

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.

SUBMITING 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.

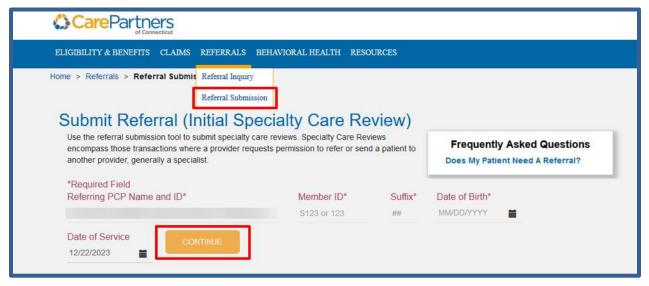
ORDERING PAPER REFERAL FORMS

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 <u>W.B. Mason Provider Forms Requisition Form</u> and fax it to WB Mason at 800-773-4488, or email it to <u>carepartnersct@wbmason.com</u>. The requisition form is available on the provider <u>website</u>.

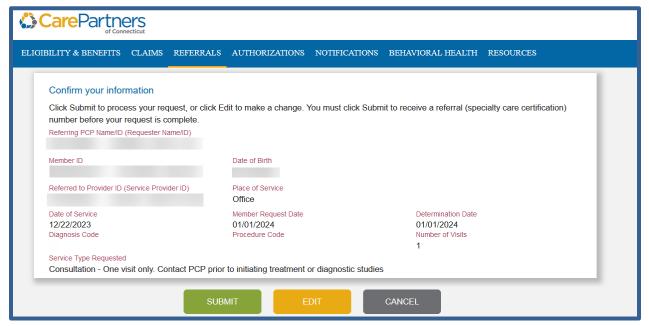
SUBMITTING REFERRALS ONLINE

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."



- 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."

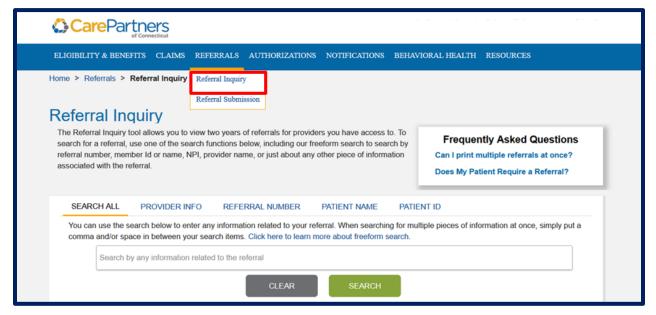


Note: The system generates a referral number. After the referral is generated, the referring PCP, the referred to provider, and the member can view the referral through their secure online account.

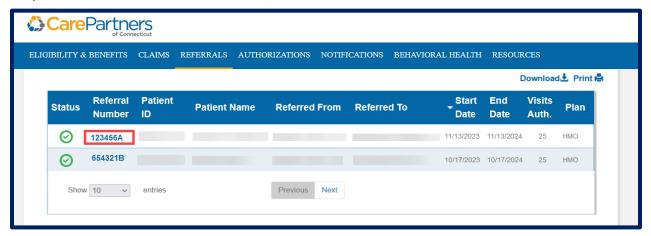
PERFORMING A REFERRAL INQUIRY

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.



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



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