Provider Portal Training Material:
Referral Entry / Network Gap Referral Entry

To be used for all tailored networks; including Clearwater, Mountain View Network, Hometown East, Hometown North, Independent Doctors of Idaho (IDID), Kootenai Care Network (KCN), Portneuf Quality Alliance (PQA), Saint Alphonsus Health Alliance (SAHA) and CarePoint St. Luke’s Health Partners (SLHP)
This user guide provides instructions for entering a referral or a gap-in-network authorization for a tailored network plan; including Clearwater, ConnectedCare Mountain View Network, Hometown East, Hometown North, Independent Doctors of Idaho (IDID), Kootenai Care Network, Portneuf Quality Alliance (PQA), Saint Alphonsus Health Alliance (SAHA) and CarePoint St. Luke’s Health Partners (SLHP).

**Note:** If you are a participating provider with the following networks; CarePoint and Saint Alphonsus Health Alliance (SAHA), please contact the network center to have your request entered. Please DO NOT enter Referrals/Network GAP referral directly. This process is ONLY for referrals NOT authorization. Authorizations must be entered individually under Authorization/Notification then Medical/Behavioral on providers.bcidaho.com.

**Step A – Using the patient/member card to identify the plan**

**Note:** Some examples are shown below. The Idaho Provider Network is indicated on the Blue Cross of Idaho member ID card highlighted on the examples below:
Step B - Verifying the member’s assigned Primary Care Provider (PCP)

Exclusion: Micron Coordinated Care PPO and Kootenai Health employee group members will not have a PCP, use the requesting provider.

1. Log in with your username and password via providers.bcidaho.com at the top of the web page.
2. Hover over Eligibility & Claims, on the top navigation on the blue bar.
3. Select Member Search: enter the member’s last name and member ID or date of birth. Select the member’s name to open data.
4. Verify the requesting provider is the member’s assigned PCP (excluding Micron Coordinated Care Plan) or is at least covering for the member’s PCP in some capacity. This is listed under Member Information.

Step C - Verify the referred specialist in the member’s network.

1. Hover over Tools & Reports on the navigation bar
2. Select the Find a Provider and search as follows:
   a. Select All Networks at the top of the page
   b. Under All Networks, select one of the following Network Types:
      - CCOPQA (ConnectedCare Portneuf Quality Alliance)
      - CCOSAHA (ConnectedCare Saint Alphonsus Health Alliance)
      - CCOSLHP (CarePoint St Luke’s Health Partners)
      - CCPSAHA (Micron Coordinated Care Plan Saint Alphonsus Health Alliance)
      - CCPSLHP (Micron Coordinated Care Plan St Luke’s Health Partners)
      - CPN (Clearwater Provider Network)
      - HEPN (Hometown East Provider Network)
      - HNPN (Hometown North Provider Network)
      - KCN (Kootenai Care Network)
   c. Select My Location or leave blank
   d. Select Medical Care in the blue box
   e. Select the Primary Care in the blue box
   f. Select the Provider Type that you wish to search. Example: Family Medicine.
   g. On the right side of the results page below Refine your Results and Basic:
      1. Select Primary Care Physician to narrow the search to PCPs only.
      2. Select Within 10 miles to adjust the search range.
   h. Verify the provider is in the applicable network as specified above.
i. If the provider is NOT in the network, search by that provider’s specialty to see if you can re-direct the gap in-network authorization to an applicable network.

j. If there is no provider of that specialty available in the network, you will need to do the following:

Search with the Find a Provider tool for the desired specialty in the PPO or POS network, or contact the Blue Cross of Idaho Provider Contact Center at 208-286-3656 or 866-482-2250 for assistance. Once you have selected the provider, you will proceed with referral entry as described below and it will be considered a 'gap in-network authorization'.

**Step D: Entering a referral or gap in-network referral**

1. Hover over **Authorizations/Notifications** on the top navigation on the blue bar.
2. Select **Tailored Network Referrals**; select the **Launch** button the top of the page.
3. When the **Dashboard** appears, select **Menu** then **New Request** at top left of page.

a. Enter **Member Last Name, First Name** and **Member DOB** (date of birth)

b. Select **Search**

c. Member search results: Once you find the correct member, go to the **Action** column and select the drop-down menu. Select **Outpatient** to begin entering the referral/gap in-network authorization. (see below)
4. **New request entry.** For referral entries, complete only Step a. For gap in-network authorization, complete only Step b.

**a. Referral entries:** Complete the fields labeled

- **Request Type:** Referral
- **Request Priority:** Routine
- **Diagnosis:** Enter your primary ICD10 diagnosis (exclude decimal) then select from the drop-down menu to populate. Add other diagnostic codes that may apply besides the primary diagnosis.

  1. **Primary Dx:** Select the gold star to re-select your primary dx.

**b. Gap in-network authorization:** Complete the fields labeled

- **Request Type:** Prior Authorization
- **Request Priority:** Routine
- **Diagnosis:** Enter your primary ICD10 diagnosis (exclude decimal) then select from the drop-down menu to populate. Add other diagnostic codes that may apply besides the primary diagnosis.

  1. **Primary Dx:** Select the gold star to re-select your primary dx.
5. Provider Details;
   a. Select Attach Providers
   b. Enter Provider Last Name and Provider First Name
      i. Advanced Search will give you more search fields
   c. Select Search

   d. A list of providers will display to the right. Choose the provider at the correct address. Once complete you should have two providers attached.
      1. First Provider
         a. Referral: Select the Provider Role drop-down menu, then Requesting for the PCP.
         b. Gap in-network authorization: Select the Provider Role drop-down menu, then Requesting for the PCP.

      2. To select the provider;
         a. Select the gear in the first column; then select Multiple Attach to attach the first provider.

      3. Second Provider; repeat the Search
         a. Referral and Gap in-network authorization: Select the Provider Role drop-down menu, then Treating for the Servicing.
         b. If an out-of-state provider is not found, type “temporary provider” in the last name field for the Servicing.
4. To select the provider:
   a. Select the gear in the first column; then select Multiple Attach to attach the second provider.
5. There is a delete button in front of the Provider ID if needed and you may alter the Provider Role in the Selected Providers List before you attach them to the episode.
6. Select the Attach button to attach the providers listed.

6. Service Request; It will be the same for referral entry and gap in-network authorization
   a. Service Type: Always use Medical Care, regardless of service type
   b. Place of Service: Office
   c. Service Code: 99213 (Always use this code)
   d. Requested #: 99
   e. Start Date: Enter the day requested for the initial service (make sure this date is prior to the anticipated date of service)
   f. End Date: Automatically defaults to reflect the one-year effective period
7. **Documents:** Only needed if attaching medical records. Out-of-state referrals require a letter of medical necessity from the referring provider and medical records supporting the out-of-state referral when in-state referral is exhausted.

8. **Notes:** Additional information such as your contact information, approval information, or to communicate if the servicing provider (provider being referred to) for a member, is considered a “gap in-network authorization.”
   a. **If a referral is within the network (not a GAP):**
      i. Enter in the notes field; contact person’s full name, phone number and fax number, which provider you are referring the patient to for services, and provider who is the PCP.
   b. **If an out-of-network, in-state referral is required (not a GAP):**
      i. Enter in the notes box the contact person’s full name, phone number and fax number, include referral to doctor in which services will be rendered and enter the PCP.
   c. **If an out-of-state referral is required:**
      i. Enter in the notes box, the doctor and state the referral is being sent to (Dr. X, New York) referral provider, date, a brief description of why the patient is being directed out of network and contact person’s full name, phone number and fax.
   d. **If a gap in-network authorization (out of network) is required:**
      i. Enter in the notes box, “Gap in Network,” referral provider, date, a brief description of why the patient is being directed out of network, contact person’s full name, phone number and fax number.

9. **Submit:** When all of the above are completed, select the Submit button. The next screen will confirm you have submitted the request. Select the green *Episode Abstract* button to view or print a hard copy of your referral entry.