Referral

To begin a **Referral**, select **Referral/Prior Authorization** and **New Referral/Prior Authorization**.

HEALTH PLAN OF NEVADA
SIERRA HEALTH AND LIFE

TIN:

Urgent: Online Provider Center will have scheduled maintenance this weekend from Friday, September 18 at 7:00pm until Saturday, September 19 at 5:00pm.

Recent Claims

Claim Number	Member Number	Status	Claim Type
--------------	---------------	--------	------------

Recent Members

Member Number	First Name	Last Name	Date of Birth	As of Date
			9/16/2020	
			9/14/2020	
			9/2/2020	
			9/2/2020	
			9/2/2020	

2021 plan notifications, upcoming events, important call-outs...can all be posted here!

HEALTH PLAN OF NEVADA
SIERRA HEALTH AND LIFE

Welcome, Logout
TIN:

Search and Manage Referrals | Search and Manage Prior Authorization | **New Referral / Prior Authorization**

Search and Manage Referrals

Search and Manage Prior Authorizations

New Referral / Prior Authorization

Submitting a New Referral Continued:

Member Search

A member selection is required in order to view the selected option.

Search by Member ID
 Search by Medicaid ID
 Search by Name and DOB
 Search by Social Security #
 Search by SMA MRN

Member ID **Effective Date**

Member ID 09/16/2020 

Submit

Required Fields:

Member ID and Effective Date
OR

Medicaid ID Number and Effective Date
OR

First name, Last name , Date of Birth and Effective Date
OR

Social Security No and Effective Date
OR

Southwest Medical Associates(SMA) Medical Record Number(MRN)

Enter the search criteria for the member by completing the fields that are appropriate displayed to the right and select the **Submit** button.

Submitting a New Referral Continued:

Verify the information on the screen

If the information is correct, choose **Select** (*Member ID (99000000000)*)

If the information is ***not correct***, perform another search.

Select	Last Name	First Name	Date of Birth	Gender	Medicaid ID
				M	

Our security feature allows you to confirm that this is the correct member

If the information is correct, select the **Yes** option

If the information is not correct, select the **No** option and perform another search

Confirmation

You have selected patient [redacted] with insurance number [redacted]
Please validate this is the patient you want to create a referral or prior authorization for.



Submitting a New Referral Continued:

Member Information: <input type="text"/>					
DOB	Gender	Effective Date	Term Date	Group	SubGroup

Benefit Group		
Benefit Code		
Benefit Description		
PCP		
PCP Phone		
Group #		
Sub Group #		
Member Phone	<input type="text" value="Enter Phone No"/>	
<input type="button" value="Proceed with Referral/Prior Authorization"/>		<input type="button" value="Search Again"/>

If the information is correct, you can now **Enter the Member's Phone Number** (to include area code) and **Proceed with Referral/Prior Authorization**

Submitting a New Referral Continued:

Contact Information; Name, Phone, Fax, Email address (optional) and Ext (optional). These fields identify important information about the sender of the referral.

Comments

The **Comment** field provides a place to enter information that needs to be communicated, but does not have a specific repository. Users may choose to provide physician notes, test results, or other information from various sources. Users can copy and paste the information from any application that allows copy and paste. This is typically a word processor, such as MS Word or others. Users cannot paste graphics in the comments, but users can paste text. *Entering comments is optional.

The screenshot shows a web form titled "Contact Info/Comments" with a dark blue header. The form is divided into two main sections: "Contact Information" and "Comment".

Contact Information

- Contact Name* (text input field with a red border)
- Contact Email (text input field)
- Contact phone* (text input field with a red border)
- Ext (text input field)
- Contact Fax* (text input field)

Comment

A large text area for entering comments, with a "4000 character limit" label at the bottom left and a small icon at the bottom right.

Submitting a New Referral Continued:

Selected Diagnosis Code(s)

This section identifies the applicable diagnosis codes and even though one diagnosis code is required, multiple ICD-10 codes can be added if applicable (separate ICD-10 codes by a comma which supports multiple code searches at one time).

- Enter the member's diagnosis code, select **Search** and choose **Add Selected** for the applicable codes to load on the left for processing.
- or
- Enter a diagnosis description, select **Search** and choose **Add Selected** for the applicable codes to load on the left for processing.

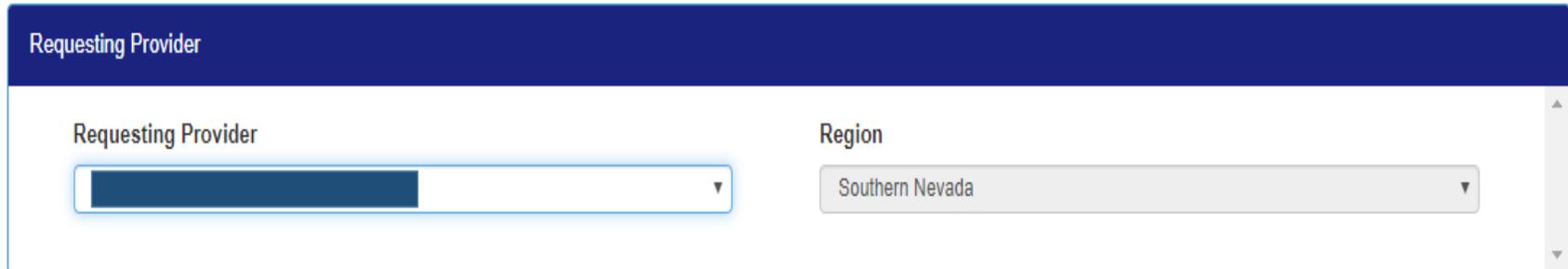
The screenshot shows a software interface titled "Selected Diagnosis Code(s)". On the left, there is a table with three columns: "Select", "Code", and "Description". The first row is selected, with a checkmark in the "Select" column, "R69" in the "Code" column, and "ILLNESS, UNSPECIFIED" in the "Description" column. To the right of this table is a search area titled "Search other Diagnosis". It includes two radio buttons: "Code" (selected) and "Description". A text input field contains "R69, R68". Below the search area are two buttons: "Search" and "Add Selected". At the bottom right, there is another identical table with one selected row: "R69" and "ILLNESS, UNSPECIFIED".

Submitting a New Referral Continued:

Requesting Provider Information

The organization submitting the request is the **Requesting Provider**. To log into the Online Provider Center, you are required to enter a user name and password associated with a tax identification number (TIN). All of the providers/groups associated with the tax identification number are shown in the drop down box area of the **Requesting Provider**.

Region - This field auto-populates based on the selected provider's contract which defines the provider's service region.



The screenshot shows a web form with a dark blue header bar containing the text "Requesting Provider". Below the header, there are two dropdown menus. The first dropdown menu is labeled "Requesting Provider" and has a dark blue selection bar. The second dropdown menu is labeled "Region" and has "Southern Nevada" selected. A vertical scrollbar is visible on the right side of the form area.

Submitting a New Referral Continued:

Category - This field identifies the specialty or department that will provide the referral service. Select the specialty you are referring to from the drop-down menu. The screen will refresh to show the corresponding Sub-Categories.

Sub-Category - This section allows the user to identify what they are requesting for the referral. The user must select at least one subcategory to describe the requested service.

Priority - This field identifies the urgency of the referral. Select the priority of the referral from the options of **Expedited (3 days), At Risk (14 days), or Routine (30 days)**.

Servicing Provider – The contracted **Servicing Provider** should be identified based off the insurance coverage before submitting the on-line referral. The user submitting must coordinate the referral via hard copy if the message **Once referral is submitted, please contact the Servicing group selected directly to coordinate this referral (see Provider directory for office information)** appears.

The screenshot displays a web form with three main sections: Category, Sub-Category, and Servicing Provider.

Category Section: Features two dropdown menus. The 'Category' dropdown is set to 'Nephrology', and the 'Type' dropdown is set to 'Referral'.

Sub-Category Section: Includes a checked checkbox for 'Consult' and a 'Priority' dropdown menu. The 'Priority' dropdown is open, showing three options: 'Routine' (highlighted in blue), 'At Risk', and 'Expedited'.

Servicing Provider Section: Contains a red warning message: 'The Servicing group selected will process this referral on-line.' Below this, there are two columns: 'Providers' and 'Physicians'. The 'Providers' column has a table with the following data:

Select provider	Name	View Physicians
<input type="radio"/>	NKDHC	<input type="button" value="View"/>

Submitting a New Referral Continued:

Health Information

The **Health Information** allows the user to enter the members' vitals, allergies, and current medications. The user must also enter a brief history and reason for the referral.

Asterisk (*) Indicates required information

The screenshot shows a form titled "Health Information" with a dark blue header. Below the header, there are seven input fields for vitals: Temp, Pulse, Respiration, Systolic, Diastolic, Height, and Weight. Each field is a simple rectangular box. Below these fields, there are two larger text areas: "Allergies" and "Medications", each with a small double-slash icon in the bottom right corner. At the bottom, there is a single large text area labeled "Brief History/Reason*" with a red arrow pointing to the asterisk, indicating it is a required field. The form is contained within a light blue border with a vertical scrollbar on the right side.

Submitting a New Referral Continued:

Questionnaire

The screenshot shows a web-based questionnaire interface. At the top, there is a dark blue header with the word "Questionnaire" in white. Below the header, a light gray bar indicates "Questions (2)". The main content area is titled "Nephrology" and includes a note: "***All lab work needs to be done within 30 days of the referral***". Underneath, the section is titled "Consult" with the sub-heading "Ages 16 and over." The first question is "1) Tests ordered/completed:" followed by a red asterisk and the word "Required". Below this is a text input field. The second question is "2) Please select reason for consult:" followed by a red asterisk and the word "Required". This is followed by a list of seven radio button options: "CV>3.0 and CR clearance < 50 ml/min", "ESRD Creatinine greater than or equal to 2 for evaluation", "Proteinuria with findings of >500 present with a 24 hour urine", "Nephrotic syndromes with proteinuria, hyperlipidemia and hypoproteinemia", "Evaluate dialysis", "Determine renal status and recommend treatment plan", and "Other - please explain:". Below the list is another text input field. A vertical scrollbar is visible on the right side of the form area.

The questionnaire is a series of questions that are related to the Referral Category and Sub-Category. This section displays all the questions to be answered for this referral. The number of questions appears after the section title of Questions and will be the combination of all questions for all sub-categories selected. *The questions will be sorted by sub-category to help clarify the responses necessary.* All questions must be answered or you will notice a red ***Required** message will appear to show which questions are unanswered.

Submitting a New Referral Continued:

Electronic Medical Record File Upload (*optional)

Attach File

File Name	Action
@TEST 1.doc	Remove

Drag and Drop or Browse Files

Choose Files @TEST 1.doc

Referral History

Review Cancel

This screen will allow the user to attach **compatible** pertinent (electronic) patient file(s) by selecting **Choose Files** which supports an auto-load or drag and drop logic. If the incorrect file is loaded the **Action of Remove** is available. User must work with their internal technical teams to identify if the electronic medical records system is compatible with the Online Provider Center.

*The attachment of files is optional, if no files to attach select **Review**.

Submitting a New Referral (end)

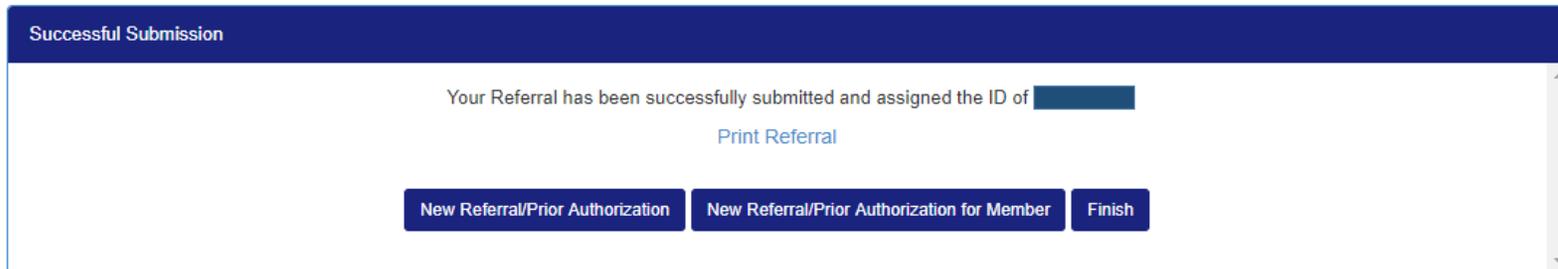
This feature allows you to **Submit** and/or **Edit** the data you entered.
If no corrections are necessary, the user can **Submit** the referral.

-OR-

If the data is incorrect, selecting **Edit** will allow the user to make the appropriate correction. Once the correction is made, select **Review** at the bottom of the page again and the user can now submit the referral by choosing **Submit**.



Referral ID



The user now has 4 options to select from:

- Print a copy of the Referral, by selecting [Print Referral](#)
- Begin a new Referral for a **new member**, by selecting [New Referral/Prior Authorization](#)
- Continue and create a new Referral **for the same member**, by selecting [New Referral/Prior Authorization for Member](#)
- Select [Finish](#) to return to the main menu