

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:



Dashboard

Members

Claims

Claim Doc Requests

EOP Search

Referrals/Prior Authorizations

Provider Demographics

Rx Prior Authorizations

News
[News Item](#)
News content here
.....
[Read More](#)

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
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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:

New Referral / Prior Authorization

Search and Manage Referrals

Search and Manage Prior Authorizations

Member Search

Search by:

☒ Member ID ☐ Medicaid ID ☐ Name and DOB ☐ Social Security # ☐ SMA MRN

Member ID*

Effective Date

Please enter Member ID



SUBMIT

Submitting a New Referral Continued:

Member Search

Search by:

☒ Member ID ☐ Medicaid ID ☐ Name and DOB ☐ Social Security # ☐ SMA MRN

Member ID*

Please enter Member ID

Effective Date

10/9/2024



SUBMIT

Enter the search criteria for the member by completing the fields that are appropriate Member ID, Medicaid ID (State assigned ID), Name and DOB, Social Security # or SMA MRN and select the **Submit** button.

Submitting a New Referral Continued:

Verify the information on the screen

If the information is correct, choose **Select Member Details box**

If the information is ***not correct***, replace the search criteria & try again.

Member Search

Search by:

☒ Member ID ☐ Medicaid ID ☐ Name and DOB ☐ Social Security # ☐ SMA MRN 

Member ID*

[Redacted]

Effective Date

10/9/2024



SUBMIT

Member Details

Member ID: [Redacted]

Last Name: [Redacted]

First Name: [Redacted]

Date of Birth: [Redacted]

Gender: [Redacted]

Medicaid ID:

Submitting a New Referral Continued:



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

A term date that generates from our claims system will display & should be reviewed to decide if there is enough time for services to be provided for the Referral submission. If not, the user must select **No**.

Confirmation

You have selected patient [REDACTED] with insurance number [REDACTED]
[REDACTED] Please validate this is the patient you want to create a referral or prior authorization for with an insurance term date of 12/31/2079

YES

NO

Submitting a New Referral Continued:

Member Information

Benefit Group: HPN Nevada-Non-Medicare

Group:

Benefit Code:

Sub Group:

Benefit Description: HMO

Member Phone: 
Required

PCP:

PCP Phone:

PROCEED WITH REFERRAL/PRIOR AUTHORIZATION

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.

This section also 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.

Create Request

Contact Information

Contact Name*	Contact Email
Contact Phone* (702)-444-4444	Ext
	Contact Fax*

Selected Diagnosis Code(s)

Code	Description	Remove
No Selected Diagnosis Code(s).		

Search other diagnosis

Multiple code search is supported. Please add the codes to be searched in the box below separated by comma (Ex:xxxx,xxxx)

☒ Code

☐ Description

SEARCH

ADD SELECTED

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 username 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.

Requesting Provider

Select a Provider

Region

Southern Nevada



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.

Category

Select a Category
Nephrology

Type
Referral

Please see the Specialty Referral Guidelines posted on our website
<https://healthplanofnevada.com/provider/provider-summary-guide> for additional
requirements before a Referral should be submitted (excluding CM/HEW/DZ MGMT, BH,
VMM & Genetic Referrals).
Ages 16 and over

Sub-Category

☒ Consult

☐ Established Patient Consult

Priority
Routine

Servicing Provider

Providers

Select provider

Name

View Physicians



VIEW

Submitting a New Referral Continued:

Questionnaire

Questionnaire

Questions 2

Nephrology

All lab work needs to be done within 30 days of the referral

Consult

Ages 16 and over.

1) Tests ordered/completed:

***Required**

2) Please select reason for consult:

***Required**

- ☐ 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
- ☐ Other - please explain:

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:

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.

Attach File > Electronic Medical Record > Drag and drop files here or click here (*optional)

Comment

Comment

0 / 4000

Attach File

Drag and drop files here or click here

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**.

Review

 Please review the Referral Information. Click 'Edit' to make changes.

Submit

Edit

Referral ID #

Successful Submission

Your Referral has been successfully submitted and assigned the ID of 

PRINT REFERRAL

NEW REFERRAL/PRIOR AUTHORIZATION

NEW REFERRAL/PRIOR AUTHORIZATION FOR MEMBER

FINISH

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