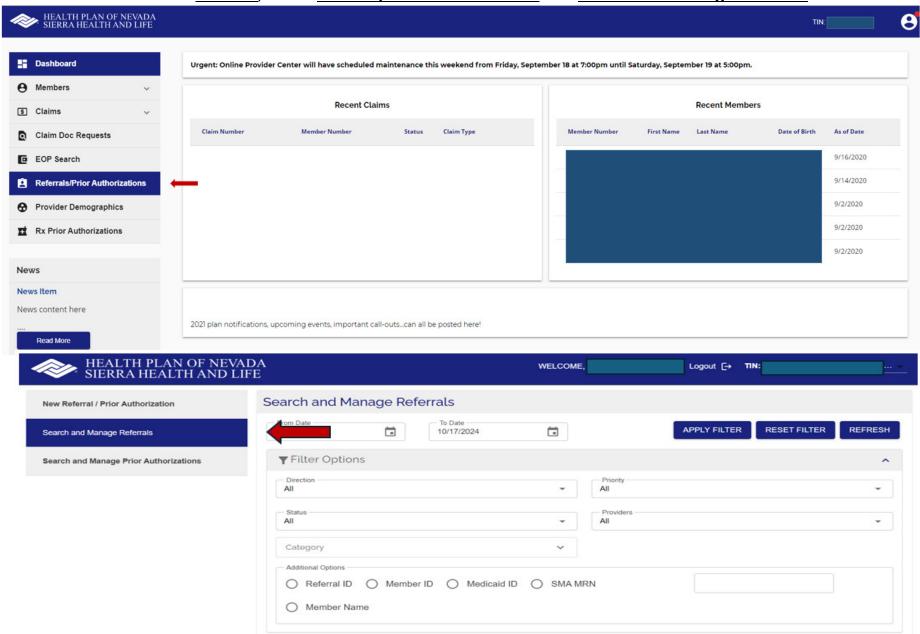




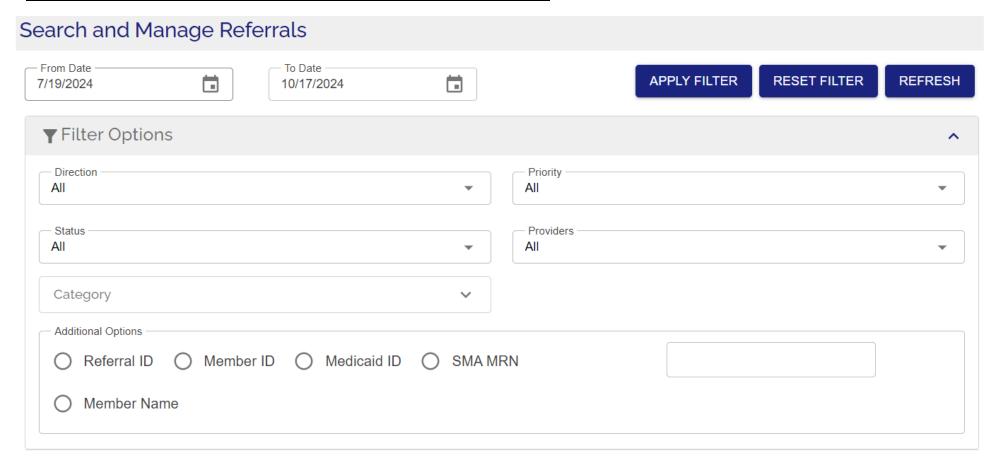
Online Provider Center Tutorial Search and Manage Referrals

Search and Manage Referrals:

To review and work a **Referral**, select **Referral/Prior Authorization** and **Search and Manage Referrals**.



Search and Manage Referrals Continued:

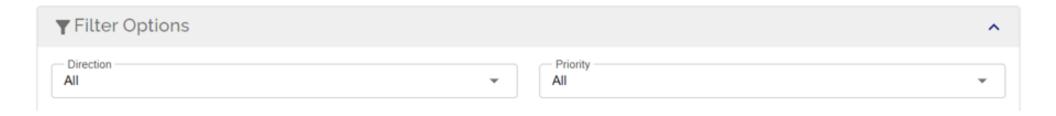


Filter Options

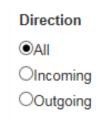
The Filter Options on the **Search and Manage Referrals** screen will be used to filter the types of referrals the user wants to view or manage. These filters can be used separately or together to define the view the user is seeking.

The user will be able to filter their views by various selections:

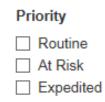
Direction, Priority, Status, Providers, Category, or **Additional Option features** which are subject to the 90-day timeframe with the exception of **Referral ID**, **Member ID**, or **Medicaid ID**.



• <u>Direction</u>: The **Direction** of the referral indicates whether the referral is being sent **from** or **to** that specialty. Only one **Direction** at a time can be selected as a filter. Subject to the 90-day timeframe.



• <u>Priority</u>: The <u>Priority</u> is the urgency of the referral. Only one <u>Priority</u> at a time can be selected as a filter. Priorities of a referral are defined as Expedited (3 days), At Risk (14 days), or Routine (30 days). Subject to the 90-day timeframe.



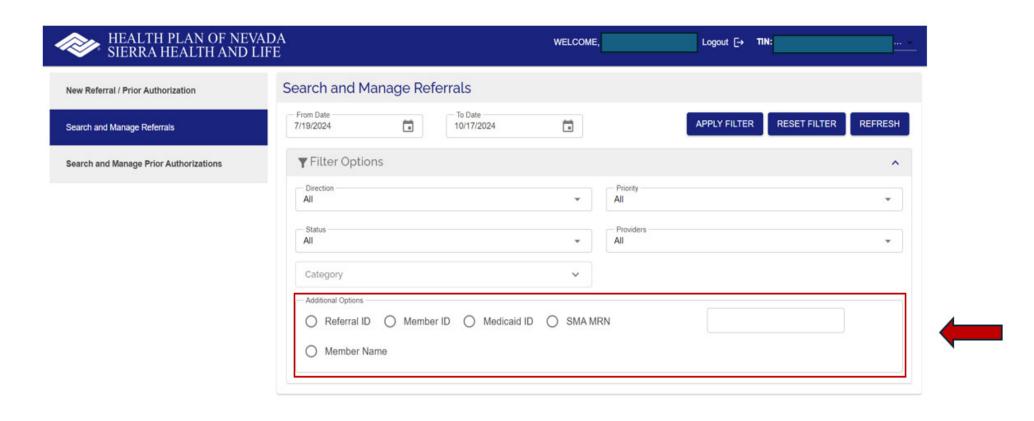
<u>Status</u>: The **Status** is the description of the stage or status of the referral such as, New, Declined, or Scheduled. Subject to the 90-day timeframe.

Status Name	Definition
New	Initial referral sent to Specialist. All New referrals require review.
Addl Info Provided	When referring (requesting) provider returns additional information as requested.
Addi Info Requested	A request sent back to referring provider for additional information required to process referral.
Cancelled	When patient refuses the referral at time of submission or cancels the scheduled appointment.
Declined	Specialist (or receiving team) declines acceptance of the referral based on specific reasons listed for users to select from.
Awaiting Member to Schedule	When referral is awaiting member to call to schedule appointment. Attempting to Schedule Member No Response from Member
Scheduled	 Patient appointment has been made & appointment date indicated.
Dictation Provided	 Patient has been seen & dictation attached (for compatible EMR systems) or faxed from the Specialist to the Requesting & PCP.
Rescheduled	Appointment date is rescheduled based on the specific reason listed below required for Providers to enter. Member requested to reschedule Provider requested to reschedule
Overflow	Sending to an outside Contracted Specialist because unable to meet access guidelines.
No Show	The patient did not arrive or keep their appointment.
Awaiting Physician Review	Specialist is reviewing Referral information for a decision.

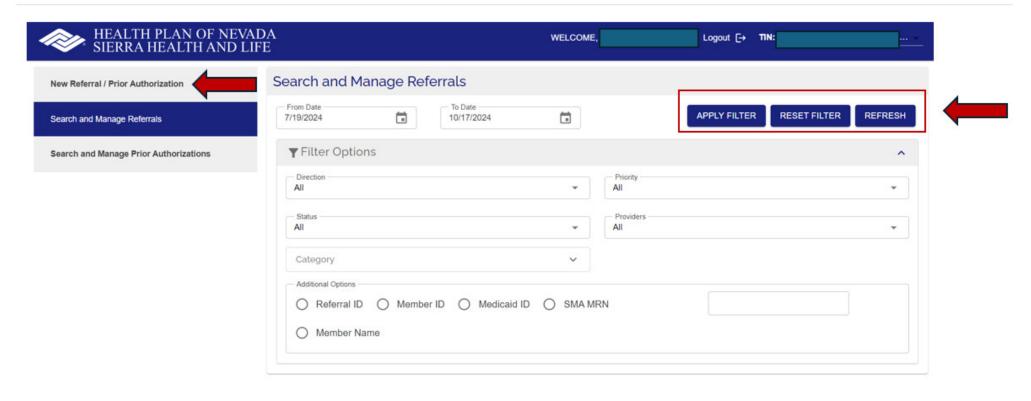
• <u>Category</u>: The <u>Category</u> is defined as the type of specialty or department that would provide the referral services or procedures (the referred to department). Subject to the 90-day timeframe.



Additional Options: Allows a search from one of the options displayed.



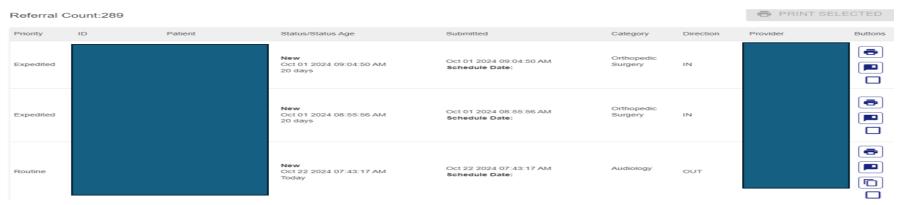
Once an option is selected the user then places the value for this option in the box to the right provided under **Additional Options**. Only the **Referral ID**, **Member ID** and **Medicaid ID** will override the 90-day calendar date range.



Once all the Filter Options are selected, select the Apply Filter button and the screen produces new results.

- The **Reset Filter** button resets the filters back to the default values and refreshes the screen showing all referrals (for the user's default view or login).
- The **Refresh** button will refresh the screen with the latest referral information without changing the filters.
- Users can also use New Referral/Prior Auth button will launch the screen to create a new referral or a new prior auth.

Display of Referrals:



Referrals are displayed in order by **Priority**; **Expedited**, **At Risk** then **Routine**.

The definitions of the columns in the display are:

<u>Priority</u>: The urgency of the referral, which is set at Expedited (3 days), At Risk (14 days) or Routine (30 days).

<u>ID</u>: The referral ID number assigned when the referral was created.

Patient: The patient's name, DOB and Member Number and Phone Number

<u>Status/Status Age</u>: The referrals age as of the screen refresh (or as of today) and the current Status of the referral, such as New, Scheduled, etc.

<u>Submitted</u>: The date and time the referral was submitted. The system will translate the date comparing it to today's date and display when the referral was submitted in either days or a descriptor of today or yesterday.

Category: The department or team to receive or service the referral.

<u>Direction</u>: They system will identify whether the referral is incoming or outgoing to the user's department.

<u>Provider</u>: The To/From provider or team will be displayed. The receiving provider's group will initially be displayed until the specialist/provider has been assigned to this referral.

Comment icon: Selecting this icon displays all the comments added for the referral with a date/time stamp for each addition.

Copy icon: Selecting this icon provides the user the ability to copy this referral and create a new one from the original information

<u>Print</u> icons: Selecting these icons provide the users the ability to print the referral.

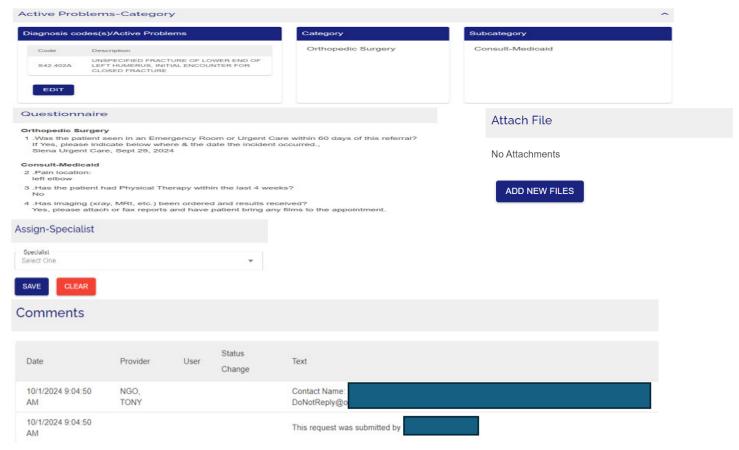
Viewing an Existing Referral

The **Search and Manage Referrals** screen will display the summary information for each referral on the first row and will allow the **Servicing Team** to change the **Priority** &/or **Status** per medical need.

To view an existing referral, select the referral **ID** (i.e. 9173923) and the **Search and Manage Referrals** screen expands to display the **Referral Details**.



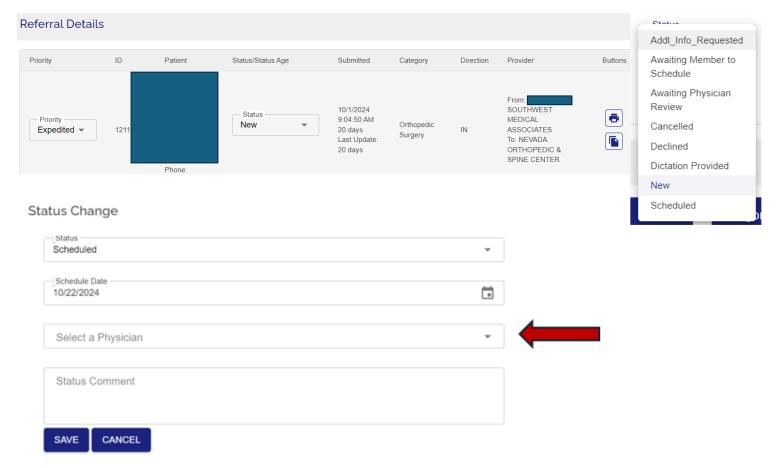
As the user scrolls through the **Referral Details**, all sections become viewable of **Diagnosis/Active Problems**, **Questionnaire**, **Attach File**(optional), and **Assigned to Specialist** (optional), and **Comments** (provides the history of the referral).



Managing Referrals

After selecting the referral from the list of referrals as described in the previous section, the Servicing Team reviews the referral as submitted and determines what course of action is appropriate per the medical need.

Upon specific transitions, such as Scheduled, the user can **assign** the referral to a particular specialist within the group (if applicable). The user can also enter additional **comments** if needed. After the patient has completed their visit, transitioning the referral into the **Scheduled** status will update our claims system for payments (when required) and will assure all future care for the member is coordinated at the appropriate benefit level. **All referrals** should be transitioned into the **Scheduled** status if the patient was seen for care.



Managing Referrals (end)

If the referral is Declined, the status will need to be changed to Declined. The user must enter a status reason as to why the referral is being declined. The user may also enter additional comments when needed.

When a referral is Cancelled or Declined & member calls back for an appt due to Cancelled or Declined by their mistake, the Servicing Specialist can schedule the member <u>using the same Referral. A New Referral is not necessary or required</u>. All Referrals can be transitioned into Scheduled at any time.

