

CarePartners of Connecticut Referral Guide

This document describes the CarePartners of Connecticut referral process, including information about when and how primary care providers submit referrals and preform referral inquiries.

THE REFERRAL PROCESS

Primary care provider (PCP) referrals are required for coverage of medically necessary specialty care services rendered outside of the CarePartners of Connecticut provider network. Referrals should be written to out-of-network providers.

PCPs do NOT need to generate referrals for:

- Covered services rendered by in-network providers
- Routine services
- Unforeseen, urgent services outside of the service area
- Emergency services

Provider Types:

- **In-network provider:** Providers who contract with CarePartners of Connecticut (i.e., contracting and participating providers).
- **Out-of-network provider:** Providers who do not contract with CarePartners of Connecticut (i.e., noncontracting and nonparticipating providers).

Timing

- A referral is valid for one year or until the approved number of visits have been used. The date range specified on a referral may not exceed one year from the date of issue.
- In some instances, the PCP may indicate a specific date range for the member to receive specialty care services. In this case, the referral is only valid for the specified date range indicated on the referral.

SUBMITTING REFERRALS

When submitting out-of-network referrals, PCPs may select from the following submission methods:

- **Online** through the secure Provider [portal](#).
 - **Email** the completed CarePartners of Connecticut referral form to CTHMOSRProduct_MedicalClaims_Review@carepartnersct.com.
 - **Fax** the completed CarePartners of Connecticut referral form to 617-972-1028.
 - **Mail** the completed CarePartners of Connecticut referral form to CarePartners of Connecticut, P.O. Box 518, Canton, MA 02021-518.
- Note:** Completed referral forms must include the member's PCP signature, not a typed name.

ORDERING PAPER REFERRAL FORMS

CarePartners of Connecticut uses WB Mason to print paper referral forms. CarePartners of Connecticut referral forms are provided at no charge to CarePartners of Connecticut providers. To order paper referral forms, complete the [W.B. Mason Provider Forms Requisition Form](#) and fax it to WB Mason at 800-773-4488, or email it to carepartnersct@wbmason.com. The requisition form is available on the provider [website](#).

SUBMITTING REFERRALS ONLINE

PCPs may submit referrals online by following these steps:

Step 1: Log on to CarePartners of Connecticut secure Provider [portal](#).

Step 2: From the top menu bar, hover over *Referrals*.

Step 3: Select "Referral Submission."

Step 4: Enter the "Member ID," "Suffix" and "Date of Birth," and then click "CONTINUE."

The screenshot shows the CarePartners of Connecticut website interface. At the top, there is a navigation bar with links for ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, and BEHAVIORAL HEALTH. Below this, the main heading is "Submit Referral (Specialty Care Review)". A dropdown menu is open, showing "Referral Inquiry" and "Referral Submission", with "Referral Submission" highlighted in pink. To the right, there is a "Frequently Asked Questions" box with the text "Does my patient need a referral?" and "Why am I not able to submit a referral?". Below the navigation, there is a form with several fields: "Referring Physician Name and ID*" (with a dropdown menu), "Member ID*" (with a text input field), "Suffix*" (with a text input field), "Date of Birth*" (with a date picker), and "Date of Service" (with a date picker). A "CONTINUE" button is highlighted in pink.

Step 5: The online referral form appears. Complete all the required fields and then click "CONTINUE."

Step 6: Confirm that the information you entered is accurate and then select "SUBMIT." If any of the information is not accurate, click "EDIT" to make the necessary changes and then click "SUBMIT."

The screenshot shows the "Confirm your information" form. At the top, there is a heading "Confirm your information" and a sub-heading "Click Submit to process your request, or click Edit to make a change. You must click Submit to receive a referral (specialty care certification) number before your request is complete." Below this, there is a form with several fields: "Referring Physician Name/ID (Requester Name/ID)" (1234567890 HARTWELL, JONATHAN, MD), "Member ID" (500123456 01 JACK EATON), "Date of Birth" (08/01/1952), "Referred to Provider ID (Service Provider ID)" (1234567890 BELMONT, JOAN, MD), "Place of Service" (Office), "Date of Service" (01/31/2019), "Member Request Date" (01/31/2019), "Determination Date" (12/31/2019), "Diagnosis Code" (.), "Procedure Code" (.), and "Quantity of Visits" (8). Below the form, there is a "Service Type Requested" field with the text "Consultation/Diagnostic/Medical Care - Consultative opinion and necessary diagnostic studies and treatment". At the bottom, there are three buttons: "SUBMIT" (highlighted in pink), "EDIT", and "CANCEL".

Note: The system generates a referral number. After the referral is generated, the referring PCP, the referred to provider, and the member can view the referral through their secure online account.

PERFORMING A REFERRAL INQUIRY

To perform a referral inquiry, follow these steps:

Step 1: Log on to CarePartners of Connecticut secure Provider [portal](#).

Step 2: From the top menu bar, hover over *Referrals* and select "Referral Inquiry."

Step 3: Select "SEARCH ALL," enter any information related to the referral(s) in the search box and click "SEARCH." To refine your search, use one of the following additional options: PROVIDER INFO, REFERRAL NUMBER, PATIENT NAME or PATIENT ID.

The screenshot shows the 'Referral Inquiry' page on the CarePartners of Connecticut portal. The page has a blue header with navigation links: ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, and BEHAVIORAL HEALTH. Below the header, there are two tabs: 'Referral Inquiry' (selected) and 'Referral Submission'. A text block explains that the tool allows viewing two years of referrals. To the right, a 'Frequently Asked Questions' box lists three questions: 'Can I print multiple referrals at once?', 'Does my patient require a referral?', and 'How long is a referral valid for?'. Below this is a search interface with tabs for 'SEARCH ALL', 'PROVIDER INFO', 'REFERRAL NUMBER', 'PATIENT NAME', and 'PATIENT ID'. A text box instructs users on how to use the search, and a search input field is provided with 'CLEAR' and 'SEARCH' buttons.

Step 4: To view the details of the referral, select the "Referral Number."

The screenshot shows the results page for a referral inquiry. It features a table with columns: Status, Referral Number, Patient ID, Patient Name, Referred From, Referred To, Start Date, End Date, Visits Auth., and Plan. Two entries are shown. The first entry has a referral number of XCM12345, patient ID S00123456 01, patient name JACK EATON, referred from HARTWELL, JOHN, MD, referred to BELMONT, JOAN, MD, start date 01/01/2019, end date 12/31/2019, 8 visits authorized, and HMO plan. The second entry has a referral number of XCM54321, patient ID S00554321 01, patient name PHIL WILSON, referred from HARTWELL, JOHN, MD, referred to YORK, SUSAN, MD, start date 01/01/2019, end date 12/31/2019, 6 visits authorized, and HMO plan. The page also includes a 'Showing 1 to 2 of 2 entries' indicator, 'Download' and 'Print' icons, and pagination controls for 'Previous' and 'Next'.

Status	Referral Number	Patient ID	Patient Name	Referred From	Referred To	Start Date	End Date	Visits Auth.	Plan
✓	XCM12345	S00123456 01	JACK EATON	HARTWELL, JOHN, MD	BELMONT, JOAN, MD	01/01/2019	12/31/2019	8	HMO
✓	XCM54321	S00554321 01	PHIL WILSON	HARTWELL, JOHN, MD	YORK, SUSAN, MD	01/01/2019	12/31/2019	6	HMO

Note: A referral inquiry may be performed for any referral, regardless of the submission method used by the member's primary care provider.