

**CONIFER**  
HEALTH SOLUTIONS®

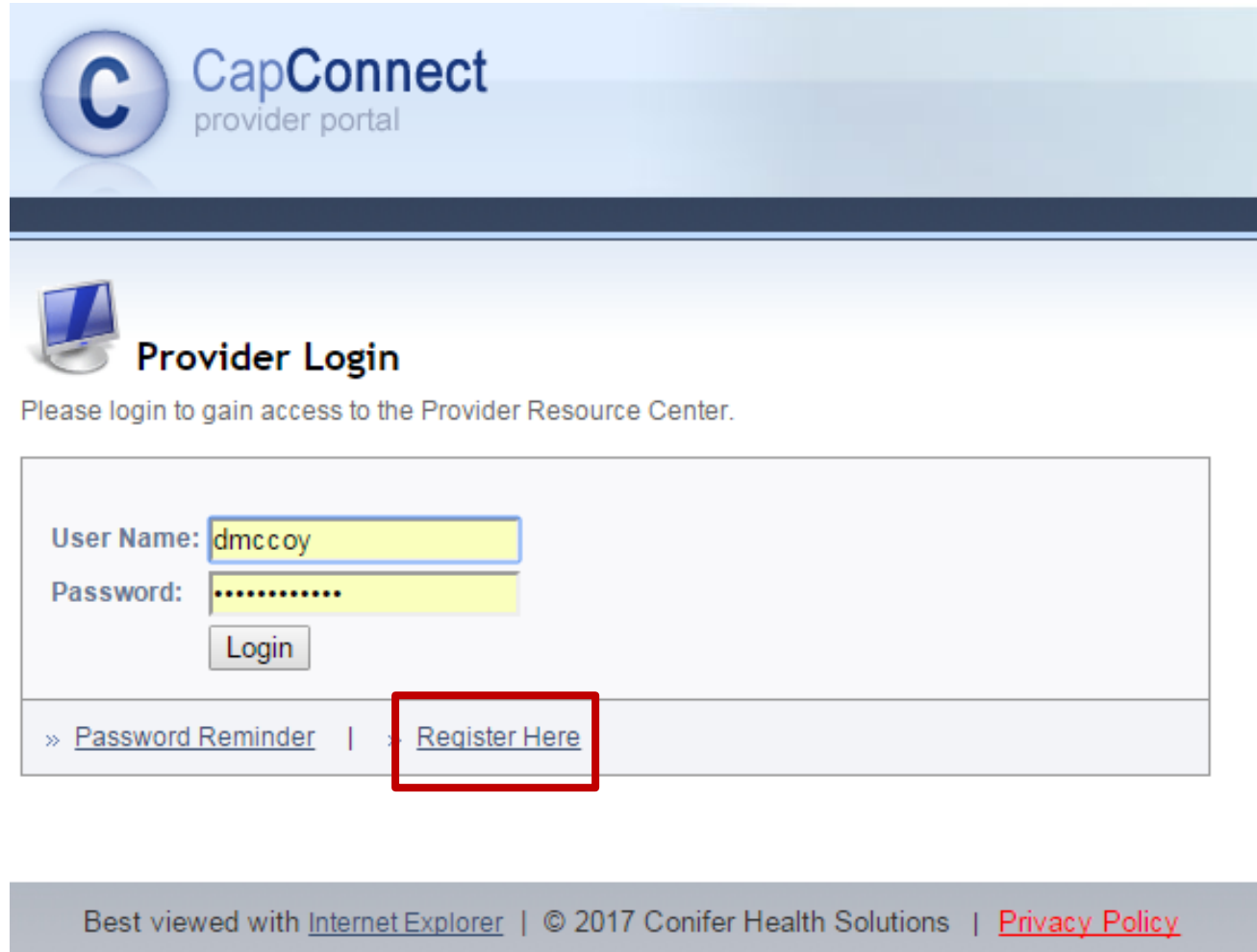
CapConnect

# Agenda

At the completion of training, the attendee will be able to:

- Access the Provider Resources Section
  - Explain Electronic Funds Transfer and Electronic Remittance
  - Demonstrate accessing a Fee Schedule Lookup
  - Demonstrate accessing forms related to your health plan
- Navigate to the Claims Tab to view claims status
- Navigate to the Referrals tab
  - Submit a referral
  - Check Status and History of Referrals and Authorizations
- Navigate to the Eligibility Tab and Identify members eligibility
- Access relevant phone numbers for support and other related issues

# Logging In



The image shows a screenshot of the CapConnect provider portal login page. At the top left, there is a logo consisting of a blue circle with a white 'C' inside, followed by the text 'CapConnect' in a large blue font and 'provider portal' in a smaller grey font below it. Below the logo, there is a dark blue horizontal bar. Underneath this bar, there is a computer monitor icon to the left of the text 'Provider Login' in a bold black font. Below the title, there is a line of text: 'Please login to gain access to the Provider Resource Center.' Below this text is a light grey rectangular box containing the login form. The form has two input fields: 'User Name:' with the text 'dmccoy' entered, and 'Password:' with a series of black dots. Below the password field is a 'Login' button. At the bottom of the form box, there are two links: '» Password Reminder' and '» Register Here'. The 'Register Here' link is highlighted with a red rectangular box. At the bottom of the page, there is a grey footer bar with the text: 'Best viewed with [Internet Explorer](#) | © 2017 Conifer Health Solutions | [Privacy Policy](#)'.

# Home Page

CapConnect  
provider portal

ORNIA

Monday, July 24, 2017  
Dennis Mccoy | Logout

Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

**Dennis Mccoy**  
[My Account](#)  
[Add User](#)  
[Logout](#)

**Member Data**

- New Members as of 6/24/2017 (0)
- New / Recent Member Hospitalizations (0)
- Members with CCS (0)
- Members Requiring Service (0)
- Member Eligibility Roster (0)
- Termed Members (0)
- Initial Health Assessment Members (0)
- HCC Patient Conditions
- Members Not Seen (6079)
- Case Management Members (7)

**Today's New Documents**

- All (0)
- Authorizations (0)
- Executive Reports (0)
- Member Reports (0)
- Miscellaneous (0)
- Pay 4 Performance (0)

**Messages**

**We are ICD-10 Ready**

**NEW** Effective October 1, 2015 you are required to submit your authorizations / referrals with ICD-10 codes. For questions or concerns, please contact [vbc-icd-10@coniferhealth.com](mailto:vbc-icd-10@coniferhealth.com) or call our support hotline 855-755-1975.

Keep up to date with ICD-10. Visit the CMS ICD-10 website at [www.cms.gov](http://www.cms.gov) and [Roadto10.org](http://Roadto10.org).

**Cap Connect Enhancements**

**Member Details**

The enhanced 'Member Details' page is now available on CapConnect. While in the Eligibility Search Menu, click on the Quick View button to see the member's information, services needed and longitudinal record. (Data displayed is based on availability)

**Members Not Seen**

The list of members not seen by their Primary Care Physician is now available on CapConnect. Go to Member Data and then select Members Not Seen. All members assigned should be seen annually. Export the list to excel for use by your office staff. Please send encounter claim forms to the IPA if members have been seen and are listed here.

**Hierarchical Condition Codes (HCC)**

The list of your Medicare Advantage members requiring services to manage chronic conditions is now available on CapConnect. Go to Member Data and then select HCC Patient Conditions. All chronic conditions must be validated annually and HCFA 1500 forms submitted to the IPA. Your required action for each member will be displayed. All diagnoses reported must be based on clinical medical record documentation. Records are subject to onsite file review.

**Attach A Document**

The new 'Attach a Document' link allows you to submit medical records or other supporting documentation to referral requests and claim submissions. Look for the paper clip icon and the words 'Attach a Document' on all eligible claims and referrals (does not apply to approved referrals and certain claims).

**STAT Referral Requests**

STAT Referral Line (818) 817-5623

- Hours of Operation 9:00 am to 5:00 pm
- All requested services must be phoned to the STAT Authorization Hotline
- Designed to handle emergent calls only. Authorization turnaround time is 2 to 4 hours.
- All calls regarding the status of your non-emergent referrals should be directed to our Customer Service Department at (877) 216-4215 Option #4 then Option #2.

**HEDIS requirements**

Information regarding members who require HEDIS services may be accessed from:

- Members Requiring Services
- Actionable reports from My Documents folder (P4P reports)

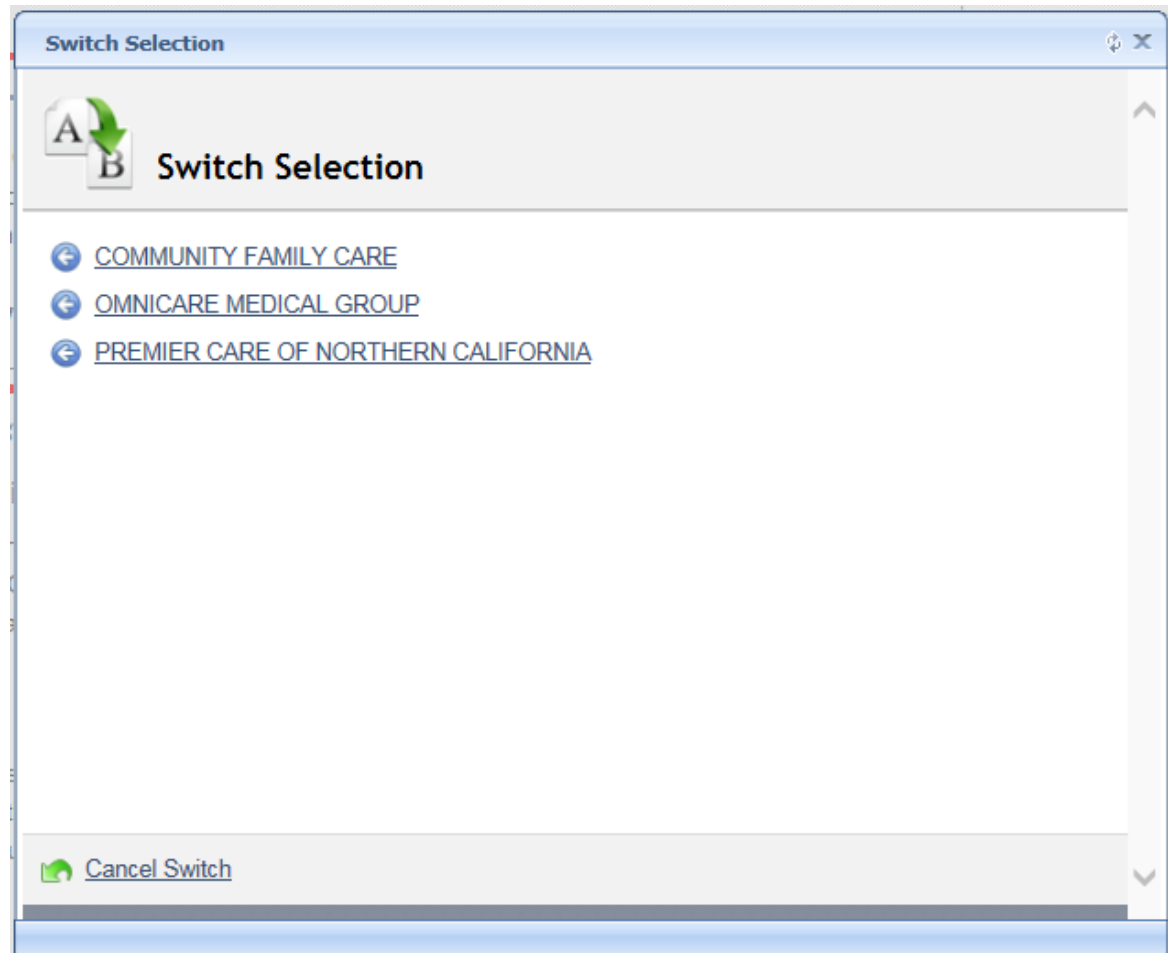
**Drug Payment Requirements**

[Click Here](#)

# Switching IPA's


The screenshot shows the CapConnect provider portal interface. On the left, the logo consists of a blue circle with a white 'C' and the text 'CapConnect provider portal'. On the right, a dropdown menu is open, displaying 'Current Selection: PREMIER CARE OF NORTHERN CALIFORNIA' and a link for 'Switch Selection'. Below the menu, the date 'Tuesday, August 22, 2017' and the user name 'Dennis Mccoy' with a 'Logout' link are visible. At the bottom, a navigation bar contains links for Home, Provider Resources, Claims, Referrals, Eligibility, My Documents, and Contact Us.


# Selecting an IPA













# Dashboard

**Dennis Mccoy**  
[My Account](#)  
[Add User](#)

 [Logout](#)

 **Member Data**

	<a href="#">New Members as of 6/24/2017</a>	(0)
	<a href="#">New / Recent Member Hospitalizations</a>	(0)
	<a href="#">Members with CCS</a>	(0)
	<a href="#">Members Requiring Service</a>	(0)
	<a href="#">Member Eligibility Roster</a>	(0)
	<a href="#">Termed Members</a>	(0)
	<a href="#">Initial Health Assessment Members</a>	(0)
	<a href="#">HCC Patient Conditions</a>	
	<a href="#">Members Not Seen</a>	(6079)
	<a href="#">Case Management Members</a>	(7)

 **Today's New Documents**

# New Members

[Back to Dashboard](#)



## New Members as of 7/9/2017



Print All



Print Selected

TIP: Ctrl + Click to select multiple members.

TIP: Type the first couple of letters in the filter of the column and hit enter to filter by that criteria.

<input type="checkbox"/>	Member Name	Date of Birth	Date of Enrollment	Member Phone	PCP	IPA
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No records to display.

Change page: < 1 > | Displaying page 1 of 1, items 1 to 0 of 0. | [Clear All Filters](#)



## Currently Selected Members

Currently Selected Members: 0 | [Deselect All Members](#)



# New/Recent Hospitalizations

[Back to Dashboard](#)



## New / Recent Member Hospitalizations



[Print All](#)



[Print Selected](#)

TIP: Ctrl + Click to select multiple members.

TIP: Type the first couple of letters in the filter of the column and hit enter to filter by that criteria.

<input type="checkbox"/>	Member Name	Referral Number	Admit Date	Admit Dx	Facility	PCP	IPA
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No records to display.

Change page: < 1 > | Displaying page 1 of 1, items 1 to 0 of 0. | [Clear All Filters](#)



## Currently Selected Members

Currently Selected Members: 0 |  [Deselect All Members](#)

# Members with CCS



## Members with CCS

Print All | Print Selected

TIP: Ctrl + Click to select multiple members.  
TIP: Type the first couple of letters in the filter of the column and hit enter to filter by that criteria.

<input type="checkbox"/>	Member Name	Date of Birth	Member Phone	CCS Description	CCS NUMBER	CCS From Date	CCS To Date	IPA
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No records to display.

Change page: < 1 > | Displaying page 1 of 1, items 1 to 0 of 0. | [Clear All Filters](#)



## Currently Selected Members

Currently Selected Members: 0 |  [Deselect All Members](#)

# Members Requiring Service



## Members Requiring Service

The PDF export might run longer than usual, please be patient.

[Export to PDF](#)

[Export to XLS](#)

[Export to XLSX](#)

[Export to CSV](#)

Data below is for year 2017.

Enter text to search...

Drag a column header here to group by that column

Member Name	Provider	Measure Name	Met/Not-Met	MemberID	DOB	Health Plan	Line of Business
		Colorectal Cancer Screening	!				MEDICAID
		Comprehensive Diabetes Care 01) HbA1c Tested	!				MEDICAID
		Comprehensive Diabetes Care 10) BP < 140/90	!				MEDICAID
		Comprehensive Diabetes Care 05) Eye Exam	!				MEDICAID
		Adult Access to Preventive Svcs	!				MEDICAID
		Comprehensive Diabetes Care 08) Neph	!				MEDICAID
		Breast Cancer Screening	✓				MEDICAID
		Comprehensive Diabetes Care	✓				MEDICAID
		Adult BMI Assessment	!				MEDICAID
		Comprehensive Diabetes Care	✓				MEDICAID
		Colorectal Cancer Screening	✓				MEDICARE
		Breast Cancer Screening	!				MEDICARE
		Use of High-Risk Medications in the Elderly	!				MEDICARE
		Adult Access to Preventive Svcs	✓				MEDICARE
		Colorectal Cancer Screening	✓				MEDICARE





Page 1 of 4804 (7205)

[Create Filter](#)

(Asthma, URI, Breast Cancer, Cervical Cancer, Chlamydia, Colorectal Cancer, Child Immunization, Cholesterol Management, Comp Diabetes, Appropriate Testing for Adults with Acute Bronchitis, Inappropriate Testing for Adults with Acute Bronchitis, Imaging Studies for Low Back Pain, Immunizations for Adolescents, Annual Monitoring for Patient on Persistent Medication)

# Actions Legend

## Action(s) Legend:

-  = Immediate Action Required
-  = Member Needs To Be Seen This Year
-  = Member Must Be Seen As Soon As Possible This Year
-  = No Action Required

No records found.

## Have you seen the member?

- If you have seen the member for the condition listed and the service date is not reflected in the grid – please submit the encounter.
- Members not seen need their annual assessment.
- You may hover your mouse over any 'Action' icon below for more information.

# Member Eligibility Roster



## Member Roster

Export to PDF

Export to XLS

Export to XLSX

Export to CSV

The data contained is refreshed on a nightly basis and may not match your monthly eligibility report

Drag a column header here to group by that column

Memb ID	Memb Name	Memb DOB	Memb Enrollment Date	Memb Address	Memb City	Memb State	Memb Zip	Memb Phone	PCPID	PCP	HP Name	Payor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No data to display

[Create Filter](#)

# Termed Members



## Termed Members as of 7/9/2017

Print All | Print Selected

TIP: Ctrl + Click to select multiple members.  
TIP: Type the first couple of letters in the filter of the column and hit enter to filter by that criteria.

<input type="checkbox"/>	Member Name	Date of Birth	Date Termed	Member Phone	PCP	IPA	Healthplan	Healthplan Phone
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No records to display.

Change page: < 1 > | Displaying page 1 of 1, items 1 to 0 of 0. | [Clear All Filters](#)



## Currently Selected Members

Currently Selected Members: 0 |  [Deselect All Members](#)

# Initial Health Assessment Members



## Initial Health Assessment Members



Print All



Print Selected

Assessment must be performed within **120 days** of enrollment.

<input type="checkbox"/>	Member Name	Date of Birth	Date of Enrollment	Exam Required By	Member Phone	PCP	IPA
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No records to display.

Change page: < 1 > | Displaying page 1 of 1, items 1 to 0 of 0. | [Clear All Filters](#)



## Currently Selected Members

Currently Selected Members: 0 |  [Deselect All Members](#)

# HCC Conditions By PCP



## HCC Conditions By PCP

- Action(s) Legend:**
- 🚨 = Immediate Action Required
  - ⚠️ = Member Needs To Be Seen This Year
  - ⚠️ = Member Must Be Seen As Soon As Possible This Year
  - ✅ = No Action Required

**Have you seen the member?**

- If you have seen the member for the condition listed and the service date is not reflected in the grid – please submit the encounter.
- Members not seen need their annual assessment.
- You may hover your mouse over any 'Action' icon below for more information.

Click To Print

Patient	Member Id	Service Date	Action	HCC Score (2016)	HCC	Dx Code	Description
		3/14/2017	✅	0.437	HCC29^~Chronic Hepatitis	B181	Chronic Hepatitis not coded persistently
		2/8/2017	✅	0.683	HCC111^~Chronic Obstructive Pulmonary Disease	496	Chronic Obstructive Pulmonary Disease not coded persistently
		3/14/2017	✅	0.683	HCC111^~Chronic Obstructive Pulmonary Disease	J449	Chronic Obstructive Pulmonary Disease not coded persistently



# Members Not Seen - Summary



## Members Not Seen - Summary

Members: 15096  
 Not Seen: 6079  
 % Not Seen: 40%



[Click To Export](#)

123

Prov ID	Provider Name	Members	# Not Seen	% Not Seen
4779	DR. J. J. JONES	1675	675	40%
4779	DR. M. M. MARTIN	1290	383	30%
4779	DR. K. K. KING	1194	416	35%
4779	DR. L. L. LEE	1121	472	42%
4779	DR. N. N. NORTON	945	250	26%
4779	DR. O. O. OLIVER	867	396	46%
4779	DR. P. P. PETERSON	667	294	44%
4779	DR. Q. Q. QUINN	574	227	40%
4779	DR. R. R. ROBERTS	552	281	51%
4779	DR. S. S. SIMMONS	542	138	25%
4779	DR. T. T. THOMPSON	516	384	74%

# Members Not Seen - Provider Details



## Members Not Seen - Provider Details

Provider Details For:

Members: 1675  
 Not Seen: 675  
 % Not Seen: 40%

### Overview

Members listed have **not** been seen by their PCP in the last 12 months. Please contact members and have them come in for their annual exam. If you have seen these patients please send your encounter claim form to the IPA for processing.



[Click To Export](#)

[Go Back To Summary](#)

**i** = Denotes Members that are within their 'Initial Health Assessment' (IHA) period.

1 2 3 4 5 6 7 8 9 10 ...

Health Plan	HP Eff Date	IHA	Member ID	Member Name	DOB	Member Address	Phone	Other Visits
ANTHEM BLUE CROSS MEDI-CAL	9/1/2013							0
SANTA CLARA MEDI-CAL	1/1/2013							0
ANTHEM BLUE CROSS MEDI-CAL	6/1/2013							0
ANTHEM BLUE CROSS MEDI-CAL	3/1/2013							0
ANTHEM BLUE CROSS MEDI-CAL	3/1/2013							0
SANTA CLARA MEDI-CAL	6/1/2013							0
ANTHEM BLUE CROSS MEDI-CAL	4/1/2013							0
ANTHEM BLUE CROSS MEDI-CAL	10/1/2003							0

# Case Management Members By PCP



## Case Management Members By PCP

▶ [Blurred text]

▶ [Blurred text]

▼ [Blurred text]

[Click To Print](#)

Patient	Member Id	Case No	Principle Complaint	Case Priority	Status	Last Updated
[Blurred]	[Blurred]	[Blurred]	MAL NEO BRONCH/LUNG NOS	2 - POTENTIALLY COMPLEX	OPEN	11/5/2013
[Blurred]	[Blurred]	[Blurred]	JOINT DIS NEC-PELVIS	1 - AT RISK	OPEN	9/3/2013

# Summary and Activity Information

Summary				
<b>Member ID:</b>	[REDACTED]	<b>Member Name:</b>	[REDACTED]	
<b>Diagnosis:</b>	[REDACTED]	<b>Principle Complaint:</b>	JOINT DIS NEC-PELVIS	
<b>Health Plan:</b>	[REDACTED]	<b>Current Status:</b>	OPEN	
<b>Referral Type:</b>	Discharge Planner Referral	<b>Case Type:</b>	SHORT TERM FOLLOW UP	
Activities				
Last Changed	Activity Type	Action	Comments	Staff
[REDACTED] 3:50 PM	PHONE CALL	CALL WITH DME PROVIDER	<p>[REDACTED] 3:03 pm [REDACTED] Introduced [REDACTED] and explained to [REDACTED] needs assistance re walker. [REDACTED] explained that mbr has a new referral for a walker however it is for the same type of walker that mbr received back in April. She said that the correct code for the walker mbr is requesting is E0149/E0156 (heavy duty rollator). She stated PCP will need to submit with those codes. Thanked her for her time. [REDACTED]</p>	[REDACTED]
[REDACTED] 3:44 PM	PHONE CALL	CALL WITH MEMBER	<p>[REDACTED] 11:52 am [REDACTED] Spoke to mbr. Introduced ACM. Asked how mbr is doing. Mbr stated that [REDACTED] is doing fine except for some swelling on [REDACTED] feet. Instructed mbr to keep [REDACTED] feet elevated. Mbr states that [REDACTED] has been doing that. Mbr also states that [REDACTED] has some soreness at times. Mbr takes several medications but unable to give specic names. Mbr did mention that she takes vicodin for pain. Mbr had hip replacement; staples removed on [REDACTED]. Mbr states that she has PT and she is doing well with the exercises. Mbr is waiting for a walker from [REDACTED]. She states that she has called them and she was informed that they are working on it. Mbr states that she is getting what she needs right now. "Other than the soreness and the swelling, I think I'm doing pretty good." Gave her ACM contact info and encouraged to call when the need arise. [REDACTED]</p> <p>3:10 pm Called mbr back and informed her that the new referral for walker is the same as what she got back in April. Informed her that ACM spoke to Lara at Lifecare solutions and the correct code for the walker that she is requesting is E0149/E0156 (Heavy duty rollator). Informed her that her PCP [REDACTED] would need to put in the right code so she can get the right walker. She stated that she will call PCP and let them know. ACM will do the</p>	[REDACTED]

# Dashboard Continued - Documents



The screenshot displays a dashboard section titled "Today's New Documents" with a folder icon. Below the title is a table listing document categories and their counts.

Category	Count
<a href="#">All</a>	(0)
<a href="#">Authorizations</a>	(0)
<a href="#">Executive Reports</a>	(0)
<a href="#">Member Reports</a>	(0)
<a href="#">Miscellaneous</a>	(0)
<a href="#">Pay 4 Performance</a>	(0)

# My Documents

## My Documents


### New Documents

All Documents

Provider Inbox:  

**Open Documents**

**Refresh**

Category	#	Category	Sent To	Description	Sent Date
<a href="#">Authorizations(0)</a>		Authorizations			
<b><a href="#">Check Remittance(0)</a></b>					
<a href="#">EOB(0)</a>					
<a href="#">Executive Reports(0)</a>					
<a href="#">Member Reports(0)</a>					
<a href="#">Miscellaneous(0)</a>					
<a href="#">Pay 4 Performance(0)</a>					

No data to display

# Menu

The screenshot shows the CapConnect provider portal interface. At the top left is the CapConnect logo, a blue circle with a white 'C', followed by the text 'CapConnect provider portal'. Below this is a horizontal navigation bar with a red border containing the following items: Home (with a house icon), Provider Resources (with a gear icon), Claims (with a document icon), Referrals (with a speech bubble icon), Eligibility (with a person icon), My Documents (with a document icon), and Contact Us (with an envelope icon). Below the navigation bar, the user's name 'Dennis Mccoy' is displayed in bold. Underneath the name are two links: 'My Account' and 'Add User'. To the right of the user information is a 'Messages' section with a red border, containing the text 'We are ICD-10 Ready'.

# Provider Resources

The screenshot shows a web application interface with a light blue header and a white main content area. The header contains navigation links: Home, Provider Resources, Claims, Referrals, Eligibility, My Documents, and Contact Us. The 'Provider Resources' link is highlighted, and a sub-menu is open showing 'Forms'. On the left side, there is a user profile for 'Dennis Mccoy' with links for 'My Account', 'Add User', and 'Logout'. On the right side, there is a 'Messages' section with a red border containing a 'NEW' badge and a message about being 'ICD-10 Ready'.

Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

Forms

**Dennis Mccoy**  
[My Account](#)  
[Add User](#)  
[Logout](#)

**Messages**

**We are ICD-10 Ready**

**NEW** Effective October 1, 2015 you are required to submit your authorizations / referrals with ICD-10 codes. For questions or concerns, please contact [vbc-icd-10@coniferhealth.com](mailto:vbc-icd-10@coniferhealth.com) or call our support hotline 855.755.4075



# Forms

Home Provider Resources Claims Referrals Eligibility My

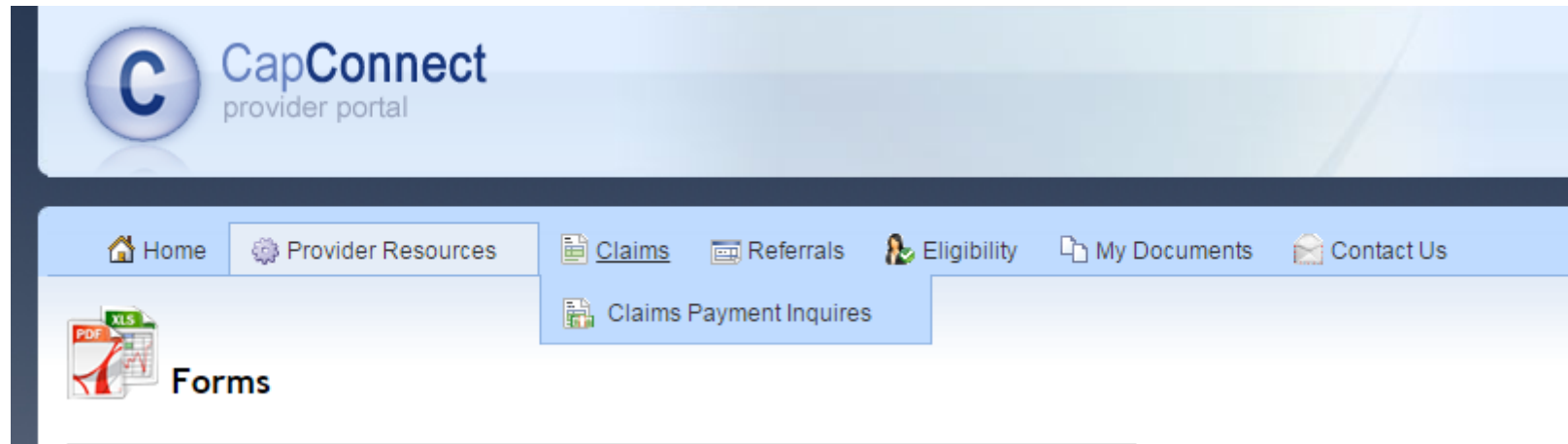
## Forms

OMNICARE MEDICAL GROUP Forms	
IHA - Reimbursable codes	
On call calendar - St. Francis	July 2017
On call calendar - St. Francis Peds	July 2017
LA Care ATC Quick Tips	04/14/2017
Newborn Call Panel	2017
OM Presentation 2010	
Preferred Ancillary Network	Rehabilitation
Preferred Ancillary Network	Durable Medical Equipment
Preferred Ancillary Network	Home Health
Preferred Ancillary Network	Orthotic and Prosthetics
Preferred Ancillary Network	Pharmacy
Preferred Ancillary Network	Radiology
Provider Specialty Roster	2011
Quick Reference Contact Sheet	
Urgent Care Centers	
Well woman cpt codes - Office meeting	


Common Forms	
Utilization Management Statement	03/30/2016
7.1 CLAS Community Resource Directory LA OC 2010	Culturally & Linguistically Appropriate Tools
Language Access Guidelines	Culturally & Linguistically Appropriate Tools
LAP Guide for Providers	Culturally & Linguistically Appropriate Tools
Self-Assessment Tool	Culturally & Linguistically Appropriate Tools
Adult Respiratory Tract Guideline	
Advance Directives Member Information	
Alternative IHEBA Assessment Tool Request Form	07/09/2014
Ancillary Credentialing Application	Fillable
Alternative AR	
Time Access Regulations	2013
Tobacco Use and Dependence	
UM5017 CalMedconnect Critical Incident Reporting	12/05/2014

# Claims




# Claims Continued

Home   Provider Resources   **Claims**   Referrals   Eligibility   My Documents   Contact Us

 **Claims Payment Inquires**  
Please enter any search criteria and press "Search"

Claim Search				<a href="#">More Claim Search Options...</a>
Claim #:	<input type="text"/>	Status:	<input type="text" value="None Selected"/>	
Member Last:	<input type="text"/>	First:	<input type="text"/>	ID#: <input type="text"/>
				<input type="button" value="Search"/> <input type="button" value="Reset"/>

# More Claim Search Options



Current Selection: PREMIER CA  
[Switch Selection](#)

[Home](#) [Provider Resources](#) [Claims](#) [Referrals](#) [Eligibility](#) [My Documents](#) [Contact Us](#)

## Claims Payment Inquires

Please enter any search criteria and press "Search"

### Claim Search

[Simple Claim Search...](#)

Claim #:	<input type="text"/>	Status:	<input type="text" value="None Selected"/>
Member Last:	<input type="text"/>	First:	<input type="text"/>
DOB:	<input type="text"/>	ID#:	<input type="text"/>
Service Date From:	<input type="text"/>	To:	<input type="text"/>
Provider Name:	<input type="text" value="All"/>		
Health Plan:	<input type="text" value="All"/>		

# Searching for Claims

Claim #	Member Name	Provider Name	Date of Service	Status	IPA
20141226T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2014-05-02 to 2014-05-02	PAID	OMNICARE MEDICAL GROUP
20141226T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2014-08-01 to 2014-08-01	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2013-12-01 to 2013-12-01	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2013-12-15 to 2013-12-15	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-02-22 to 2015-02-22	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-02-22 to 2015-02-22	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-01-12 to 2015-01-12	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-03-17 to 2015-03-17	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-03-17 to 2015-03-17	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2014-01-01 to 2014-01-01	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-03-02 to 2015-03-02	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2014-12-31 to 2014-12-31	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2014-11-10 to 2014-11-10	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-03-13 to 2015-03-13	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-01-30 to 2015-01-30	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2014-12-27 to 2014-12-27	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2014-01-01 to 2014-01-01	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-03-10 to 2015-03-10	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-05-08 to 2015-05-08	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-02-09 to 2015-02-09	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-06-02 to 2015-06-02	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-07-21 to 2015-07-21	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-07-05 to 2015-07-05	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2014-10-30 to 2014-10-30	PAID	OMNICARE MEDICAL GROUP
20150101T0206724	MEMBER NAME	UNITED DIALYSIS CENTER	2015-06-24 to 2015-06-24	PAID	OMNICARE MEDICAL GROUP

# Clicking on Claim # Link

[Home](#)
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[Eligibility](#)
[My Documents](#)
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### Claim/Encounter Details

Status Information			
IPA Name:		Status:	PAID
Claim #:		Check:	259781
Authorization #:		Date Paid:	2015-11-18
Date Received:	2015-11-18		
Vendor:	200463713		

### Member Information

Member Name:	SMITH, [REDACTED]	Sex:	M
DOB:	[REDACTED]	Age:	[REDACTED]
Health Plan:	HEALTH NET MEDI-CAL		
Diagnosis:	64003 - THREATEN ABORT-ANTEPART		

### Provider Information

Provider Name:	[REDACTED]	Specialty:	EMERGENCY MEDICINE
Provider ID:	[REDACTED]	Cross Ref ID:	MC15282002720
Patient Acct. #:	[REDACTED]	Fax:	
Place of Service:	EMERG ROOM HOSPITAL		
Process Status:			

### Services

Date	Code	Description	Modif	Qty	Contract	Co-pay	Billed	Withold	Adjust	Net
2015-11-18	99285	EMERGENCY DEPT VISIT		1	\$108.08	\$0.00	\$1993.00	\$0.00	\$0.00	\$108.08
<b>TOTAL:</b>					<b>\$108.08</b>	<b>\$0.00</b>	<b>\$1993.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$108.08</b>

[Attach a Document to this Claim](#)

# Clicking on Member Name

PATIENT INFORMATION		PATIENT PCP INFORMATION											
PATIENT ID:	XXXXXXXXXX	PCP's ID:	XXXXXX										
PATIENT NAME:	SMITH, JILL/FRU	PCP's NAME:	JENNIFER/CHRISTINE, TUNNEY/DOAN										
PATIENT ADDRESS:	PHARMACY SMITH/FRU AND STEVE AL. CHRISTOPHER, DR. 44217222	PHONE:	(781) 477-4800										
PATIENT PHONE:	(781) 477-4800	FAX:	(781) 477-4800										
PATIENT DOB:	1981-12-15	AGE:	35										
PATIENT SEX:	F	LANGUAGE:	SPAN										
HEALTH PLAN NAME:	HEALTHY/NET/MEDICAL												
BENEFIT OPTION:	01												
EFFECTIVE DATE:	01/01/2016												
CCS NUMBER:	XXXX-XXXXXX												
PRIOR AFFILIATION:	XXXXXXXXXX												
ADDTL COVERAGE:	000												
<b>CASE MGMT OPEN CASES</b>		<b>CONDITION CODES</b>											
No Records Found		No Records Found											
<b>OUTPATIENT REFERRALS BY SPECIALTY</b>													
No Records Found													
<b>OUTPATIENT ACTIVITY DETAILS</b>													
No Records Found													
<b>INPATIENT ADMISSIONS BY FACILITY</b>													
No Records Found													
<b>EMERGENCY ROOM VISITS BY DIAGNOSIS</b>													
DIAGNOSIS	Total	Jan 16	Dec 15	Nov 15	Oct 15	Sep 15	Aug 15	Jul 15	Jun 15	May 15	Apr 15	Mar 15	Feb 15
THREATEN ABORT-ANTEPART	3	0	0	0	0	0	3	0	0	0	0	0	0
HEM EARLY PREG-ANTEPART	1	0	0	0	0	0	1	0	0	0	0	0	0
GU INFECTION-ANTEPARTUM	1	0	0	0	0	0	0	1	0	0	0	0	0
SPOTTING-ANTEPARTUM	1	0	0	0	0	0	1	0	0	0	0	0	0
CHEST PAIN NFC	1	0	0	0	0	0	0	0	1	0	0	0	0
<b>PATIENT VISITS TO PRIMARY PHYSICIANS BY DIAGNOSIS</b>													
No Records Found													
<b>SERVICES PERFORMED / NEEDED</b>													
No Services Performed		No Services Needed											
<b>PHARMACY ACTIVITY SUMMARY</b>													
No Records Found													
<b>LABORATORY ACTIVITY (LAST 10 RESULTS)</b>													

# Or this – depending on Claims information

Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

### HEDIS Measures - Services Needed (Last Updated 2016-10-02)

IPA Name: [REDACTED]  
Member Name: [REDACTED] Date of Birth: [REDACTED]  
Member ID: [REDACTED]

Service Description	Status
Comprehensive Diabetes Care	✓
Comprehensive Diabetes Care 01) HbA1c Tested	⚠
Comprehensive Diabetes Care 05) Eye Exam	✓
Comprehensive Diabetes Care 08) Neph	✓
Comprehensive Diabetes Care 10) BP < 140/90	⚠

[Continue to Member Detail](#) [Print for Member File](#)

⚠ Service Needed  
✓ Services Completed



# Continue to Member Detail

PATIENT INFORMATION		PATIENT PCP INFORMATION	
PATIENT ID:		PCP'S ID:	
PATIENT NAME:		PCP'S NAME:	
PATIENT ADDRESS:		PHONE:	
PATIENT PHONE:		FAX:	
PATIENT DOB:	AGE:	<b>CASE MGMT OPEN CASES</b>	
PATIENT SEX:	LANGUAGE: UND	<b>CONDITION CODES</b>	
HEALTH PLAN NAME:		No Records Found	
BENEFIT OPTION:			
EFFECTIVE DATE:			
CCS NUMBER:			
PRIOR AFFILIATION:			
ADDTL COVERAGE:			

OUTPATIENT REFERRALS BY SPECIALTY															
REQUESTED PROVIDER	SPECIALTY	DIAGNOSIS	Total	Aug 17	Jul 17	Jun 17	May 17	Apr 17	Mar 17	Feb 17	Jan 17	Dec 16	Nov 16	Oct 16	Sep 16
	OPHTHALMOLOGY	E1122 - TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	1	0	0	0	1	0	0	0	0	0	0	0	0

OUTPATIENT ACTIVITY DETAILS									
Authorization #	Auth Date	Auth Exp. Date	Authorizing Provider	Facility / Requested Provider	Requested Specialty	Requested Service	Dx Desc.	Dx Code	Auth Status
	2017-05-08	2017-09-05			OPHTHALMOLOGY	OFFICE/OUTPATIENT VISIT	TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	E1122	APPROVED

INPATIENT ADMISSIONS BY FACILITY															
No Records Found															

EMERGENCY ROOM VISITS BY DIAGNOSIS															
DIAGNOSIS	Total	Aug 17	Jul 17	Jun 17	May 17	Apr 17	Mar 17	Feb 17	Jan 17	Dec 16	Nov 16	Oct 16	Sep 16		
PNEUMONIA UNSPECIFIED ORGANISM	1	0	0	0	0	0	0	0	1	0	0	0	0		
BRONCHITIS NOT SPECIFIED AS ACUTE OR CHRONIC	1	0	0	0	0	0	0	1	0	0	0	0	0		

PATIENT VISITS TO PRIMARY PHYSICIANS BY DIAGNOSIS															
DIAGNOSIS	Total	Aug 17	Jul 17	Jun 17	May 17	Apr 17	Mar 17	Feb 17	Jan 17	Dec 16	Nov 16	Oct 16	Sep 16		
TYPE 2 DIABETES MELLITUS W/DIAB CHRON KIDNEY DZ	2	1	0	0	1	0	0	0	0	0	0	0	0		
TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	1	0	0	0	0	0	0	0	1	0	0	0	0		
COUGH	1	0	0	0	0	0	0	1	0	0	0	0	0		
ENCOUNTER GEN ADULT MED EXAM W/O ABNORMAL FIND	1	0	0	0	0	0	0	0	0	1	0	0	0		

SERVICES PERFORMED / NEEDED			
Services Performed	Status	Services Needed	Status
Comprehensive Diabetes Care	✓	Comprehensive Diabetes Care 01) HbA1c Tested	⚠
Comprehensive Diabetes Care 05) Eye Exam	✓	Comprehensive Diabetes Care 10) BP < 140/90	⚠
Comprehensive Diabetes Care 08) Neph	✓		

PHARMACY ACTIVITY SUMMARY															
No Records Found															

LABORATORY ACTIVITY (LAST 10 RESULTS)															
No Records Found															

# Clicking on a Diagnosis

## EMERGENCY ROOM VISITS BY DIAGNOSIS - DETAIL

CLAIMNO	DATE	DAY	STATUS	FACILITY / PROVIDER	DIAGNOSIS	REQUESTED SPECIALTY
XXXXXXXXXX	2015-01-01	Fri	PAID	XXXXX HOSPITAL / DR. XXXXX	64003-THREATEN ABORT-ANTEPART	EMERGENCY MEDICINE
XXXXXXXXXX	2015-01-02	Tue	PAID	XXXXX HOSPITAL / DR. XXXXX	64003-THREATEN ABORT-ANTEPART	EMERGENCY MEDICINE
XXXXXXXXXX	2015-01-03	Fri	PAID	XXXXX HOSPITAL / DR. XXXXX	64003-THREATEN ABORT-ANTEPART	EMERGENCY MEDICINE

# Clicking on Provider Name

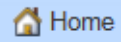
Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

Provider Details			
Provider ID:	123456789	Class:	HOSPITAL BASED PHYSICIANS
Name:	DR. JOHN D. SMITH, MD		
Practice/Group:	ABC HEALTH SERVICES, INC.		
Specialty:	INTERNAL MEDICINE		
Contract Effective:	01/01/2018	Contract Term:	
<b>PRIMARY OFFICE ADDRESS</b>			
Street:	12345 MAIN ST	Street2:	
City, State, Zip:	ANYTOWN, CA 94500		
Phone:	(555) 123-4567	Fax:	
Contact:			
<a href="#">Back</a> <a href="#">Request Authorization</a>			

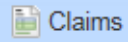
# Referrals

The screenshot shows the CapConnect provider portal interface. At the top left is the CapConnect logo with the text "provider portal". To the right, there is a notification box with an information icon, stating "Current Selection: I [redacted]" and a "Switch Selection" link. Below the header is a navigation bar with icons and labels for Home, Provider Resources, Claims, Referrals, Eligibility, My Documents, and Contact Us. The Referrals menu is expanded, showing options for Referral Status, Referral Request, My Referrals, and Provider Search. On the left side, there is a "Claims Payment Inquires" section with a search prompt: "Please enter any search criteria and press 'Search'". The main content area features a search form with fields for Claim #, Member Last, First, and ID#, a Status dropdown menu (currently set to "None Selected"), and "Search" and "Reset" buttons. A link for "More Claim Search Options..." is also present.

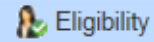
# Referral Search



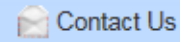
Provider Resources



Referrals



My Documents



## Referral Status

Please enter any search criteria and press "Search"

Referral Search				<a href="#">More Referral Search Options...</a>
Referral #:	<input type="text"/>	Status:	None Selected ▾	
Member Last:	<input type="text"/>	First:	<input type="text"/>	ID#: <input type="text"/>
				<input type="button" value="Search"/> <input type="button" value="Reset"/>



## Referral Status

Please enter any search criteria and press "Search"

Referral Search				<a href="#">Simple Referral Search...</a>	
Referral #:	<input type="text"/>	Status:	None Selected ▼		
Member Last:	<input type="text"/>	First:	<input type="text"/>	ID#:	<input type="text"/>
Requested Date:	All ▼	<input type="text"/>	and	<input type="text"/>	
Authorization Date:	All ▼	<input type="text"/>	and	<input type="text"/>	
Expiration Date:	All ▼	<input type="text"/>	and	<input type="text"/>	
Referring Prov:	All ▼				
Requested Prov Last:	<input type="text"/>	First:	<input type="text"/>		
				<input type="button" value="Search"/>	<input type="button" value="Reset"/>

Referral Search				<a href="#">More Referral Search Options...</a>	
Referral #:	<input type="text"/>	Status:	None Selected ▾		
Member Last:	<input type="text" value="smith"/>	First:	<input type="text"/>	ID#:	<input type="text"/>
				<input type="button" value="Search"/>	<input type="button" value="Reset"/>

Referral #	Status	Member ID	Member Name	Sex	DOB	Health Plan	Referring Prov	IPA
0016000454000417	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					LA CARE MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					UNITED HEALTHCARE MEDICAR		OMNICARE MEDICAL GROUP
	APPROVED					UNITED HEALTHCARE MEDICAR		OMNICARE MEDICAL GROUP
	APPROVED					HEALTH NET MEDI-CAL		OMNICARE MEDICAL GROUP
	APPROVED					UNITED HEALTHCARE MEDICAR		OMNICARE MEDICAL GROUP

1 2 3 4 5 6 7 8 9 10 ...

# Clicking Referral #

[Print Friendly Version...](#)

[Attach a Document to this Referral](#)

Documents  
**No Documents Present**

Referral Details

OMNICARE MEDICAL GROUP  
CA

Status Information

Referral #:		Request Date:	2016-
Status:		Auth/Action Date:	2016-
Units:		Expiration Date:	2016-
Place of Service:			
Memo:			

Member Information

Member Name:	Sex:	M	F
DOB:	Age:	68	
Member ID:			
Health Plan:			
Diagnosis:	Z1231 - ENCOUNTER SCREENING MAMMO MALIG NEOPLASM BREAST		

Decision Timeframes for Authorizations are as follows: Urgent (72 hours), Routine (5 business days for Commercial Members and 14 calendar days for Senior Members), and Retro Requests (30 days).

Referring Physician

Provider Name:	Specialty:	GENERAL PRACTICE	O
Provider ID:	Fax:		
Phone:			

Requested Physician

Provider Name:	Specialty:	RADIOLOGY	O
Provider ID:	Fax:		
Phone:			

Web Auth Request Notes

N/A

Services Requested

Service	Type	Description	Modify	Qty	Status
G0202	P	SCREENINGMAMMOGRAPHYDIGI UAPP - approved		1.0	APPROVED

\*\* THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT \*\*

BILLING DIRECTIONS

<p>1. All of the following items must be provided</p> <ul style="list-style-type: none"> <li>a. An itemized bill;</li> <li>b. A copy of this referral/authorization;</li> <li>c. A medical summary or report of evaluation;</li> <li>d. If other insurance, see #2</li> </ul>	<p>2. For Other insurance:</p> <ul style="list-style-type: none"> <li>a. Obtain an assignment of benefits from pt;</li> <li>b. Send initial billing to other insurer, the balance will be paid by Medical Group/IPA according to contracted rates;</li> <li>c. Send Copy of EOB statement (which comes with reimbursement from other insurer) with bill.</li> </ul>	<p>3. Submit Bill to:</p>
---	---	---------------------------

[Attach a Document to this Referral](#)



# Clicking Member Name

PATIENT INFORMATION				PATIENT PCP INFORMATION			
PATIENT ID:	1000000000	AGE:	40	PCP's ID:	1000000000		
PATIENT NAME:	SMITH, JILLIAN L	LANGUAGE:	ENG	PCP's NAME:	SMITH, JILLIAN L		
PATIENT ADDRESS:	1234 MAIN ST, SUITE 100, CHICAGO, IL 60601			PHONE:	(312) 555-1234		
PATIENT PHONE:	(312) 555-1234			FAX:	(312) 555-1234		
PATIENT DOB:	1976-01-01			CASE MGMT OPEN CASES		CONDITION CODES	
PATIENT SEX:	F					No Records Found	
HEALTH PLAN NAME:	HEALTH NETWORK						
BENEFIT OPTION:	01						
EFFECTIVE DATE:	2016-01-01						
CCS NUMBER:	1000000000						
PRIOR AFFILIATION:	1000000000						
ADDTL COVERAGE:	01						

OUTPATIENT REFERRALS BY SPECIALTY															
REQUESTED PROVIDER	SPECIALTY	DIAGNOSIS	Total	Jan 17	Dec 16	Nov 16	Oct 16	Sep 16	Aug 16	Jul 16	Jun 16	May 16	Apr 16	Mar 16	Feb 16
	RADIOLOGY														

OUTPATIENT ACTIVITY DETAILS										
Authorization #	Auth Date	Auth Exp. Date	Authorizing Provider	Facility / Requested Provider	Requested Speciality	Requested Service	Dx Desc.	Dx Code	Auth Status	
1000000000	2016-01-01	2016-12-31	SMITH, JILLIAN L	HEALTH NETWORK	PAIN MANAGEMENT	OFFICE/OUTPATIENT VISIT	OTH INTERVERTEBRAL DISC DEGEN LUMBAR REGION	M5136	REQUESTED	▲
1000000000	2016-01-01	2016-12-31	SMITH, JILLIAN L	HEALTH NETWORK	PAIN MANAGEMENT	DRUG SCREEN MULTI DR	OTH INTERVERTEBRAL DISC DEGEN	M5136	REQUESTED	▼

INPATIENT ADMISSIONS BY FACILITY
No Records Found

EMERGENCY ROOM VISITS BY DIAGNOSIS
No Records Found

PATIENT VISITS TO PRIMARY PHYSICIANS BY DIAGNOSIS
No Records Found

SERVICES PERFORMED / NEEDED	
No Services Performed	No Services Needed

PHARMACY ACTIVITY SUMMARY
No Records Found

LABORATORY ACTIVITY (LAST 10 RESULTS)

# Clicking Referring Provider

Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

Provider Details			
Provider ID:	[REDACTED]	Class:	PCP
Name:	[REDACTED]		
Practice/Group:	[REDACTED]		
Speciality:	[REDACTED]		
Contract Effective:	[REDACTED]	Contract Term:	
<b>PRIMARY OFFICE ADDRESS</b>			
Street:	[REDACTED]	Street2:	
City, State, Zip:	[REDACTED]		
Phone:	[REDACTED]	Fax:	[REDACTED]
Contact:			

[Back](#) [Request Authorization](#)

# Referral Request – Part 1

- Click on “I can’t find the Member” when member is not found, but eligibility has been verified with the health plan; to manually enter member information.

**Referral Request**

IPA Name: PCNC  
Request Date: 10/5/2017  
Request Type:  Routine  Urgent  Hospital Face Sheet

Request Option:  Physician Requested  Patient Requested

Member: Use the search panel here to find your Member. [Open Search Panel ...](#)

Member ID: Last Name: First Name: DOB:

[Search](#) [Cancel](#) [Advanced Search](#)

[I can't find the Member...](#)

Requested Provider: Use the search panel here to find your Requested Provider. [Open Search Panel ...](#)

Provider ID: Last Name: First Name: Specialty

[Search](#) [Cancel](#)

[I can't find the Provider...](#)

PCP/Requesting Provider: Choose the Requesting Provider... ▼

Place of Service: OFFICE (11) ▼

Facility ID:  Optional

# Referral Request – Part 1 Continued

Requested Provider:	<b>Please enter Member information here.</b>	
	Current Selection:	PCNC
	Member ID:	<input type="text"/>
	Member Full Name:	<input type="text"/>
	Member Address:	<input type="text"/>
	Member DOB:	<input type="text"/>
	<input type="button" value="Clear"/>	
	<b>Please enter Provider information here.</b>	
	Provider Full Name:	<input type="text"/>
	Provider Address:	<input type="text"/>
	<input type="button" value="Clear"/>	
PCP/Requesting Provider:	<input type="text" value="PROVIDER CAN'T FIND - [ PREMIER CARE OF NORTHERN CALIFORNIA (900001) ]"/>	
Place of Service:	<input type="text" value="OFFICE (11)"/>	
Facility ID	<input type="text"/>	Optional

# Referral Request – Part 2

**Diagnosis Codes**    Top 50 B351 - TINEA UNGUIUM    Add    Search Diag Codes ...

Validate Codes Now...

Diag Code 1	<input type="text"/>	Diag Code 5	<input type="text"/>
Diag Code 2	<input type="text"/>	Diag Code 6	<input type="text"/>
Diag Code 3	<input type="text"/>	Diag Code 7	<input type="text"/>
Diag Code 4	<input type="text"/>	Diag Code 8	<input type="text"/>

**Procedures**    Top 50 Z1034 - ANTEPARTUM FOLLOW-UP OFFICE VI    Add    Search Procedure Codes ...

Procedure	<u>Validate Codes Now...</u>	Qty	Modifier	<u>Show Codes...</u>	Diag Ref
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>

[Add More Procedures...](#)

**Additional Information**

Clinical Notes

[Review >>](#)    [Clear & Start Over](#)

---

IPA Name:	PCNC
Request Date:	10/5/2017
RequestType:	Routine
Request Option:	Physician Requested
Member:	
Requested Provider:	DOB: Age: Sex:
PCP/Requesting Provider:	-
Place of Service:	Choose the Requesting Provider...
Auth UDF 2:	OFFICE (11)

**Diagnosis Codes**


**Procedures**

**Additional Information**

[Start a New Referral Request](#)    [Start a New Referral for this Member](#)

# My Referrals


Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

 **My Referrals**

**My Authorizations**  
You haven't submitted any authorizations within the last 30 days.

# Search Options

Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

 **Provider Search**  
Please enter any search criteria and press "Search"

**Provider Search**

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Specialty:	<input type="text" value="All"/>		
Health Plan:	<input type="text" value="All"/>		
Hospital:	<input type="text" value="All"/>		
City:	<input type="text"/>	Zip:	<input type="text"/>

# Example - Cardiology



## Provider Search

Please enter any search criteria and press "Search"

**Provider Search**

Last Name:  First Name:

Specialty:

Health Plan:

Hospital:

City:  Zip:

Provider Name	Specialty	Group	Phone	City	Payor
...	CARDIOLOGY	CARRIONET INC	...	...	...
...	CARDIOLOGY	...	...	...	...
...	CARDIOLOGY	...	...	...	...
...	CARDIOLOGY	...	...	...	...
...	CARDIOLOGY	...	...	...	...





## Provider Details

Provider Id:	123456	Class:	ANCILLARY SERVICE PROVIDER
Name:	[REDACTED]		
Practice/Group:	[REDACTED]		
Speciality:	CARDIOLOGY		
Contract Effective:	2/1/2011	Contract Term:	

### PRIMARY OFFICE ADDRESS

Street	City	State	Zip	Phone	Fax
[REDACTED]	[REDACTED]	TX	[REDACTED]	[REDACTED]	[REDACTED]

Print

Close



## Member Eligibility

Please enter any search criteria and press "Search"

### Member Search

Last Name:	<input type="text"/>	First Name:	<input type="text"/>
Member ID:	<input type="text"/>		
Health Plan:	<input type="text" value="All"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="text" value="All"/>

**Search** **Reset**

**Eligibility information is not a guarantee of payment. Eligibility files are updated monthly. The eligibility shown is not confirmation that the member is eligible or will be eligible on the date of service. Providers should confirm eligibility with the member's healthplan on the date the services are actually rendered.**

# Name Search Example

 **Member Eligibility**  
Please enter any search criteria and press "Search"

**Member Search**

Last Name:  First Name:

Member ID:

Health Plan:

Date of Birth:  Gender:

Eligibility information is not a guarantee of payment. Eligibility files are updated monthly. The eligibility shown is not confirmation that the member is eligible or will be eligible on the date of service. Providers should confirm eligibility with the member's healthplan on the date the services are actually rendered.

Status	Member ID	Member Name	Sex	Birth	Health Plan Name	
✓	XXXXXXXX	SMITH, ALYSSA	F	1971-08-15	ANTHEM BLUE CROSS MEDI-CA	<input type="button" value="Quick View"/>
✓	XXXXXXXX	SMITH, ALYSSA	F	1971-08-15	SANTA CLARA MEDI-CAL	<input type="button" value="Quick View"/>
✓	XXXXXXXX	SMITH, ANNELETTA	F	1957-01-11	ANTHEM BLUE CROSS MEDI-CA	<input type="button" value="Quick View"/>
✓	XXXXXXXX	SMITH, ALYSSA	F	1971-08-15	ANTHEM BLUE CROSS MEDI-CA	<input type="button" value="Quick View"/>
✓	XXXXXXXX	SMITH, ALYSSA	F	1971-08-15	ANTHEM BLUE CROSS MEDI-CA	<input type="button" value="Quick View"/>

- 1
- ✓ Eligible
  - ? Possible Match
  - X Ineligible

# Clicking on Member ID Link

Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

### HEDIS Measures - Services Needed (Last Updated 2016-10-02)

IPA Name: [REDACTED]  
Member Name: [REDACTED] Date of Birth: [REDACTED]  
Member ID: [REDACTED]

Service Description	Status
Adult Access to Preventive Svcs	❗
Cervical Cancer Screening	❗

[Continue to Member Detail](#) [Print for Member File](#)

❗ Service Needed  
✅ Services Completed

# Clicking “Continue To Member Detail”

PATIENT INFORMATION		PATIENT PCP INFORMATION	
PATIENT ID:	00000000	PCP'S ID:	000000
PATIENT NAME:	MARTA MARTINEZ	PCP'S NAME:	DR. JAMES J. TRACY JR.
PATIENT ADDRESS:	4520 BRADSHAW BLVD SE UNIT 4020 ALBUQUERQUE, NM 87109	PHONE:	(505) 263-6333
PATIENT PHONE:	(505) 263-6333	FAX:	(505) 263-6337
PATIENT DOB:	1982-06-14	AGE:	34
PATIENT SEX:	F	LANGUAGE:	ENG
HEALTH PLAN NAME:	ANTHEM BLUE CROSS MEDI-CAL		
BENEFIT OPTION:	M1		
EFFECTIVE DATE:	2015-02-01		
CCS NUMBER:	NONE PRESENT		
PRIOR AFFILIATION:	UNKNOWN		
ADDTL COVERAGE:	N/A		

OUTPATIENT REFERRALS BY SPECIALTY
No Records Found

OUTPATIENT ACTIVITY DETAILS
No Records Found

INPATIENT ADMISSIONS BY FACILITY
No Records Found

EMERGENCY ROOM VISITS BY DIAGNOSIS
No Records Found

PATIENT VISITS TO PRIMARY PHYSICIANS BY DIAGNOSIS
No Records Found



SERVICES PERFORMED / NEEDED	
No Services Performed	No Services Needed

PHARMACY ACTIVITY SUMMARY
No Records Found


  

LABORATORY ACTIVITY (LAST 10 RESULTS)
No Records Found

Services Needed	Status
Annual Dental Visit	
Childrens Access to PCP	

# Clicking on the “Quick Access” button



## PREMIER CARE OF NORTHERN CALIFORNIA

<h3>Patient Information</h3>  <p>Name: [REDACTED] Member ID: [REDACTED] DOB: [REDACTED] Sex: [REDACTED] Phone: [REDACTED] CCS: [REDACTED] RAF: [REDACTED]</p> <p>Address: [REDACTED]</p>	<h3>Plan Information</h3> <p>HP Eff. Date: [REDACTED] HP Name: [REDACTED] IHA Needed: [REDACTED] Benefit Eff. Date: [REDACTED] Benefit Option: [REDACTED]</p> <p><b>NO COST MEDICAL COVERAGE UP TO 109% OF THE FPL</b></p> <p>Prior Affiliation: <b>UNKNOWN</b> Addtl Coverage: <b>N/A</b></p>	<h3>Primary Provider Information</h3> <p>Provider: [REDACTED] Provider Id: [REDACTED] Phone: [REDACTED] Fax: [REDACTED]</p>
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Services Needed | Member History | HealthPlan/PCP History

### Combined Services Needed / Met (2017)

Services Needed	Status	HCC (if applicable)
Adult Access to Preventive Svcs		<b>This patient does not have any HCC</b>
Cervical Cancer Screening		

Print All | Print Tab | Close

Services Needed

Member History

HealthPlan/PCP History

## Member History


OUTPATIENT REFERRALS BY SPECIALTY / No records found.

OUTPATIENT ACTIVITY DETAILS / No records found.

INPATIENT ADMISSIONS BY FACILITY / No records found.

EMERGENCY ROOM VISITS BY DIAGNOSIS / No records found.

PATIENT VISITS TO PRIMARY PHYSICIANS BY DIAGNOSIS / No records found.

SERVICES PERFORMED / NEEDED / [ No records found. /  ]

PHARMACY ACTIVITY SUMMARY / No records found.





LABORATORY ACTIVITY (LAST 10 RESULTS) /

Print All

Print Tab

Close

# Health Plan/PCP History - Expanded

Services Needed	Member History	HealthPlan/PCP History		
<b>Member HP/PCP History</b>				
HEALTH PLAN HISTORY / 				
HP Eff. Date	HP Name	Benefit Option	Benefit Eff. Date	Benefit Option Termination Date
04/01/2014	ANTHEM BLUE CROSS MEDI-CAL	NO COST MEDICAL COVERAGE UP TO 109% OF THE FPL (M3)	04/01/2014	
PCP HISTORY / 				
PCP Name	PCP ID	PCP Eff. From Date	PCP Eff. Thru Date	
		04/01/2014		



## My Documents

### My Documents

#### New Documents

All Documents

Provider Inbox: All

Open Documents

Refresh

Category	#	Category	Sent To	Description	Sent Date
<a href="#">Authorizations(0)</a>					
<a href="#">Check Remittance(0)</a>					
<a href="#">EOB(0)</a>					
<a href="#">Executive Reports(0)</a>					
<a href="#">Member Reports(0)</a>					
<a href="#">Miscellaneous(0)</a>					
<a href="#">Pay 4 Performance(0)</a>					

No data to display

# Contact Us

Home Provider Resources Claims Referrals Eligibility My Documents Contact Us

## Contact Us

**Corporate Office:**  
Conifer Health Solutions  
15821 Ventura Blvd., Suite 600  
Encino, CA 91436

If you have questions or are interested in receiving more information about Conifer Health Solutions, please contact us at the following numbers:

<b>Referrals</b>	<b>Client Delivery Coordinator</b>
(818) 461-5006 – General Inquiries (818) 817-5623 – Stat Requests	<b>Sara Padilla</b> ( <a href="mailto:Sara.Padilla@ConiferHealth.com">Sara.Padilla@ConiferHealth.com</a> ) 9999-461-504 9999-817-517 (fax)
<b>Cal Optima Member Services</b>	<b>Director of Client Delivery</b>
(800) 611-0111	<b>Maria Cruz</b> ( <a href="mailto:Maria.Cruz@ConiferHealth.com">Maria.Cruz@ConiferHealth.com</a> ) 9999-461-554 9999-817-517 (fax)
<b>Claims Customer Services</b>	
(818) 461-5055 (888) 445-0062, ext 5055	
<b>Credentialing</b>	
(818) 461-5000	
<b>Eligibility</b>	
(818) 461-5049	
<b>Member Services</b>	
(818) 461-5037 (888) 445-0062, ext. 5037	
<b>Network Management</b>	
(818) 461-5000	

# Messages

## Messages

### We are ICD-10 Ready



Effective October 1, 2015 you are required to submit your authorizations / referrals with ICD-10 codes. For questions or concerns, please contact [abc-icd-10@coniferhealth.com](mailto:abc-icd-10@coniferhealth.com) or call our support hotline [855-755-1975](tel:855-755-1975).

Keep up to date with ICD-10. Visit the CMS ICD-10 website at [www.cms.gov](http://www.cms.gov) and [Roadto10.org](http://Roadto10.org).

### Cap Connect Enhancements

#### Member Details

The enhanced 'Member Details' page is now available on CapConnect. While in the Eligibility Search Menu, click on the Quick View button to see the member's information, services needed and longitudinal record. (Data displayed is based on availability)

#### Members Not Seen

The list of members not seen by their Primary Care Physician is now available on CapConnect. Go to Member Data and then select Members Not Seen. All members assigned should be seen annually. Export the list to excel for use by your office staff. Please send encounter claim forms to the IPA if members have been seen and are listed here.

#### Hierarchical Condition Codes (HCC)

The list of your Medicare Advantage members requiring services to manage chronic conditions is now available on CapConnect. Go to Member Data and then select HCC Patient Conditions. All chronic conditions must be validated annually and HCFA 1500 forms submitted to the IPA. Your required action for each member will be displayed. All diagnoses reported must be based on clinical medical record documentation. Records are subject to onsite file review.



#### Attach A Document

The new "Attach a Document" link allows you to submit medical records or other supporting documentation to referral requests and claim submissions. Look for the paper clip icon and the words "Attach a Document" on all eligible claims and referrals (does not apply to approved referrals and certain claims).

### STAT Referral Requests

STAT Referral Line (818) 817-5623

- Hours of Operation 9:00 am to 5:00 pm
- All requested services must be phoned to the **STAT Authorization Hotline**
- Designed to handle emergent calls only. Authorization turnaround time is 2 to 4 hours.
- All calls regarding the status of your non-emergent referrals should be directed to our **Customer Service Department at (877) 216-4215 Option #4 then Option #2.**

### HEDIS requirements

Information regarding members who require HEDIS services may be accessed from:

- [Members Requiring Services](#)
- [Actionable reports from My Documents folder \(P4P reports\)](#)

### Drug Payment Requirements

[Click Here](#)

# Objective Review

- Access the Provider Resources Section
  - Explain Electronic Funds Transfer and Electronic Remittance
  - Demonstrate accessing a Fee Schedule Lookup
  - Demonstrate accessing forms related to your Healthplan
- Navigate to the Claims Tab to view claims status
- Navigate to the Referrals tab
  - Submit a referral
  - Check Status and History of Referrals and Authorizations
- Navigate to the Eligibility Tab and Identify members eligibility
- Access relevant phone numbers for support and other related issues