

## 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](mailto: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 [W.B. Mason Provider Forms Requisition Form](#) and fax it to WB Mason at 800-773-4488, or email it to [carepartnersct@wbmason.com](mailto: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 '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'. The 'Referral Submission' link is highlighted with a red box. The main heading is 'Submit Referral (Initial Specialty Care Review)'. Below the heading is a brief 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'. The 'Date of Service' field is populated with '12/22/2023'. A yellow 'CONTINUE' button is highlighted with a red box.

**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' 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 brief 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' (populated with '12/22/2023'), 'Member Request Date' (populated with '01/01/2024'), 'Determination Date' (populated with '01/01/2024'), 'Diagnosis Code', 'Procedure Code', and 'Number of Visits' (populated with '1'). The 'Service Type Requested' is 'Consultation - One visit only. Contact PCP prior to initiating treatment or diagnostic studies'. At the bottom are three buttons: 'SUBMIT' (green), 'EDIT' (yellow), and 'CANCEL' (grey).

**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 CarePartners of Connecticut website. The top navigation bar includes links for ELIGIBILITY & BENEFITS, CLAIMS, REFERRALS, AUTHORIZATIONS, NOTIFICATIONS, BEHAVIORAL HEALTH, and RESOURCES. The breadcrumb trail is Home > Referrals > Referral Inquiry. The 'Referral Inquiry' link is highlighted with a red box. Below the breadcrumb trail, there is a 'Referral Submission' link. The main heading is 'Referral Inquiry'. A description states: 'The Referral Inquiry tool allows you to view two years of referrals for providers you have access to. To search for a referral, use one of the search functions below, including our freeform search to search by referral number, member Id or name, NPI, provider name, or just about any other piece of information associated with the referral.' A 'Frequently Asked Questions' box contains two questions: 'Can I print multiple referrals at once?' and 'Does My Patient Require a Referral?'. Below this is a search interface with tabs for SEARCH ALL, PROVIDER INFO, REFERRAL NUMBER, PATIENT NAME, and PATIENT ID. The 'SEARCH ALL' tab is selected. A text box contains the instruction: 'You can use the search below to enter any information related to your referral. When searching for multiple pieces of information at once, simply put a comma and/or space in between your search items. Click here to learn more about freeform search.' Below the text box is a search input field with the placeholder text 'Search by any information related to the referral'. There are two buttons: 'CLEAR' and 'SEARCH'.

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

The screenshot shows the CarePartners of Connecticut website displaying a table of referral results. The table has the following columns: Status, Referral Number, Patient ID, Patient Name, Referred From, Referred To, Start Date, End Date, Visits Auth., and Plan. The first row is highlighted, and the Referral Number '123456A' is circled in red. The second row has a Referral Number of '654321B'. Below the table, there is a 'Show 10 entries' dropdown and 'Previous' and 'Next' buttons. The top right of the table area has 'Download' and 'Print' icons.

| Status | Referral Number | Patient ID | Patient Name | Referred From | Referred To | Start Date | End Date   | Visits Auth. | Plan |
|--------|-----------------|------------|--------------|---------------|-------------|------------|------------|--------------|------|
| ✓      | 123456A         |            |              |               |             | 11/13/2023 | 11/13/2024 | 25           | HMO  |
| ✓      | 654321B         |            |              |               |             | 10/17/2023 | 10/17/2024 | 25           | HMO  |

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