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**.

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*

Effective Date
10/9/2024 📅

SUBMIT

Member Details

Member ID:
Last Name:
First Name:
Date of Birth:
Gender:
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 ▮▮▮▮▮▮▮▮▮▮▮ with insurance number ▮▮▮▮▮▮ 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

Benefit Code:

Benefit Description: HMO

PCP:

PCP Phone:

Group:

Sub Group:

Member Phone:
Required

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 seperated by comma (Ex:xxxx,xxxx)
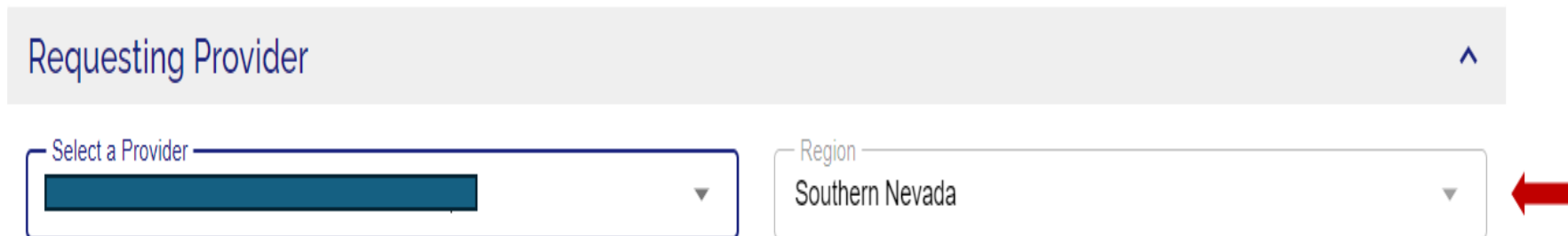
⦿ Code   Enter Code

○ 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.

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		Type
Audiology	▼	Referral

Please see the Referral Guidelines posted on our website
https://healthplanofnevada.com/provider/provider-summary-guide for
additional requirements before a Referral should be submitted.

Sub-Category

☑ Consult

Priority
Routine
At Risk
Expedited

Servicing Provider

Providers

Select provider	Name	View Physicians
◉		VIEW
○		VIEW
○		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 UPLOAD FILES (*optional)

Comment	^

> Comment
>
> 0 / 4000

Attach File	^

☁ UPLOAD FILES

Referral History	v

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

(i) 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