
PROVIDER BULLETIN

ON-LINE REFERRAL AUTHORIZATION SYSTEM SCHEDULED UPDATES –

~ RETRO REFERRAL REQUESTS ~
~ ADDITION OF MEMBER ASSIGNED HOSPITAL ~
~ EFFECTIVE MARCH 14, 2016 ~

We have added two new features to our on-line referral system which you will see when you sign on as usual on MARCH 14, 2016.

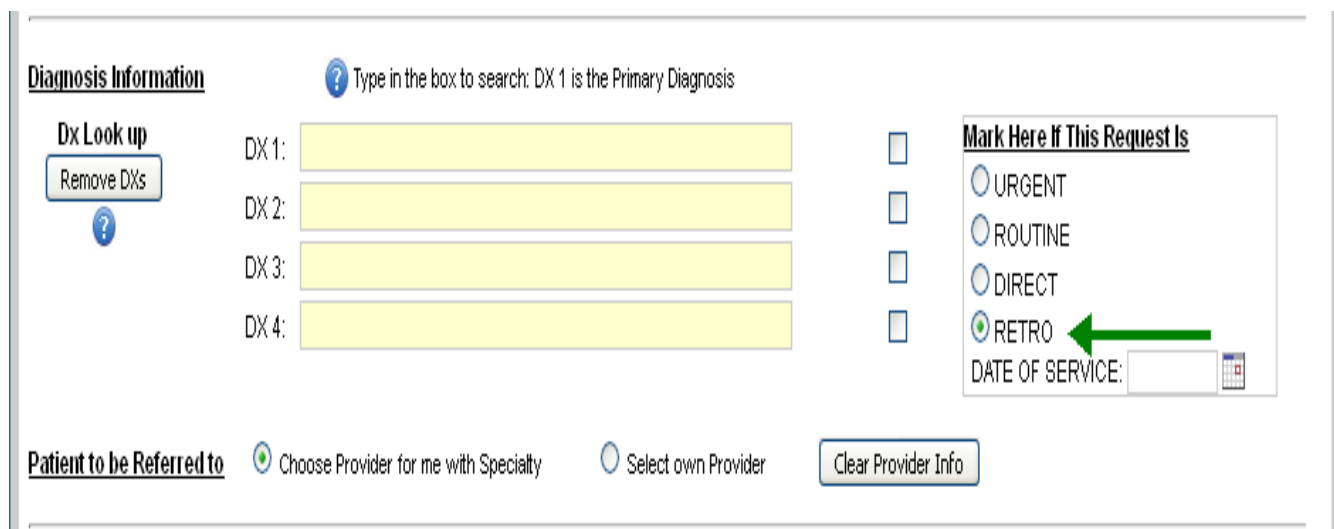
The on-line system will now have an option to request a retroactive referral for services. Retroactive referrals are approved on a very limited basis for special circumstances. Providers must follow all current prior authorization procedures to avoid denials of retroactive requests.

We have also added a new field to the on-line system to show the member's current assigned hospital status. This informational field will help our providers better understand where members are assigned for their hospital based care and services.

These additions to our on-line system are designed to be as user friendly as possible, this bulletin describes the new options and process in detail for your reference.

RETRO ACTIVE REFERRAL REQUESTS

Initiate a retro referral request by clicking on the "RETRO" Radio Button. Note the system automatically sets the referral type to – "DIRECT". All other options must be selected using the radio buttons.



Diagnosis Information ? Type in the box to search: DX 1 is the Primary Diagnosis

Dx Look up
Remove DXs ?

DX 1:

DX 2:

DX 3:

DX 4:


Mark Here If This Request Is

URGENT

ROUTINE

DIRECT

RETRO ←

DATE OF SERVICE: 

Patient to be Referred to Choose Provider for me with Specialty Select own Provider

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When selecting the Retro Referral Request Type, you must also enter the Date of Service. Click on Calendar Icon to enter a Date of Service.

Select the actual Date of Service from the “Pop Up” Calendar.

The screenshot shows the 'Diagnosis Information' section with four 'DX' input fields. To the right, under 'Mark Here If This Request Is', the 'RETRO' option is selected. The 'DATE OF SERVICE' field is empty, and a calendar icon is visible. A calendar pop-up is open, showing February 2016. A green arrow points to the date '5' (Friday, February 5th) in the calendar.

The date selected will appear in the Date of Service field.

The screenshot shows the 'Diagnosis Information' section. The 'DATE OF SERVICE' field now contains the date '02/05/2016'. A green arrow points to the date in the field.

The remaining steps follow the current referral authorization request process. Continue with your referral request by completing the remaining fields and submitting the referral.

Upon submission your request is submitted to the Utilization Management Department for review and decision.

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The system has also been updated to add a new field called "Assigned Hospital". This field shows the member's current assigned hospital affiliation where they must receive all hospital based services such as outpatient surgeries and inpatient admissions. This information is provided to help referring providers select an appropriate specialist that provides care at the member's assigned hospital facility.

If the member has an assigned hospital, the hospital name will appear in this field. A sample is below.

Authorization Request Form

This authorization is based on the eligibility of the patient at the time of service. The provider's office must verify eligibility at the time the patient receives authorized care.

Today's Date: Thursday, March 3, 2016 Tax ID: 954682530

Patient Information [Clear Patient Info](#) [Please review the Help File](#) [Member Research](#)

Name:	<input type="text" value="Type in last name to search"/>	DOB:	<input type="text" value="Search MM/DD/YY"/>	PCP:	<input type="text"/>
Address1:	<input type="text"/>	Sex:	<input type="text"/>	Health Plan:	<input type="text"/>
Address2:	<input type="text"/>	HP ID:	<input type="text" value="Search Healthplan II"/>	Assigned Hospital:	<input type="text" value="VALLEY PRES SAN FERNAN"/>
City:	<input type="text"/>	CIN:	<input type="text" value="Search by CIN"/>	Mail 2	<input type="text"/>
State:	<input type="text"/>	COB:	<input type="text"/>	Address1:	<input type="text"/>
Phone:	<input type="text"/>			Address2:	<input type="text"/>
				City:	<input type="text"/>
				State:	<input type="text"/>
				Zip:	<input type="text"/>

Capped Hospital

If the member does not have an assigned hospital, they access services at the health plan contracted facilities. This is indicated by "Shared Risk" in the hospital assignment field as shown below.

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Patient Information [Clear Patient Info](#) [Please review the Help File](#) [Member Research](#)

Name:	<input type="text" value="Type in last name to search"/>	DOB:	<input type="text" value="Search MM/DD/YY"/>	PCP:	<input type="text"/>
Address1:	<input type="text"/>	Sex:	<input type="text"/>	Health Plan:	<input type="text"/>
Address2:	<input type="text"/>	HP ID:	<input type="text" value="Search Healthplan II"/>	Assigned Hospital:	<input type="text" value="SHARED RISK"/>
City:	<input type="text"/>	CIN:	<input type="text" value="Search by CIN"/>	Mail 2	<input type="text"/>
State:	<input type="text"/>	COB:	<input type="text"/>	Address1:	<input type="text"/>
Phone:	<input type="text"/>			Address2:	<input type="text"/>
				City:	<input type="text"/>
				State:	<input type="text"/>
				Zip:	<input type="text"/>

Shared Risk

Please retain this bulletin for future reference, it is also available on the Referral Authorization portal for your convenience.

If you have any questions about these changes, please call Provider Relations at 818-265-0800.

**Medical Management Department Contact Numbers:
Phone: (800) 874-2091
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