

Referrals

Frequently Asked Questions

1. What is the best way to submit a referral?

The best way to submit a referral is through Aerial Care.

2. What is needed to submit a clean referral?

There are four things that are needed to submit a clean referral:

1. Request of the contracted provider
2. Recent office notes and pertinent diagnostic results
3. Use the correct CPT code
4. Use of the correct priority

3. How do I determine if the request needs to be expedited?

Routine requests are for just that, routine, non-emergent evaluations, follow ups or testing. Urgent priority is for symptoms that warrant the service to be done sooner rather than later. STAT is typically used for blood transfusions or head CTs after a fall

4. What is the TAT regulation?

Routine for seniors is 14 calendar days, 5 business days for commercial/Medi-Cal, urgent is 72 hours and STAT is 24 hours.

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5. How long is the reasonable expectation to have routine referrals determined

Within 3-4 business days if submitted cleanly.

6. How do I know when a determination has been made?

You can check in Aerial care. Decisions are available in real time.

7. Why do I need to attach notes?

This is strictly monitored and audited by the health plans on a regular basis.

8. What is the best way to communicate with someone in clinical services?

You can message them in Aerial Care, be advised if you are requesting a J code or a service that requires review, you may need to submit another referral request. Please note that anything changed in our system takes 24 hours for the provider office to see in Aerial Care.

9. What if I need to call and speak to someone?

If you need to contact someone, please call the office at (562) 860-8771 and press the prompt for Clinical Services (ext 2001).

10. What is the preferred tertiary for higher level of care?

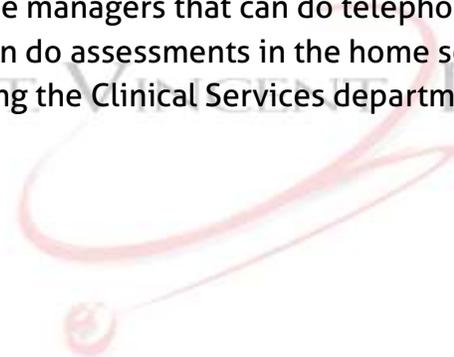
Cedars-Sinai Medical Center.

11. Why is my referral request cancelled?

We have to make three attempts to obtain the clinical information needed and if not received, we cancel the request as incomplete and a new request must be submitted.

12. Are there case managers available to assist with high risk patients?

Yes. There are 2 case managers that can do telephonic assistance and 2 nurse practitioners that can do assessments in the home setting. You may obtain more information by calling the Clinical Services department.



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Aerial Care New User Reference Guide



The Aerial Care system allows our providers to submit Referral Requests and Claims as well as the ability to check on their status and verify a patient's eligibility. Below are steps to help you log-in and get started using Aerial Care.

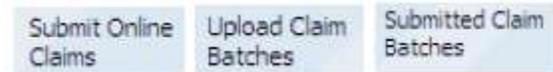
If you do not have an Aerial Care Log-in for St. Vincent IPA, please call us at (888) 255-5053.

Aerial Care Log-in Steps

1. Go to the St. Vincent IPA website at www.stvincentipa.com
2. Click on **Aerial Care & Referrals** under the **Provider Information tab** on the Provider's side of the website. You will then click the Aerial Care icon that will direct you to the Aerial Care web portal.
3. Type in your **Username** and **Password**.
New Users: Enter your Temporary Password. You will then be asked to change the password to one of your choice. Then enter your New Password to log-in.\
4. To submit a Referral Request or check status click on one of the following:



5. To submit/Upload a Claim or Claim Batches click one the following:



6. To download your e-list click on the **Eligibility** Tab at the top of the page



7. Then Click the **Download to Excel** button

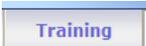


- If you cannot find a member listed in Aerial Care, Click on the Member Inquiry Form and complete all the required information. It will be submitted directly to our Eligibility Department. The member will be loaded in Aerial Care once eligibility is confirmed.

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If you still cannot find the patient, fill out a [Member Inquiry form](#)

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- If you are not able to scan and attach notes and/or additional information to your online Referral Request, please fax those to (562) 924-1453. Please note in the online Referral Notes that additional information will be submitted via fax.
- If you have any technical issues with Aerial Care, or forget your username and/or password, you may contact Aerial Care at (800) 864-8160.
- Online training is available 24/7. You can watch live videos, print out “quick reference” documents and instructions anytime just login and click on the  reference” documents and instructions anytime just login and click on the Training Tab at the top of the page

If you have any questions or would like additional training on Aerial Care, please contact the Provider Relations Department at (562) 860-8771 Ext. 107 or Ex 112.

Aerial Care On-line Referral Submission

Referral Submission

St. Vincent IPA (SVIPA) provides a Web Portal for on-line referral submissions. Internet access must be available in order to view and submit referrals. Simply follow the steps below to easily set up your own on-line referral process for your SVIPA members.

Contact Aerial Care at **1-800-864-8160, Option#1** to obtain a user name and password.

Web Portal Address

Once a username and password have been set up; go to www.aerial.carecoordination.medecision.com

Click on the Log- in button on the right upper hand.



Login instructions

Look for the St. Vincent IPA logo and click on the Physician option

- Enter your login user ID and password.
- First time log-in will promote a change of password.

Please note; you will be promoted to change your password every 30 days. You may reuse the same password every time.

Aerial Care Dashboard

Once in the portal, a main screen will appear named the "dash board." You will see recent referral comments and or clinical alerts.

Entering a referral

Click on the eligibility tab on the dash board

A screenshot of a login form. At the top, it says "Physician" and "Administrator" with a radio button next to "Physician". Below that, it says "Please log in." followed by two input fields: "User ID" and "Password". At the bottom, there is a "Password Help" link and two buttons: "REGISTER" and "LOG IN". An orange arrow points from the left towards the "Physician" radio button.

Retrieve your member

Enter a members DOB (preferably)

Providing more than one search criteria can overload the search engine and not provide and result.

Eligibility Lookup

Enter either part or all of the information for the member you would like to retrieve.

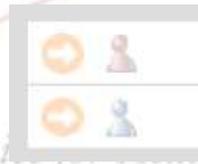
Health Plan Code:	<input type="text" value="All"/>		Location:	<input type="text" value="All"/>	
First Name:	<input type="text"/>		Last Name:	<input type="text"/>	
Member ID:	<input type="text"/>		SSN:	<input type="text"/>	
Provider ID:	<input type="text"/>		Birth Date: (mm / dd / yyyy)	<input type="text"/>	
		<input type="button" value="Submit"/>	<input type="button" value="Reset"/>		

Your member's eligibility

Once a search criteria is entered a member name will be generated. The following icon will appear:

Red indicates the member is ineligible

Blue indicates member is eligible



If you have trouble finding the member look at their ID card to check if the health plan knows them by a different name or DOB: (Note: If the health plan has the patient information incorrectly, member must contact the health plan directly and make corrections. If you do not find your member and all the information is correct, contact the health plan directly and verify the member's eligibility.

Adding a New Member

Once the member's eligibility has been verified with the health plan, please fax an eligibility attestation form to **(562) 207-6511** in order to have the new member added to our database. Please allow 24 hours for the member to appear on the on- line portal.

If you are unable to find your member after confirmation with the health plan, please fill out the Member Add Request Form.

You can submit to prsvipa@pdtrust.com or fax to (562) 924-1603.

Request for authorization extension Eligibility Attestation – GTC-IPA

Patient Name _____

Auth # _____

Expiration date on auth _____

Request to extend authorization until _____

Reason for request _____

I understand that it is the responsibility of our office to check eligibility of the patient within two days of the service being rendered and to keep documentation of eligibility verification in the patient's file.

Signature (Referred to Provider / Facility) Date _____

Printed name of authorized person (Referred to Provider / Facility) @



Member Add Request Form

Complete all fields below and fax this form to (760) 477-2951

Please note that this form is for non-urgent Member Adds only. If you have a patient who requires a medically urgent referral, please fax the referral directly to the UM Department for expedited processing. Requests will be processed within 3 business days. You may submit Member Add requests electronically, by logging into Aerial Care and selecting "Create a New Member Inquiry" under the Eligibility Tab.

**** All fields must be completed for your request to be processed.**

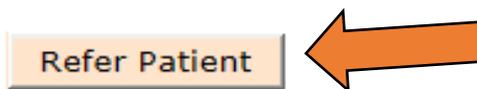
Provider Name:			
Contact Name		Contact Phone#	
Contact Fax#			
Purpose for this Request:			
<input type="checkbox"/> New Member <input type="checkbox"/> Health Plan Change <input type="checkbox"/> Update Member information (Member information is received from the Health Plan. Member must notify their Plan of any necessary updates.) <input type="checkbox"/> Date of Birth <input type="checkbox"/> Address <input type="checkbox"/> Sex <input type="checkbox"/> Other :			
Health Plan		Health Plan Member ID	
Member First Name		Member Last Name	
Member Date of Birth		Effective Date	
Comments			
<i>To Be Completed by IPA:</i>			
Response: <input type="checkbox"/> Member has been added or updated; Changes will be reflected in next month's capitation report. <input type="checkbox"/> Member is not eligible with IPA Name / PCP <input type="checkbox"/> Form Incomplete / Information Submitted can not be verified with Health Plan <input type="checkbox"/> Other:			

Refer your member

1. Click the blue icon on the left or the eye icon on the right to begin.



2. Member information will appear, on the bottom of the page a "Refer Patient" button will appear, click to enter the actual referral.



3. A referral form will come up on the screen. **All** fields must be completed in a dropdown option or typing format

Referring Physician

Referring physician (PCP, NP, PA, Specialist)

Referring Provider Information

Search by first or last name, or by ID:

Referred Provider Information

Select the Referred Specialty:



Referring to (Self, imaging facility, another specialist, physical therapy, surgery center etc...)

Referring Priority

Indicate the Priority of the referral:

- **Routine**
Referrals processed within 5-7 business day
(commercial health plans)
Referrals processed within 14 days (Senior health
plans)

Priority:

- **Urgent**
48 hour turn around time
(medical necessity must be indicated)
- **STAT**
24 hour turn around
(medical necessity must be indicated)
- **Retro**
Not to exceed more than 30 days from DOS

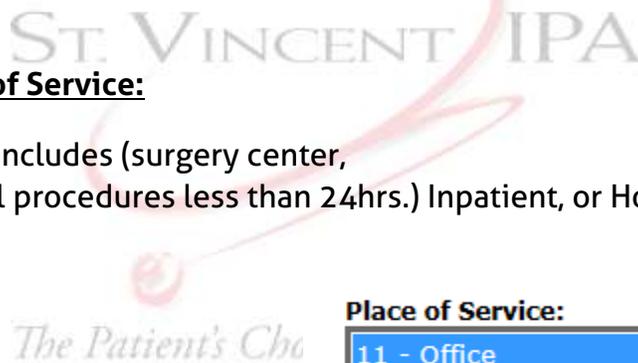
***Please note; urgent or STAT referrals entered due to administrative purposes will be downgraded from urgent/ STAT to routine. Please enter referrals in a timely manner.

*** Do not schedule appointments or procedures prior to obtaining authorization to ensure the member does not need to be rescheduled.

Indicate Services

➤ **Indicate Place of Service:**

Office, outpatient includes (surgery center, outpatient hospital procedures less than 24hrs.) Inpatient, or Home (are a few of the most common)



Place of Service:

Indicate Services & Quantity: CPT CODES

Services	Modifier	Service Units	
<input type="text"/>	<input type="text" value="No modifier"/>	<input type="text"/>	Add Next

Please use appropriate modifiers as indicated.

CPT Codes

St. Vincent IPA uses a *claims editing software* which contains commercially available coding rules and guidelines to monitor internal claims processing and identify unclean claims which may require reduced payment for improper or erroneous coding.

When referrals with multiple CPT codes are received, it is processed through *claims editing software*, for appropriate claims processing. *Claims editing software* unbundles compounded codes and identifies compounded procedures. During the UM process, bundled CPT codes are removed from the referral. Please note; if CPT codes are taken off the request, look under the comment section and rationale will be provided. If further clarification is needed please present provided information to your billing department.

Global Periods

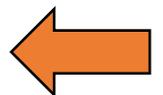
Post-op global periods

- **10-** Day Post- Operative Period, (minor procedures)
- **90-** Day Post- Operative Period, (major procedures)
- Follow up referrals may often be canceled due to members being under a post op period. During this post op period all office physician based visits are covered under a global procedural authorization and no authorization is warranted.
- Modifier **-25-** may be used to bill a separately identifiable evaluation and management (E/M) service by the same physician. If, the member presents with separate issue/ condition non related to the surgical procedure, the physician may evaluate, treat and bill the new condition with a 25 modifier.

Your member's diagnosis

- Enter the most accurate **ICD-10Code (s)** provided by the physician

ICD Code



Every referral requires supporting documentation. It may either be faxed to (562) 207-6511, attached and or copied or pasted into the clinical symptoms/findings section of the request below (preferred).

Clinical Symptoms/Findings:

Please make references to patient height, weight, history, labs and pertinent work up to date.

Treatment Plan:

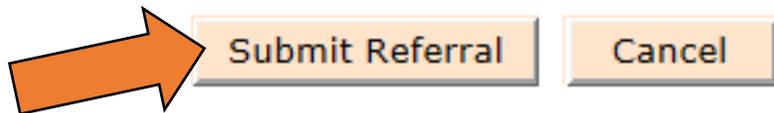
Preferred Provider Comments.



Documentation is needed for review and to establish medical necessity.

Submit your members referral

- Lastly, once the referral is all set, click submit referral button.



- If, information is missing, please review the referral and make sure all required fields are entered.
- Once submitted, it will ask for the name of person entering the referral, please type in a point of contact.
- The last screen allows you to enter another referral for the same member, attach a document or edit the referral.

