

Tips for PCPs Making Referrals



Purpose of a referral?

Essence Healthcare believes the Primary Care Physician (PCP) should coordinate the member’s medical care in totality. The PCP is responsible for ensuring the member receives both appropriate and necessary medical care to prevent complications and manage the member’s overall health. PCPs can accomplish this by determining which type of specialist is appropriate and creating a referral for this care. The referral outlines and communicates the PCP’s instructions regarding approved services, as well as any questions or concerns, to the specialists or other medical providers involved in the medical services.

A referral is required for all specialist visits and home healthcare or outpatient therapy and is provided by the PCP. The referral will identify a date range for which the services are valid. There are three different types of referrals:

1. Specialist Referrals

- **Level 1** – Evaluation/Consult only
- **Level 2** - Evaluation and Diagnostic Testing
- **Level 3** – Evaluation, Diagnostic Testing and Treatment

Note: Level 2 and 3 referrals require the number of visits to be identified. **However**, Level 3 referrals will allow the specialist to continue to treat the member without additional visits if treatment is done within the time frame of the referral and (a) is not billed with an E & M code, (b) is not a procedure that requires authorization from HealthHelp or (c) is a procedure/service that requires a prior authorization listed on the Essence Provider Quick Reference Guide. The number of visits approved will be used for office visits billed with E & M codes.

2. Home Healthcare or Outpatient Therapy Referrals

- Provider will define the number and type of visits
- Generate one referral for each episode of care and have the date span as a general timeframe appropriate for the services that are needed
- If additional services are needed, add to the existing referral
 - Do not generate a new referral to add services. Updates/extensions to an existing referral must be made within 24 hours before the referral’s end date occurs.
 - Please add a ‘date’ to your notes so that the end user understands what is being communicated to them and the timeframe in which the note corresponds.

Home Care Disciplines		Outpatient Therapy Disciplines	
HNV – RN Visits	HSW – SW Visits	PT – Physical Therapy	OT – Occupational Therapy
HOT – OT Visits	HAV – Home Health Aide	ST – Speech Therapy	CRT – Cardiac Therapy
HST – Speech Visits		PRT – Pulmonary Therapy	DIAL – Dialysis
HINF – Infusion Therapy		WCC1 – Wound Care Clinic	REHB – Rehab – Day Service
HPT PT Visits		FOP1 – Facility Outpatient	

General Referral Tips

- The best way to manage care and the cost of that care is to control the providers to whom you send your patients, what you allow them to do and where you allow the service to take place.
- Provide the diagnosis and corresponding ICD-10 code to the highest level of specificity.
- Develop an office protocol for handling a member’s request for specialty care, which could include:
 - Referrals need to be confirmed and directed by the PCP.
 - If the member has not been seen by the PCP recently, he or she must first be seen for the PCP to evaluate the need for a specialist’s care.

Palliative Care

A 'Specialty Referral' is required for services rendered in the home, long term care facility, skilled setting, LTAC or acute rehab setting. The referral is made out to the name of the palliative care organization and not to an individual. The PCP must use a Level 1 type of visit and can load any number of visits as required along with a date span. (This is different than what is normal for a specialist referral.)

- 1 visit = all services rendered for a specific DOS
- No referral is needed when services are provided in a hospital setting
- There is no member copay no matter the location of service
- EHI will provide any social work needs that are identified

Out-of-Network Referrals

Referrals to any type of out-of-network provider require prior authorization from the plan. A prior authorization request can be made online via the Provider Portal or telephonically through the Utilization Management Department.

Global Surgeries

There are certain services that can be rendered in the specialist office during a follow-up visit that do not fall under the "global" payment for the initial surgery. Therefore, providing a referral that will cover the time frame of follow-up is acceptable and should be provided to the specialist. Essence Healthcare has claim edits in place that will stop payment for services not deemed appropriate for payment.

Chiropractic Care

Essence Healthcare's coverage for chiropractic care is limited to manual manipulation of the spine to correct subluxation. Subluxation is defined by Medicare criteria as an incomplete dislocation, off centering, misalignment or abnormal spacing of the vertebrae, which can be demonstrated by X-ray or palpitation. It is imperative that an appropriate diagnosis is made prior to the referral being issued.

Routine Eye Care

A referral is not required for routine eye care when secured through the EyeQuest network. "Routine eye exam" covers an annual visit for the purposes of determining visual acuity and possible need for eyeglasses or contact lenses. All eyeglasses and contact lenses must be obtained through a routine vision care provider, even if the member has had cataract surgery.

A referral is required when referring the member to an in-network ophthalmologist for a medical eye condition. These providers are listed in the directory under "Specialty Care Physicians."

When do I need to contact Essence Healthcare?

- Customer Services Department:
 - Claims processing questions
 - Assistance needed with member communication or outreach such as explaining the plan or the member's benefits, etc.
 - Request assistance for a Social Worker, Case Manager or a Pharmacist for your patient
- Medical Management Department:
 - Obtain benefit determination
 - Assistance needed with Prior Authorization of procedures/services
- Provider Technical Support:
 - Personnel changes that impact access/problems with access or change login or password
- Log in to the Provider Portal at EssenceHealthcare.com to:
 - Determine member's eligibility, Maximum Out-of-Pocket ('MOOP'), benefit information, QMB status, etc.
 - Generate a referral or prior authorization request
 - Secure access to resources such as the Provider Quick Reference Guide, the Provider Administrative Manual, drug prior authorization forms
 - Notify the plan of changes within your practice

Create a Referral

Instructions

A referral is required from a member's primary care provider (PCP) for specialists and ancillary providers prior to providing services. A referral is the PCP's recommendation for care or services from a different physician, facility or health care provider. In-network referrals are treatment decisions by the PCP and are not considered organization determinations.

Navigate to Request a Referral

1. Log into the Essence Provider Portal*
2. Click the **Referrals & Authorizations** tab
3. Click **View My Dashboard**
 - A new browser window opens to the system dashboard
4. Select **Menu** from the banner
5. Select **New Request** from the Provider window

Identify Member Record

1. The Member ID is required
2. Click the **Search** button
 - The search results display below the search fields
3. Select **Outpatient** from the **Action** column drop-down and the Request Detail window will open

Add Episode Details

1. Select **Referral** from the **Request Type** drop-down
2. Select **Standard** from the **Request Priority** drop-down

Add Diagnosis

1. The Code Type defaults to ICD-10
2. Enter the **Diagnosis** and select from the diagnosis drop-down list
 - The selected value will display below
 - Enter either the code or condition to display the drop-down list. Enter additional values to refine the list

Add Provider Details

1. Select the **Attach Providers** button
 - The Provider Search window opens
2. Enter the treating provider's **Last/First Name** or **NPI**
 - The member's requesting PCP is the default
3. Click **Search**
 - The results display in the right column
4. Identify the treating provider's **In Network Location**
5. **Provider Role** defaults as **Treating** in dropdown list
6. Left click the **Gear** and select **Single Attach**
7. If alternate fax number is needed:
 - Left click **Gear** next to treating provider line
 - Edit fax number
 - Click save

*Google Chrome and Microsoft Edge browsers only. Internet Explorer is no longer supported.

Add Service

1. Select the service type from the **Service Type** drop-down list**
2. Select the place of service from the **Place of Service** drop-down list**
3. Select a code from the **Code Type** drop-down list**
4. Enter and select a service code in **Service Code** field**
5. Enter the **Start Date**
6. Enter the **End Date**
7. Enter the number of requests (visits) in the **Requested #** field
8. Select the **Add** button
 - The system returns to the Episode Detail window with the service request added

Add Documentation (Optional)

1. Enter **Document Title**
2. Click the **Browse** button and open the document
 - The document file name will display below the Browse button. Only one document can be added

Add Notes (Optional)

1. Select **Web Note** from the Note Type drop-down
2. Enter **Note Text**

Complete Request

1. Scroll to the bottom of the Episode Detail window
2. Click the **Submit** button***
 - Request Details displays

Print Referral Summary Page

Note: If Referral Status is "Pending" after submission the Referral Summary Page will not be available for print.

1. Select the **Authorization Type** hyperlink (e.g., OP from the Request Details)
- The Referral Request displays
2. Select **Workflow** from the workflow banner
 3. Click **Correspondence** from the drop-down window
 - The letters attached to the referral display
 - Optional: Click Episode Abstract to view / print abstract
 4. Left click the **Gear** of the referral and select **View PDF Preview** and the **Referral Summary Page** will open in PDF format
 5. Print or Save as needed

Log Out

1. Click on **Memory List** in the banner
 - The Memory List displays
2. Click on **Close All**
 - The list clears
3. Click the **User ID** in the top right corner of the banner
4. Select **Logout**
5. Click the **OK** button in the confirmation window
6. Close the IE browser window

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**See Service Requests Options table

***Approved referrals require 15 minutes to display in Referral Inquiry on the Provider Portal. Pending referrals will not display in Referral Inquiry.

Print Referral Summary

Instructions

A copy of a referral may be needed. To create and print a PDF file of the Referral Summary page, follow the steps below.

Navigate to Search for a Referral

1. Log into the Essence Provider Portal*
2. Click the **Referrals & Authorizations** tab
3. Click **View My Dashboard**
 - A new browser window opens to the system dashboard
4. Select **Menu** from the banner
5. Select **Search Request** from the Provider window

Identify Member Record

1. Enter the **Search Request** criteria
 - Required Field: View Cases
 - Multiple search criteria are available, but Reference Number is suggested
2. Click the **Search** button
3. Identify the **Episode**
4. Left click the **Gear** and select **Open** from the **Action** column to open the Referral Request

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Edit a Referral

Navigate to Search for a Referral

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2. Click the **Referrals & Authorizations** tab
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4. Select **Menu** from the banner
5. Select **Search Request** from the Provider window

Identify Member Record

1. Enter the **Search Request** criteria
 - Required Field: View Cases
 - Multiple search criteria are available, but Reference Number is suggested
2. Click the **Search** button
3. Identify the **Episode**
4. Left click the **Gear** and select **Open** from the **Action** column to open the Episode

Edit Referral

Note: Cannot edit if in "Pending Approval" status

1. Select the check box of the **Service Request**
 - The Edit button appears above the service request row
2. Click the **Edit** button to open the **Service Request** window
 - If "Please note that a decision has been rendered for the selected line" message displays, click OK
3. Click in the **Requested #** field and enter the revised number of requested visits
4. Click in the **End Date** field and select a new end date
5. Click the **Save** button
6. Use the **Service Request** scrollbar to view the updates

Add Notes (Optional)

1. Click **Add Notes**
 - The Add Notes window opens
2. Select **Web Note** from the Note Type drop-down
3. Enter Note Text
4. Click the **Save** button

View All Notes (Optional)

1. Click **View All Notes**
 - The Episode Notes window opens
2. Select the **Gear** to view the note
3. Click the **Printable View** button to print the note
4. Click the **Episode** in the breadcrumb to return to the episode

Add Diagnosis (Optional)

1. Click **Add Diagnosis**
 - The Add Diagnosis window opens
2. Enter the **Diagnosis** and select from the diagnosis drop-down list
3. Select **Done**
4. Select the **Primary Diagnosis Star** to identify the Primary Diagnosis
 - A gold star identifies the Primary Diagnosis

Add Documentation (Optional)

1. Click **Add Document**
 - The Add Document window opens
2. Enter **Document Title**
3. Click the **Browse** button and open the document
4. Select **Done**

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View Episode Abstract

1. Select **Menu** from the banner
2. Enter the **Search Request** criteria
 - Required Field: View Cases
 - Multiple search criteria are available, but Reference Number is suggested
3. Click the **Search** button to display the search results at the bottom of the window
4. Identify the **Episode**
5. Left click the **Gear** and select **View Episode Abstract** from the **Action** column to open the Episode Extract
6. To print abstract, click the **Printable View** button in the top right
 - A new browser window opens with abstract
7. Click **Print**

Log Out

1. Click on **Memory List** in the banner
 - The Memory List displays
2. Click on **Close All**
 - The list clears
3. Click the **User ID** in the top right corner of the banner
4. Select **Logout**
5. Click the **OK** button in the confirmation window
6. Close the IE browser window

Referral Reference

Service Request Options

	Specialist	Home Care	Outpatient Therapy
Service Type	Medical	Medical	Medical
Place of Service	Office	Home	Outpatient Hospital Custodial Care Facility Office
Code Type	Specialist	Home Health	Outpatient Therapy
Service Code	SVO1 – Level 1 – Eval Only/Office Visit SVO2 – Level 2 – Eval/Diagnostic SVO3 – Level 3 – Eval/Diagnostic/Treatment	HNV – RN Visits NPT – PT Visits HOT – OT Visits HSW – SW Visits HST – Speech Visits HAV – Home Health Aide HINF – Infusion Therapy	PT – Physical Therapy OT – Occupational Therapy ST – Speech Therapy CRT – Cardiac Therapy PRT – Pulmonary Therapy REHB – Rehab – Day Service

Important Reminders

- Google Chrome and Microsoft Edge browsers only. Internet Explorer is no longer supported.
- Proper log out is required (See Log Out above). Inappropriately closing a record could lead to problems accessing the record
- Fields with an asterisk (*) are required
- Enter three underscores (___) in search (magnify glass) fields to display up to 10 choices
- To create a new referral the Member's ID number is required
- Multiple Diagnoses can be added.
- The Primary Diagnosis is identified with a gold star
- Each referral will have a requesting provider the PCP and a treating provider
- The requesting and treating providers cannot be the same
- Search for providers by name or NPI
- The referral abstract can be printed
- Search for a referral by the Reference Number
- The member's PCP can add visits and/or change the end date