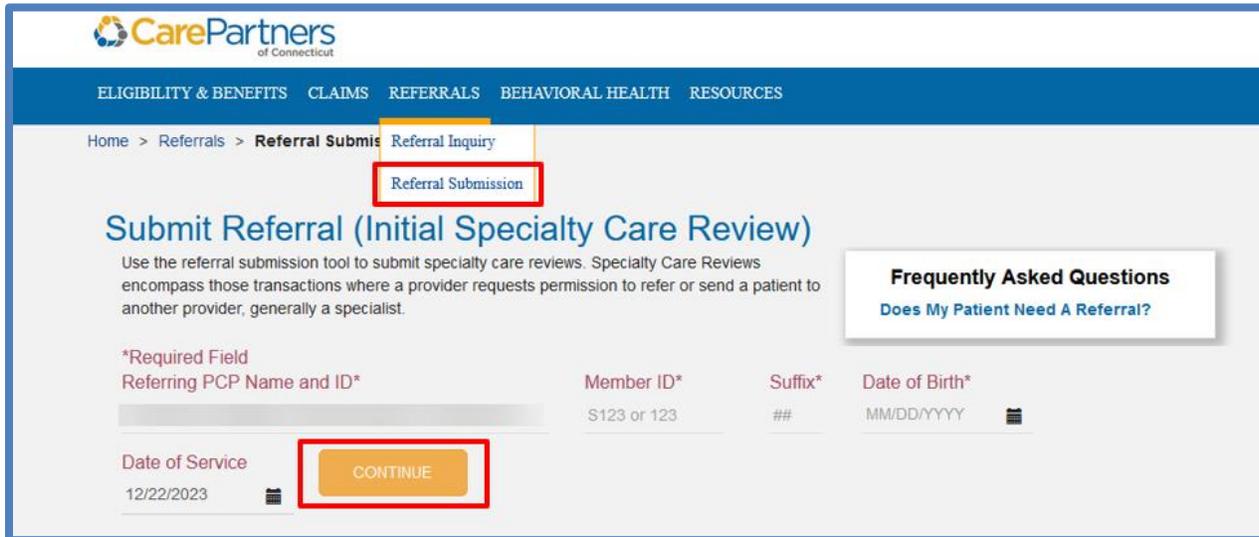


## Quick Reference Guide: Primary Care Provider Referral Submission

### TO SUBMIT A REFERRAL FOR OUT-OF-NETWORK CARE:

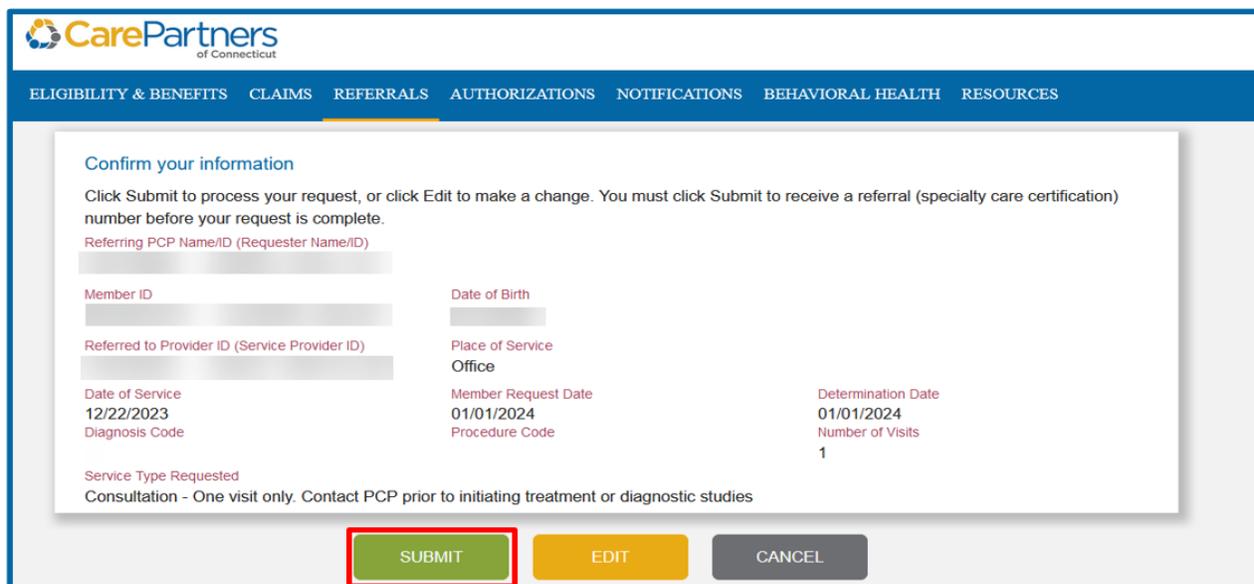
- Step 1:** Log on to CarePartners of Connecticut’s secure Provider [portal](#).
- Step 2:** From the list of self-service options, hover over “REFERRAL.”
- Step 3:** Select “Referral Submission” from the dropdown menu.
- Step 4:** Enter the *Member ID*, *Suffix* and *Date of Birth*, and click “CONTINUE.”



The screenshot shows the 'Submit Referral (Initial Specialty Care Review)' page. The navigation menu includes 'ELIGIBILITY & BENEFITS', 'CLAIMS', 'REFERRALS', 'BEHAVIORAL HEALTH', and 'RESOURCES'. The breadcrumb trail is 'Home > Referrals > Referral Submission > Referral Inquiry'. A dropdown menu is open under 'Referral Submission', with 'Referral Submission' selected and highlighted in a red box. The main heading is 'Submit Referral (Initial Specialty Care Review)'. Below the heading is a description: 'Use the referral submission tool to submit specialty care reviews. Specialty Care Reviews encompass those transactions where a provider requests permission to refer or send a patient to another provider, generally a specialist.' To the right is a 'Frequently Asked Questions' box with the link 'Does My Patient Need A Referral?'. The form fields are: 'Referring PCP Name and ID\*' (with a red asterisk), 'Member ID\*' (with a red asterisk), 'Suffix\*' (with a red asterisk), 'Date of Birth\*' (with a red asterisk), and 'Date of Service' (with a red asterisk). The 'Date of Birth' field is set to 'MM/DD/YYYY' and has a calendar icon. The 'Date of Service' field is set to '12/22/2023' and has a calendar icon. The 'CONTINUE' button is highlighted in a red box.

**Step 5:** The online referral form appears. Complete all required fields and click “CONTINUE.”

**Step 6:** You will be asked to confirm that the information you entered is accurate. If accurate, click “SUBMIT.”



The screenshot shows the 'Confirm your information' page. The navigation menu includes 'ELIGIBILITY & BENEFITS', 'CLAIMS', 'REFERRALS', 'AUTHORIZATIONS', 'NOTIFICATIONS', 'BEHAVIORAL HEALTH', and 'RESOURCES'. The breadcrumb trail is 'Home > Referrals > Referral Submission > Referral Inquiry > Referral Submission'. The main heading is 'Confirm your information'. Below the heading is a description: '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.' The form fields are: 'Referring PCP Name/ID (Requester Name/ID)', 'Member ID', 'Date of Birth', 'Referred to Provider ID (Service Provider ID)', 'Place of Service Office', 'Date of Service', 'Member Request Date', 'Determination Date', 'Diagnosis Code', 'Procedure Code', and 'Number of Visits'. The 'Date of Service' field is set to '12/22/2023', 'Member Request Date' is '01/01/2024', 'Determination Date' is '01/01/2024', and 'Number of Visits' is '1'. The 'Service Type Requested' is 'Consultation - One visit only. Contact PCP prior to initiating treatment or diagnostic studies'. The 'SUBMIT' button is highlighted in a red box.

**Step 7:** A referral number is generated.

**Step 8:** Once the referral is generated, the member’s PCP, the referred to provider, and the member will be able to view the referral through their own secure online account.