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## **Medicaid Management Information Systems**

*Maine Integrated Health Management Solution*

*HealthPAS Online: Referral User Guide*

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By accessing the Maine Health PAS Online Portal, all users agree to protect the privacy and security of the data contained within as required by law. Access to information on this site is only allowed for necessary business reasons, and is restricted to those persons with a valid user name and password.

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## 1. Introduction

Most MaineCare Medicaid Members must enroll with a Primary Care Provider (PCP) within the Primary Care Case Management (PCCM) Program. This program requires the PCP to provide referrals for specialty care and other services/medical equipment. For additional information regarding the PCCM Program, click the link to the MaineCare Services website at:

<http://www.maine.gov/dhhs/oms/provider/pccm.html>

The MIHMS Health PAS Online Portal (online portal) provides Primary Care Providers with the tools to submit referrals via the online portal.

## 2. System Requirements

To successfully use all features of the Health PAS Online Portal, ensure that your computer system meets the following minimum requirements:

- Reliable Online connection
- Web browser- The latest version of Microsoft Internet Explorer is recommended. As versions of Internet Explorer become available it is recommended that these versions are used.
- The latest version of Adobe Acrobat Reader

## 3. Preparation for Referral Submission Process

When completing and submitting a referral via the online portal, the user will need to gather the following information:

- MaineCare Member ID
- Member Name
- Member Date of Birth
- Member Social Security Number (SSN)
- Start and End Date of Referral (required)

## 4. Trading Partner

To access the secure section of the online portal to submit a referral to MaineCare via Direct Data Entry (DDE), you must first be a registered Trading Partner. To log into your Trading Partner Account (TPA):

1. From the online portal home page, click the **Provider** tab at the top of the screen.
2. On the Provider tab, enter your user name and password, which you created when you registered your TPA, into the **Trading Partner Sign In**. See Figure 4-1: Trading Partner Sign In.
3. Click the **Sign In** button.

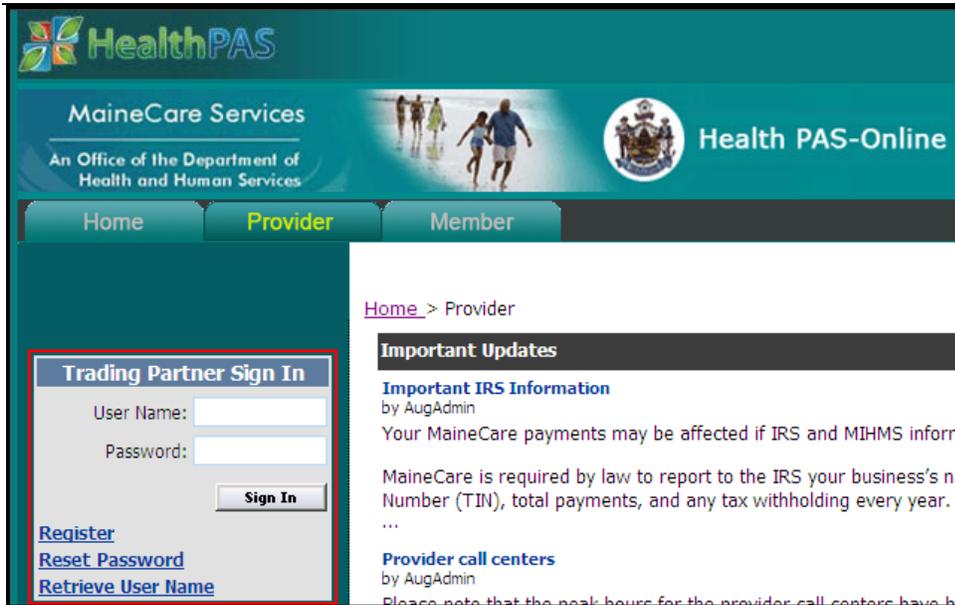


Figure 4-1: Trading Partner Sign In

**NOTE:** If you are not already a registered Trading Partner, click the link to the Trading Partner User Guides for more information at:

<https://mainecare.maine.gov/Trading%20Partner%20Guides/Forms/Publication.aspx>

## 5. Referral Submission

There are two (2) ways you can submit a referral using the online portal, as shown in Figure 5-1: Form Entry– Referral Submission:

- Primary Care Roster. See Section 5.1: Primary Care Roster for more information.
- Referral Submission. See Section 5.2: Referral Submission for more information.

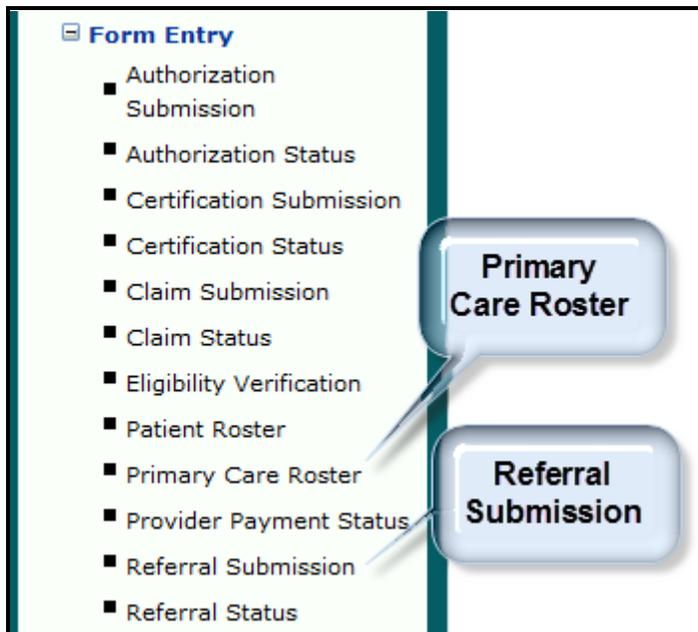


Figure 5-1: Form Entry– Referral Submission

## 5.1 Primary Care Roster

The **Primary Care Roster** is an automatic list of the members that have been assigned to that Primary Care Provider. One benefit to using the Primary Care Roster instead of Referral Submission is that the user does not need to search for members and enter search criteria. For more information, see *Health PAS Online: Roster User Guide*.

1. Once you are logged in as a Trading Partner, click on the **Primary Care Roster** link under the Form Entry Heading.
2. The Primary Care Roster screen will display, as shown in Figure 5-2: Primary Care Roster.
3. Select the **Billing Provider** from the drop-down menu, if applicable. If there is only one Pay-To provider, this field will be grayed out.
4. Select the **PCP** from the drop-down menu.
5. Select the member from the roster list by clicking on the **radio** button, or
6. Select the **first letter** of the member's last name from the alphabetical list. If a letter is grayed out, there are no members assigned to the PCP that have a last name which starts with that letter.
7. Once you see the correct member, select the **radio** button next to the member name in the roster list.
8. Click the **Submit Referral** button to begin the referral submission process.

You Are Here: Primary Care Roster

Billing Provider: BAYSIDE HOSPITAL-S | 1710295761

Primary Care Provider: All Providers

The following members have designated you as their Primary Care Provider(PCP).

To locate a specific member in the list, select the Search icon.

PCP Roster Print List Export to Excel

Search

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Last Name	First Name	Date of Birth	Member ID	PCP Effective	PCP Term	Program
						MaineCare PCCM
						MaineCare PCCM

Verify Eligibility Submit Claims Diagnosis History Submit Referral Submit Authorization Submit Certification

Figure 5-2: Primary Care Roster

9. Go to Section 6: Submit Referral to complete the referral submission.

## 5.2 Referral Submission

1. Once you are logged in as a Trading Partner, click on the Referral Submission link. The Submit Referral– Find Member screen will populate. Verify the **Select Billing Provider** information (above the Find Member tab) is correct. If there is more than one Billing Provider associated with the Trading Partner ID, click the drop-down menu to select the proper Billing Provider from the pre-determined list. See Figure 5-3: Billing Provider.

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Select Billing Provider: PRV-ABC MEDICAL GROUP

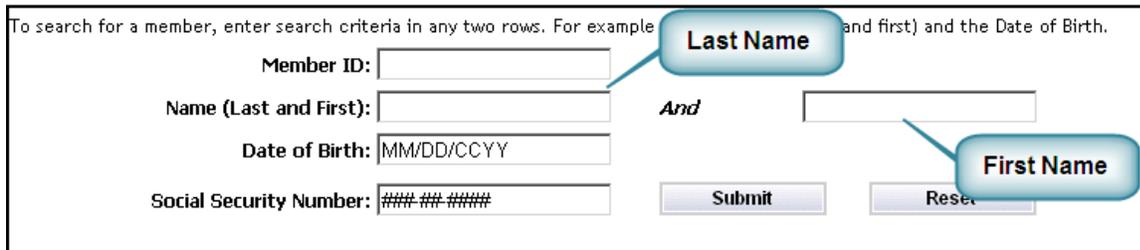
**Figure 5-3: Billing Provider**

2. Once the Billing Provider has been selected, the Member must be identified. To search for a member, at least two (2) of the four (4) available member search criteria fields must be filled for a successful member search:

- Member ID (e.g. 00000000A)
- Name (Last and First)-the first field you should enter the last name and in the second field enter the first name
  - The Last Name and First Name count as one search criterion.
  - On the search screen, enter the Last Name in the first field provided and the First Name in the second field, as shown in Figure 5-4: Member Search.
  - Names must match exactly for the first five (5) letters of the last name and the first three (3) letters of the first name.

***HINT:** For example: Jane Example-Member could be entered as Examp for the last name and Jan as the first name.*

- Date of Birth (e.g. MM/DD/YYYY)
- Social Security Number (SSN)- should be entered without any dashes.



To search for a member, enter search criteria in any two rows. For example (Last Name and first) and the Date of Birth.

Member ID:

Name (Last and First):  *And*

Date of Birth:

Social Security Number:

**Last Name** (callout pointing to the first name field)

**First Name** (callout pointing to the second name field)

**Figure 5-4: Member Search**

3. Select the **Submit** button to perform your search.

***NOTE:** If no match is found, change your search criteria. For example, use the MaineCare ID and member Date of Birth. If no match is found, or to start your search over, select the **Reset** button to clear all the values entered in the Find Member search fields.*

4. The search results are returned under the Find Member Results tab, as shown in Figure 5-5: Member Search Results. The search may result in a list of multiple members. Using the member's criteria, identify the correct member. The member information that will be displayed is:

- Name
- Gender
- Date of Birth
- Member ID

5. Select the **radio** button next to the member name to retrieve the member.

6. Click the **Continue** button to begin the referral submission process.

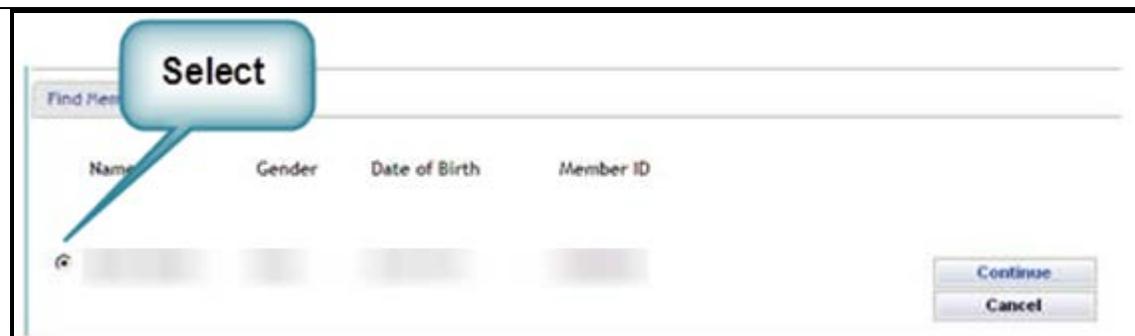


Figure 5-5: Member Search Results

7. Go to Section 6: Submit Referral section to complete the referral submission.

## 6. Submit Referral

Upon the selection of the member for the referral, the Submit Referral– Referral Details screen will populate, as shown in Figure 6-1: Referral Detail. There are five (5) sections associated with this screen:

- Member Information
- Referral Information
- Referred To Provider
- Diagnosis
- Notes

*NOTE: Some of the fields have been pre-populated with the member and provider information based on the member you have selected and the provider entering the referral.*

*NOTE: Input fields with a red asterisk (\*) are required. An error message will be displayed if these values are left blank.*

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My Health PAS

You Are Here: Submit Referral - Referral Details

Enter information in the fields provided below and click the **Submit** button.

**Member Information**

Name:

Date of Birth:

Member ID:

**Referral Information**

Referral Type \*:

Referral Reason \*:

Pay to/Billing Provider:

Referred from Provider \*:

Start Date:

End Date:

Visits/Units:

**Referred To Provider**

Referred To Provider or Group \*:

Pay to/Billing Provider:

**Diagnosis**

\*\*\*\*\* At least one diagnosis code must be entered

Seq#	Code	Description
1	<input type="text"/>	<input type="text"/>

**Notes** Additional Referral Details/Limitations

Figure 6-1: Referral Detail

1. Complete the Referral Information tab as outlined in Table 1: Referral Information Tab.

**Table 1: Referral Information Tab**

Field Name	Description
Referral Type	Required field. Defaults to <b>Web Referral</b> . This field is grayed out and cannot be edited by the user.
Referral Reason	Required field. Click the drop-down menu and make a selection from a pre-determined list. The options are: <ul style="list-style-type: none"> <li>• Durable Medical Equipment</li> <li>• Occupational Therapy</li> <li>• Other– If selected, a note is required.</li> <li>• Physical Therapy</li> <li>• Single Consultation visit or opinion</li> <li>• Single Visit for Treatment</li> <li>• Speech Therapy</li> <li>• Surgery/Admit to Hospital</li> </ul>
Pay-To/Billing Provider	Pre-populated field. This field is system-generated based on the Trading Partner Account (TPA) submitting the referral.
Referred From Provider	Required field. Click the drop-down menu and make a selection from a pre-determined list. The list will be sorted in alphabetical order by provider last name.  This may be the PCP or a provider associated with the PCP.
Start Date	Defaults to today's date, but you can use a future date.
End Date	Automatically defaults to six (6) months from Start Date, if left blank.  Referrals can be put in place for up to one (1) year.
Visits/Units	Automatically defaults if the visits/units box is left blank. Single Consultation Visit or Opinion– defaults to 1 unit Single Visit for Treatment– defaults to 1 unit All other Referral Reasons– default to 3 units  <b>NOTE:</b> <i>The number of units entered cannot exceed the number of days on the referral.</i>

2. Complete the Referred to Provider section. The **Referred To Provider or Group** field is required. The Referred To Provider or Group should reflect the provider that is rendering the service associated with the referral. To enter a value in the **Referred To Provider or Group** field, select the **Search** icon as shown in Figure 6-2: Search for Referred to Provider.

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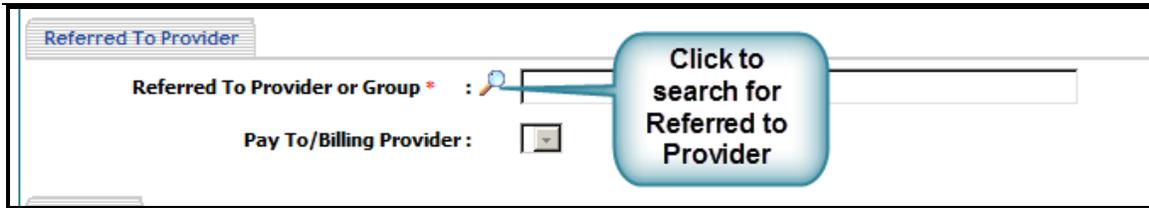


Figure 6-2: Search for Referred To Provider

3. A provider search screen will populate.
4. Complete one or more of the provider search fields.

**NOTE:** Certain providers may be listed with out of state addresses. Changing the default state from “Maine” to blank may aid with locating some providers.

5. Click the **Search** button. The search results are returned at the bottom of the screen under the **Search Results** tab as shown in Figure 6-3: Provider Search Results.
6. To make a selection, click on the **radio** button next to the correct rendering provider, as shown in Figure 6-3: Provider Search Results or the Pay-To provider as shown in Figure 6-4: Provider Search- Without Rendering Providers and select the **Continue** button. Clicking **Cancel** closes the Provider Search screen and returns to the referral screen.

**NOTE:** Some providers, such as Durable Medical Equipment Suppliers, do not have rendering providers. For these providers you will refer the Member to the Pay-To Provider instead of a Rendering Provider as shown in Figure 6-4: Provider Search- Without Rendering Providers.

7. In the **Pay To/Billing Provider** field, if the Referred To Provider is affiliated to more than one (1) Pay-To Provider, the correct Pay-To/Billing Provider must be selected from the drop-down menu.

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To search for a provider, use one or more of the fields below. Simply click the Search button with no criteria to see a complete listing of available providers.

**Provider Search**

Provider/Clinic Name:

Program:

Specialty:

Provider Type:

Provider ID:

City:

State:

ZIP:

---

**Search Results**

Name	Provider ID	Address	City, State, ZIP	Phone #	County	Primary Specialty	Provider Type
<input type="radio"/> HAMM-S, Gregory	1476682111	89 Elm Street	SPRINGVALE , ME , 04083	2073333333	YORK	Licensed Clinical Social Worker	11-Behavioral Health Clinician

**Figure 6-3: Provider Search Results**

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To search for a provider, use one or more of the fields below. Simply click the Search button with no criteria to see a complete listing of available providers.

**Provider Search**

Provider/Clinic Name:

Program:

Specialty:

Provider Type:

Provider ID:

City:

State:

ZIP:

---

**Search Results**

<u>Name</u>	<u>Provider ID</u>	<u>Address</u>	<u>City, State, ZIP</u>	<u>Phone #</u>	<u>County</u>	<u>Primary Specialty</u>	<u>Provider Type</u>
<input type="radio"/> Eaton Community Medical Center-S	1262485307	533 Wipman Road	GREENE , ME , 04236	2076664444	ANDROSCOGGIN	No Specialty Required	78-Facility- Agency- Organization NR Provider

**Figure 6-4: Provider Search- Without Rendering Providers**

- The Diagnosis section must be completed to submit the referral. It is possible for the member to have multiple diagnoses. There are three (3) fields in the diagnosis section, as shown in Table 2: Diagnosis Fields. If the user already knows the **Diagnosis Code** to use for their referral submission, you can type in the code and press tab.

**Table 2: Diagnosis Fields**

Field Name	Helpful Information
Seq #	The Seq # will increase as each line is added and is automatically populated. Up to 12 diagnosis codes may be entered. To add a new line, press the Tab key at the end of the last line and a new line will appear.
Code	The user is responsible for populating the code field.
Description	The description will appear once the code is entered and the tab key is pressed.  Only one primary diagnosis can be entered for each referral. The first line entered is the primary diagnosis and must be closely related to the procedure. Any additional diagnosis entered will be considered a secondary diagnosis.

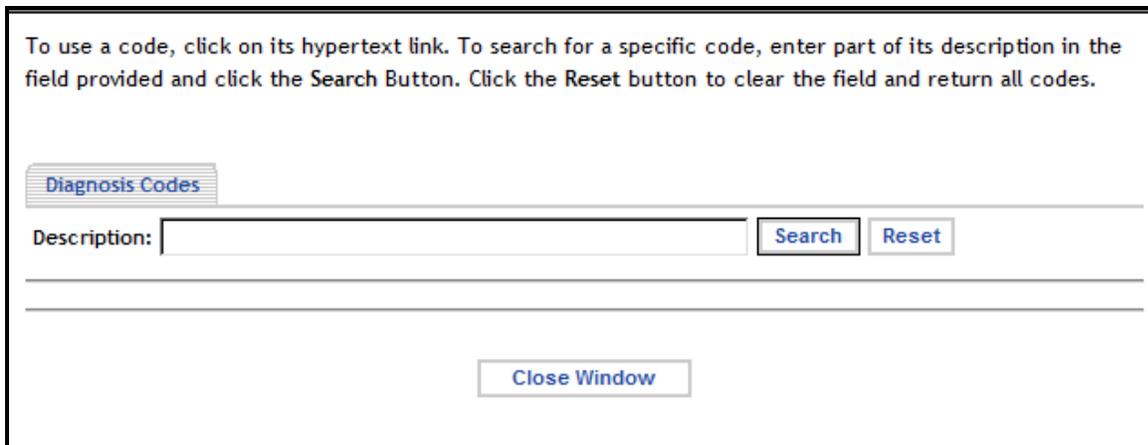
***NOTE:** Always tab through fields on a single line to ensure proper completion.*

- To search for a **Diagnosis Code**, click within the code box and then click the **Search** icon. See Figure 6-5: Diagnosis Section for reference.



**Figure 6-5: Diagnosis Section**

- A new search window will open, as shown in Figure 6-6: Diagnosis Search. To search for a specific code, enter part of its description in the field provided.
- Click the **Search** button to retrieve a list of results.



**Figure 6-6: Diagnosis Search**

**NOTE:** MIHMS will match exactly the sequence of characters entered in the search criteria. For example: if nothing is found for “Sleep Disorder” try using only “sleep.” Conversely, using just the word “disorder” may be too broad and result in a longer list. To start over, click **Reset** to clear the **Description** field.

- The search will return a list of **Code IDs, Descriptions, Effective and Term Dates, and ICD Versions**. Click any **Code ID** link to populate the Code ID to the **Diagnosis** section. See Figure 6-7: Diagnosis Search Results.

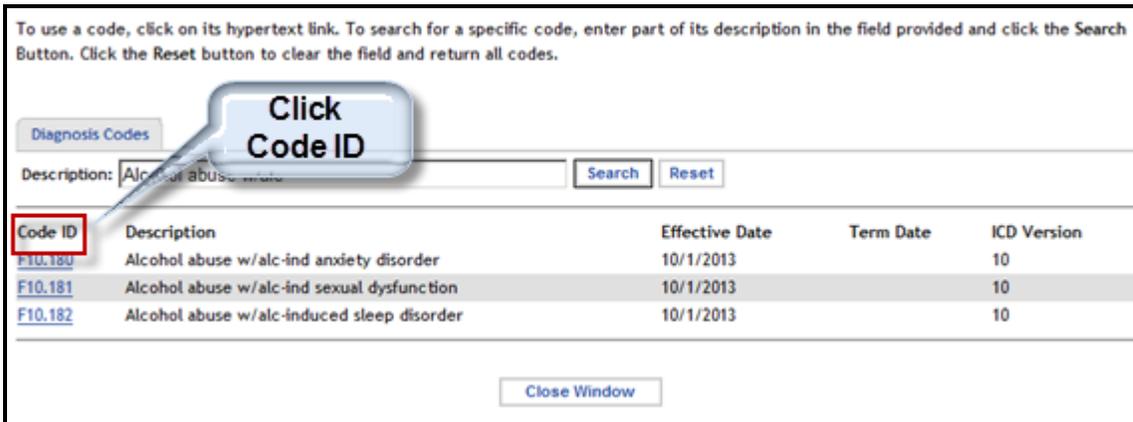


Figure 6-7: Diagnosis Search Results

- Once the **Code ID** is displayed, tab through to auto-populate the description. A new line will be presented if additional codes need to be entered. Up to 12 Diagnosis Codes can be added by tabbing to the next line.

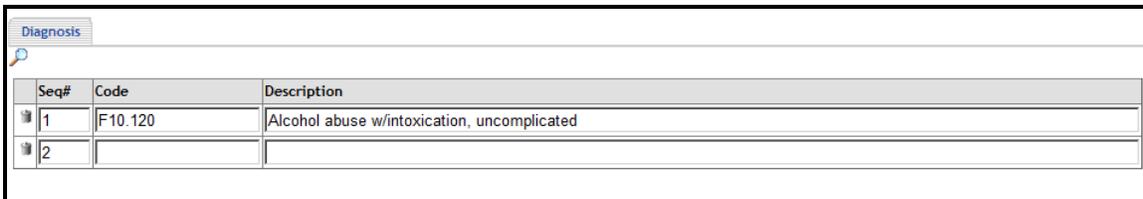


Figure 6-8: Diagnosis Description

- The **Notes** section is used to enter any other comments to further support the referral request. A note is required when the **Referral Reason** selected is **Other**.
- Click in the **text box** and type in supporting text.
- When all the information has been entered, click the **Submit** button to submit the referral as shown in Figure 6-9: Notes.

**NOTE:** Any errors in your application will be indicated at the top of the page in a red font and must be corrected before the referral can be submitted.

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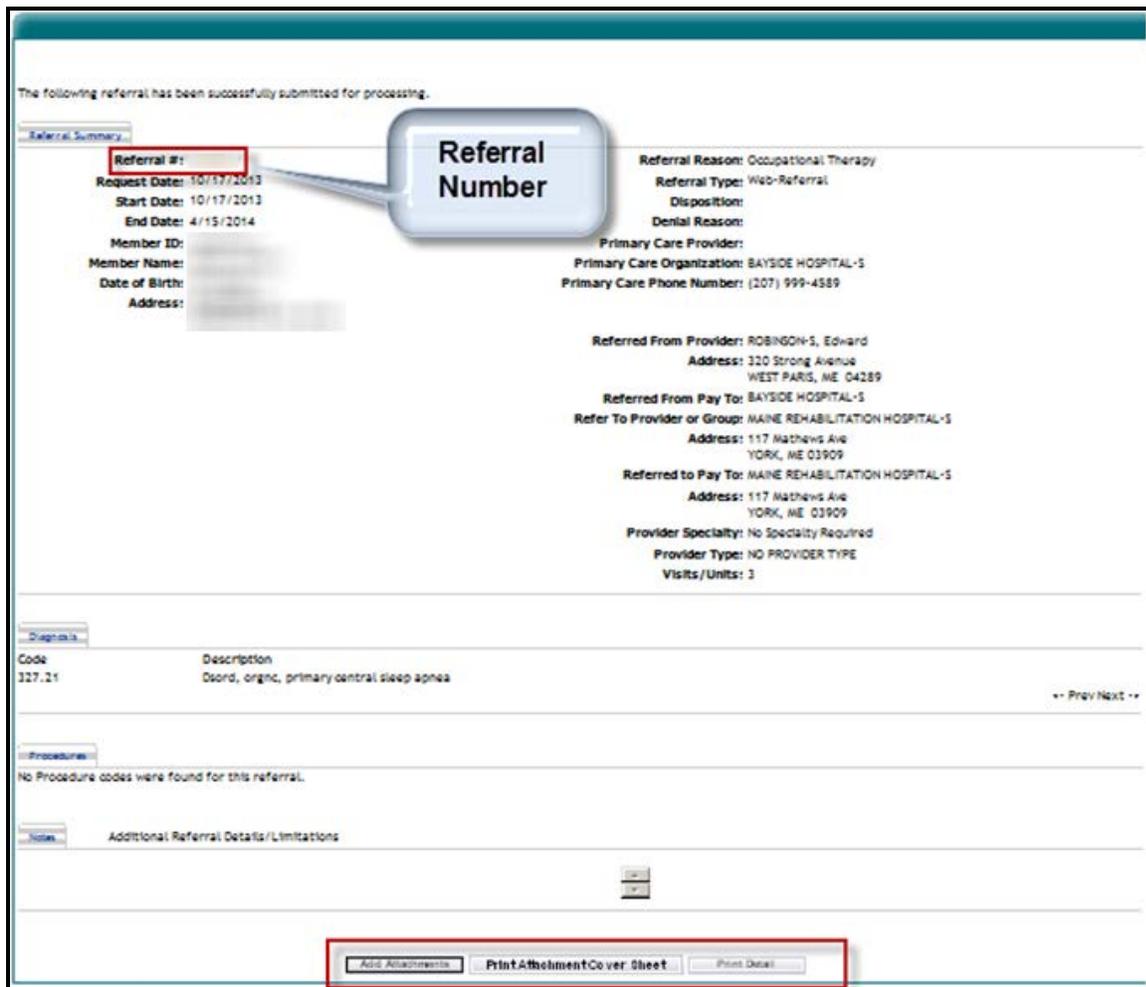


Figure 6-9: Notes

## 7. Referral Confirmation

Upon the successful submission of a referral, a referral confirmation screen will populate. This screen provides the user with a referral number and a summary of the referral requested as seen in Figure 7-1: Referral Confirmation.

1. By using the buttons at the bottom of the screen, you may Add Attachments, Print Attachment Cover Sheet, or Print Detail. See Add Attachments to Referral for more detailed information on adding attachments.



The following referral has been successfully submitted for processing.

**Referral Summary**

Referral #: [Redacted] **Referral Reason:** Occupational Therapy  
Request Date: 10/17/2013 **Referral Type:** Web-Referral  
Start Date: 10/17/2013 **Disposition:**  
End Date: 4/15/2014 **Denial Reason:**  
Member ID: **Primary Care Provider:**  
Member Name: **Primary Care Organization:** BAYSIDE HOSPITAL-S  
Date of Birth: **Primary Care Phone Number:** (207) 999-4589  
Address: **Referred From Provider:** ROBINSON-S, Edward  
**Address:** 120 Strong Avenue  
WEST PARIS, ME 04289  
**Referred From Pay To:** BAYSIDE HOSPITAL-S  
**Refer To Provider or Group:** MAINE REHABILITATION HOSPITAL-S  
**Address:** 117 Mathews Ave  
YORK, ME 03909  
**Referred to Pay To:** MAINE REHABILITATION HOSPITAL-S  
**Address:** 117 Mathews Ave  
YORK, ME 03909  
**Provider Specialty:** No Specialty Required  
**Provider Type:** NO PROVIDER TYPE  
**Visits/Units:** 1

**Diagnosis**

Code	Description
127.21	Disord, organ, primary central sleep apnea

**Procedures**

No Procedure codes were found for this referral.

**Notes**

Additional Referral Details/Limitations

**Buttons:** Add Attachments, Print Attachment Cover Sheet, Print Detail

Figure 7-1: Referral Confirmation

## 8. Add Attachments to Referral

You have the option of adding an attachment to a referral; however, attachments are not required for a referral.

1. Select the **Add Attachment** button at the bottom of the confirmation screen, as shown in Figure 7-1: Referral Confirmation.
2. The add attachments screen will open in a new window as shown in Figure 8-1: Add Attachment. The referral information is pre-populated on the top of the page.
3. The **Type of Attachment** field will default to **PA Support**.
4. Select the **Browse** button to locate the file on your local computer. All supporting document files must be in one of these formats:
  - o GIF
  - o JPEG
  - o MS Excel (.xls)
  - o MS Word (.doc)
  - o PDF
  - o TIFF
5. Click the **Attach** button when the selected file to upload is listed in the **Browse** field.
  - a. If you are unable to upload attachments, referrals should be submitted on paper with the attachment. See Section 9, Referral Cover Sheet for instructions.
6. Each attachment must have a unique filename.
7. Once you have received a message that your attachment has been successfully submitted, the user may:
  - a. Repeat Steps 1 through 6 to attach another document.
  - b. Click the **Cancel** button to return to the Referral Confirmation screen.

**NOTE:** Be sure to check that the red message at the top indicates the documentation you attached has been accepted by the system.

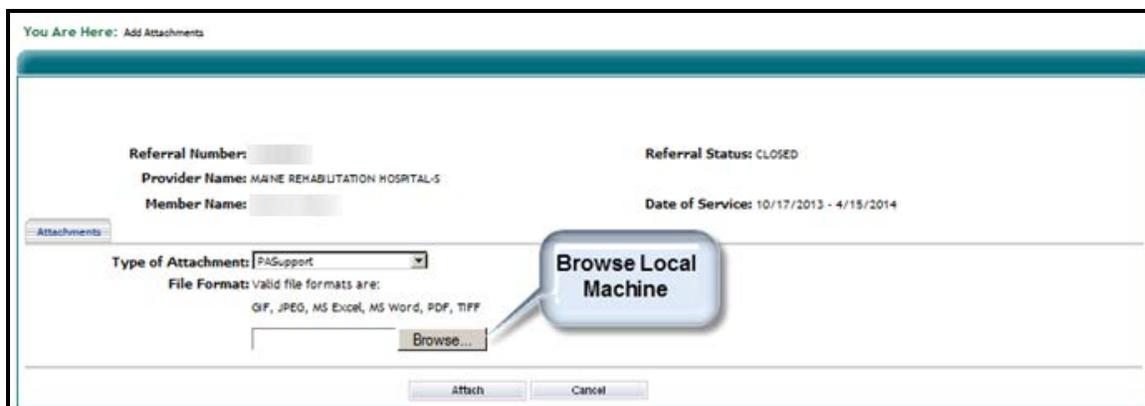


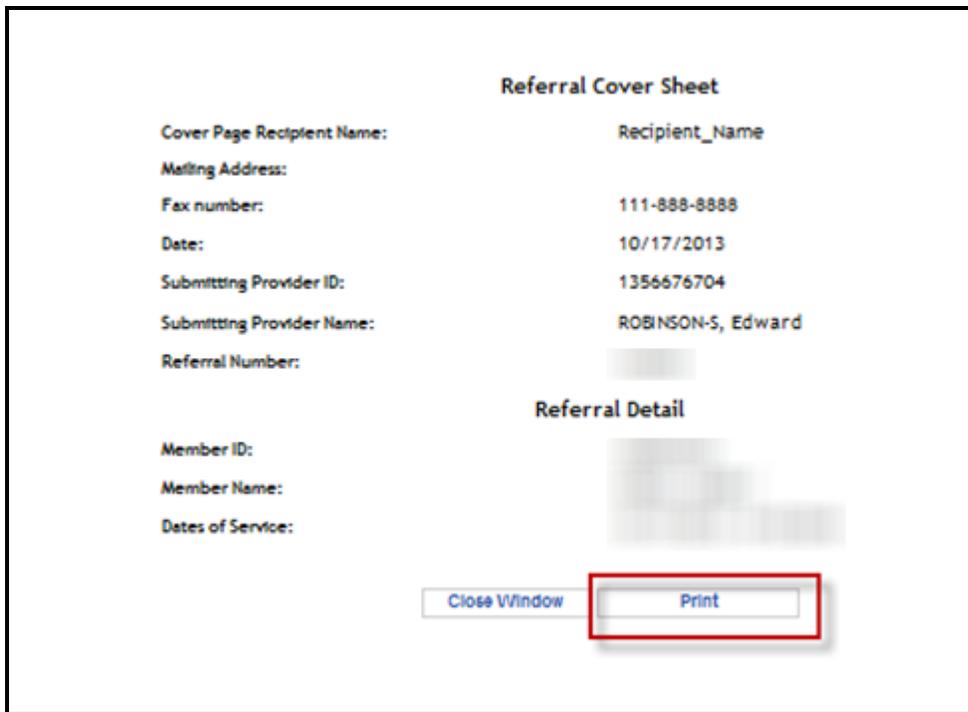
Figure 8-1: Add Attachment

## 9. Referral Cover Sheet

Supporting documentation can be submitted manually if you are unable to upload electronic copies of attachments. To do this, print a **Referral Cover Sheet** along with the **Referral Number** which is provided to you on the confirmation screen.

If you need to mail in or fax the attachments, use the steps below to print a Referral Cover Sheet:

1. Click the **Print Attachment Cover Sheet** button located at the bottom of the confirmation screen, as shown in Figure 7-1: Referral Confirmation.
2. A new window populates with the Referral Cover Sheet, as shown in Figure 9-1: Referral Cover Sheet; which must be included as part of the manual submission of any attachments.
3. Select the **Print** button located at the bottom of the screen to print the Referral Cover Sheet as shown in Figure 9-1: Referral Cover Sheet.



Referral Cover Sheet

Cover Page Recipient Name:	Recipient_Name
Mailing Address:	
Fax number:	111-888-8888
Date:	10/17/2013
Submitting Provider ID:	1356676704
Submitting Provider Name:	ROBINSON-S, Edward
Referral Number:	

Referral Detail

Member ID:	
Member Name:	
Dates of Service:	

Close Window Print

Figure 9-1: Referral Cover Sheet

4. Send this cover sheet, along with any attachments, via fax or mail to:

**Mail to:**

Referral Unit  
Office of MaineCare Services  
11 State House Station  
Augusta, ME 04333-0011

**Fax #:** 1-866-598-3963

## 9.1 Print Detail

Providers rendering services on a referral may want to print a copy of the referral for their medical records.

To print the referral details, follow the steps below:

1. Select the **Print Detail** button from the Referral Detail screen as shown in Figure 9-2: Print Detail.



Figure 9-2: Print Detail

2. The **Referral Detail** screen will populate, as depicted in Figure 9-3: Referral Detail.
3. Select the **Print** button at the bottom of the Referral Detail screen to print.

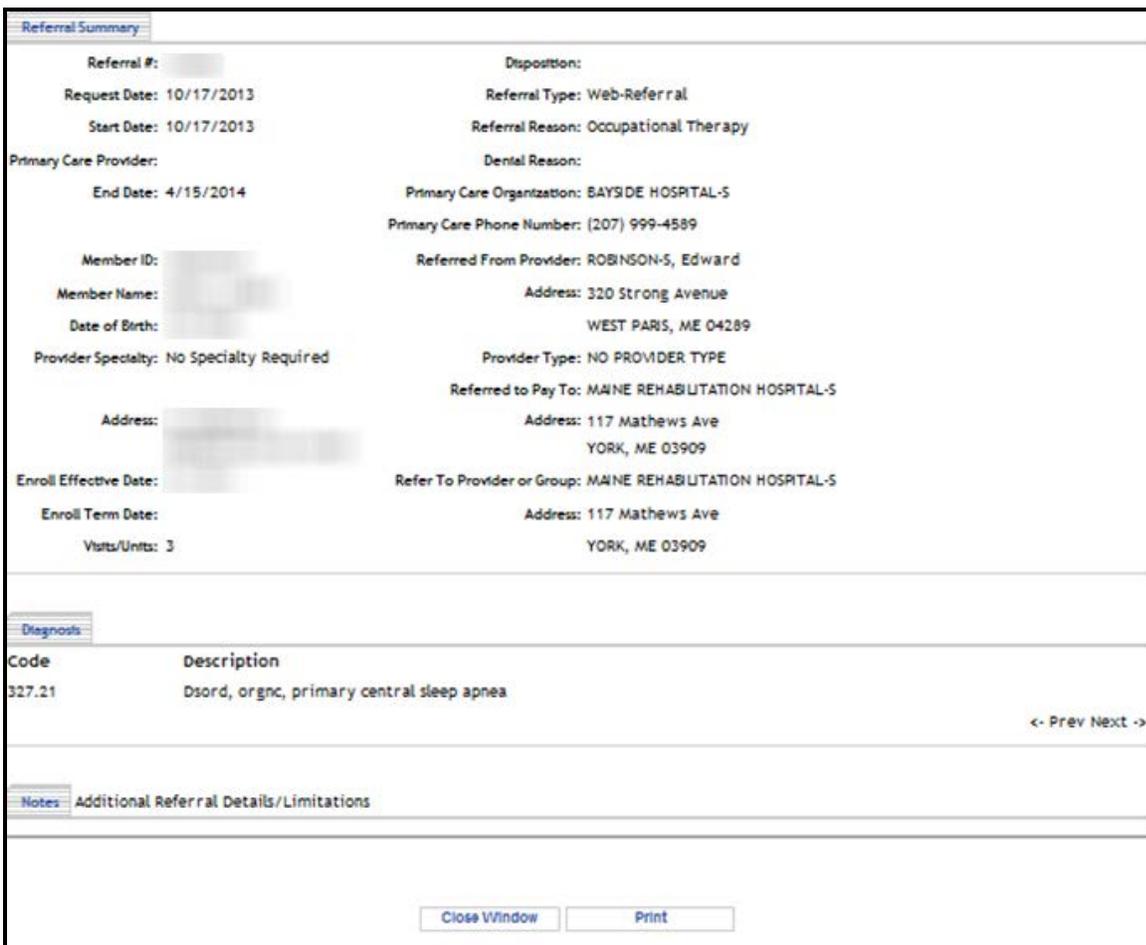
A screenshot of a 'Referral Summary' screen. The screen is divided into several sections. The top section contains fields for Referral #, Request Date (10/17/2013), Start Date (10/17/2013), Disposition, Referral Type (Web-Referral), Referral Reason (Occupational Therapy), Dental Reason, Primary Care Organization (BAYSIDE HOSPITAL-S), Primary Care Phone Number ((207) 999-4589), Member ID, Member Name, Date of Birth, Referred From Provider (ROBINSON-S, Edward), Address (320 Strong Avenue, WEST PARIS, ME 04289), Provider Specialty (No Specialty Required), Provider Type (NO PROVIDER TYPE), Referred to Pay To (MAINE REHABILITATION HOSPITAL-S), Address (117 Mathews Ave, YORK, ME 03909), Enroll Effective Date, Refer To Provider or Group (MAINE REHABILITATION HOSPITAL-S), Address (117 Mathews Ave, YORK, ME 03909), Enroll Term Date, and Visits/Units (3). Below this is a 'Diagnosis' section with a table containing one row: Code 327.21, Description 'Dsord, orgnc, primary central sleep apnea'. At the bottom is a 'Notes' section with the text 'Additional Referral Details/Limitations'. At the very bottom are two buttons: 'Close Window' and 'Print'.

Figure 9-3: Referral Detail

## 10. View Referral Status

Submitting Providers or Referred to Providers may view the status detail of a referral that has been previously submitted. The referral status screen provides a list of the most current referrals submitted by a specified Billing Provider and Primary Care Provider.

1. On the left navigation pane, locate the **Referral Status** link under **Form Entry** to access the View Referral screen, as shown in Figure 10-1: Form Entry– Referral Status.

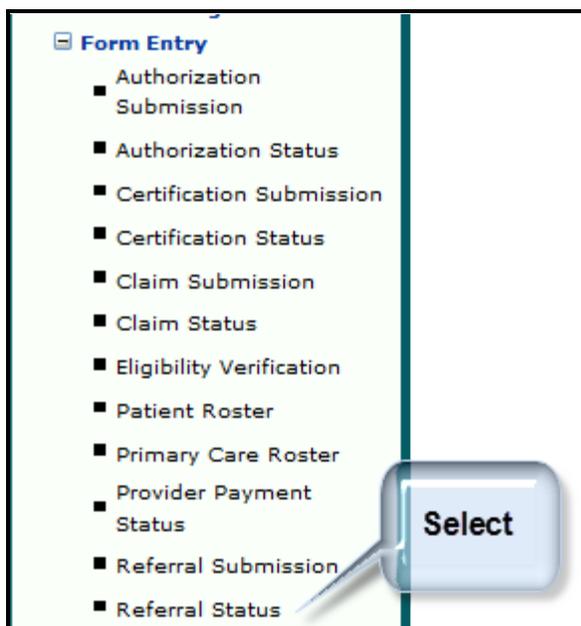
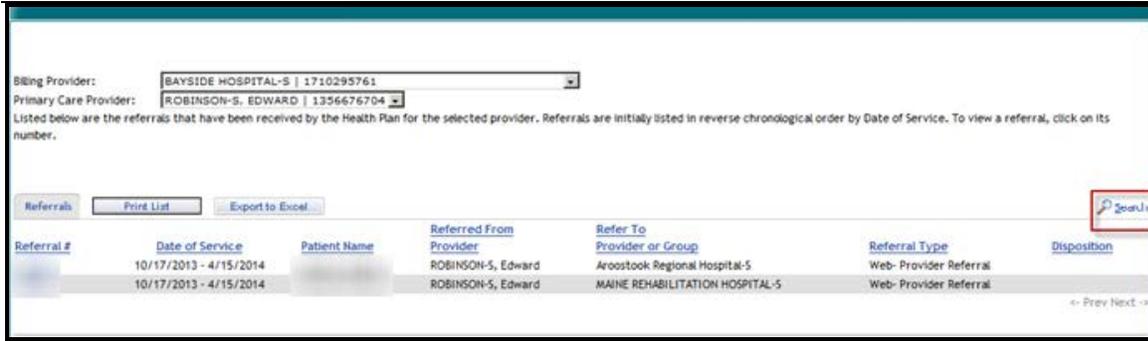


Figure 10-1: Form Entry- Referral Status

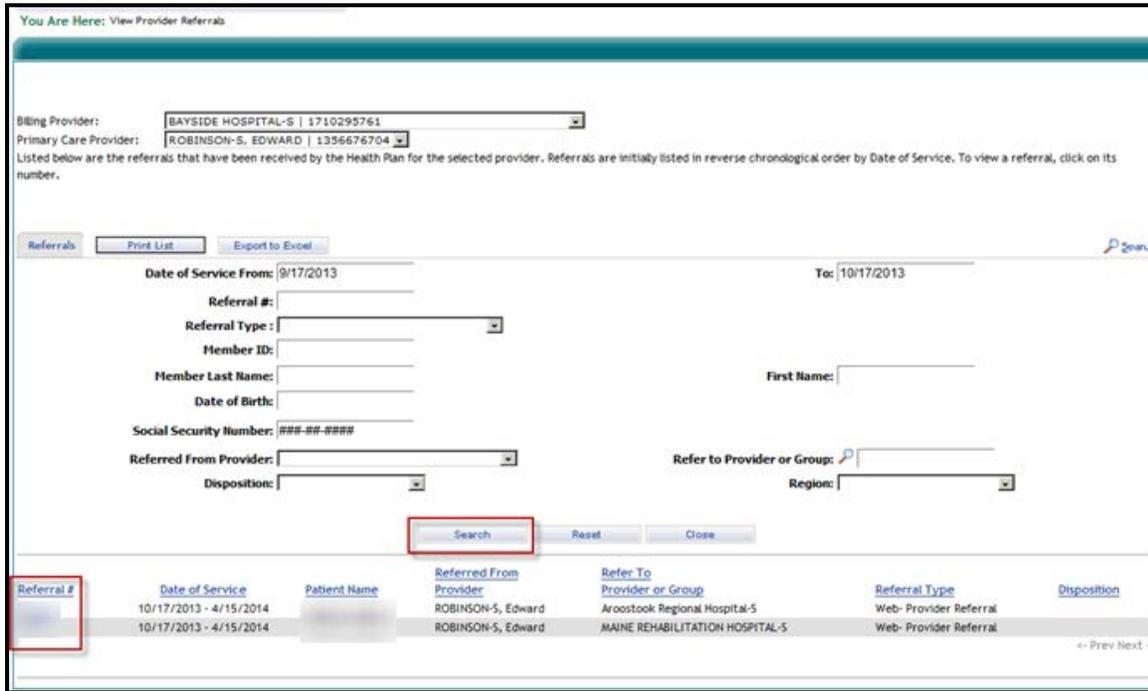
2. The **Billing Provider** field is editable only if the provider has additional associations. If no additional associations exist, this field will be grayed out. To edit the billing provider, click on the **Billing Provider** drop-down menu and select the appropriate provider, if available.
3. The **Primary Care Provider** field is editable only if the billing provider has more than one primary care provider associated with it. To edit the primary care provider, click on the Primary Care Provider drop-down menu and select the appropriate provider, if available.
4. The referral list for the specified provider is automatically sorted by the **date of service** in the order of newest to the oldest.
  - a. Clicking on any underlined column heading will sort the lines according to the values in that column.
  - b. If you would like to search for your referral, select the **Search** icon as shown in Figure 10-2: View Referrals.

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**Figure 10-2: View Referrals**

- The **Referral Search** screen will display, as shown in Figure 10-3: Referral Search. Enter the **referral search criteria** into the screen.



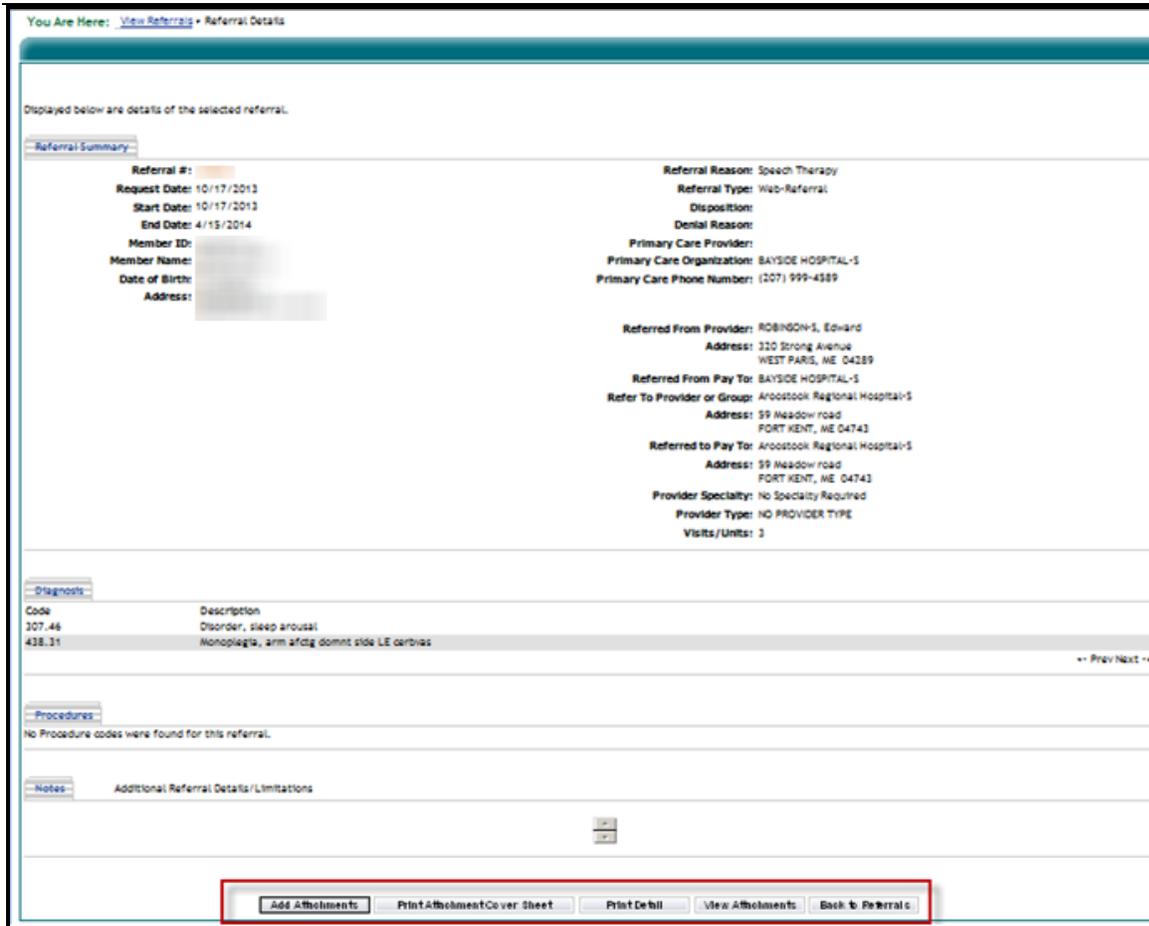
**Figure 10-3: Referral Search**

- Select the **Search** button.

**NOTE:** Use the **Reset** button to clear all the values entered. The **Close** button will close the search window.

- The search results will populate at the bottom of the referral search screen, as shown in Figure 10-3: Referral Search.
- To view the referral detail, click the **Referral #** next to the appropriate referral. This displays the referral details screen as depicted in Figure 10-4: Referral Detail. This screen displays the options listed in Table 3: Referral Detail Screen Options.

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**Figure 10-4: Referral Detail**

**Table 3: Referral Details Screen Options**

Option/Function Listed	Description/Additional Information
Add Attachments	Follow the steps in section 8: Add Attachments to Referral to add attachments.
Print Attachment Cover Sheet	Follow the steps in section 9: Referral Cover Sheet to print an attachment cover sheet.
Print Detail	Follow the steps in section 9.1: Print Detail to print the referral details.
View Attachments	Follow the steps in section 10.1: View Attachments to view any referral attachments.
Back to Referrals	Click on the <b>Back to Referrals</b> button to navigate back to the <b>View Provider Referrals</b> page.

## 10.1 View Attachments

If a user needs to review any attachments associated with a referral request, follow the steps below:

1. Select the **View Attachments** button from the Referral Detail screen as shown in Figure 10-5: Navigation Buttons.



Figure 10-5: Navigation Buttons

2. The View Attachment window will open with an **Attachments** drop-down menu, as shown in Figure 10-6: View Attachment.

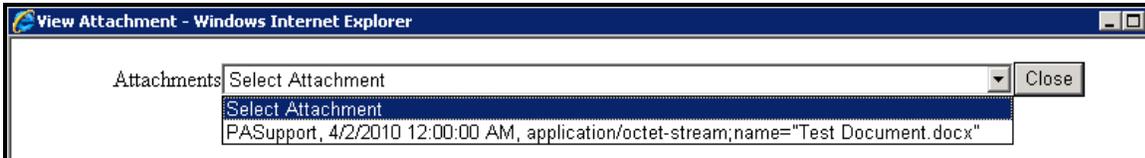


Figure 10-6: View Attachment

3. Select the drop-down menu to view all attachments and click on the name of the attachment you would like to view, as shown in Figure 10-6: View Attachment.