MMIS Job Aid – Submit a Referral

A MassHealth member is enrolled with the Primary Care Clinician (PCC) Plan at the service location/site level. MassHealth services provided by a provider other than the member's PCC require referral from the member's PCC in order to be payable unless the service is exempted. Referral requirements and exceptions are noted in the MassHealth regulations at 130 CMR 450.118(J). (On the MassHealth web site, select MassHealth Regulations and Other Publications/MassHealth Regulations/MassHealth Provider Regulations/450: All Provider.)

This job aid shows how to

- submit a referral for a service provider; and
- use the Search for Provider function to locate a MassHealth provider

Enter New Referral

From the Provider Online Service Center (POSC) home page.

1. Click **Manage Service Authorizations**.

2. Click **Referrals**.

3. Click **Enter New Referral**. The **Referral Information** panel is displayed.

Enter Member and Provider Information

On the **Referral Information** panel:

4. Enter the **Member ID**.

5. Select the **Referring Provider** (the member's PCC) from the drop-down list. This field will be populated based on the credentials used by the PCC to log into the POSC.

6. In the **Service Provider** field, click the **Field Search** button (🔍) to display the **Search for Provider** panel, where you can perform a search for the service provider.

Search for Service Provider

On the Search for Provider panel:

7. Enter the search criteria for the service provider.

   Note: For effective searching, enter as much search information as possible. You can search for service providers using one or more of the following search criteria:

   - Business Name
   - Provider's Last Name
   - Provider's First Name
   - Gender
   - City
   - ZIP Code
   - Provider ID or NPI
   - Specialty
   - Provider Type

   Note: The current MMIS provider search capability within the Service Authorizations subsystem is limited to active MassHealth providers and specialties such as nursing homes, abortion services, etc.

8. Click **Search**. A **List of Service Providers** panel is displayed.

   You may select a provider at the individual or group level. The specificity of your selection determines the **Service Provider** who can file a claim for the services requested by your referral. For example, if you select a **Group Practice Provider** level, any provider in the group can submit a claim. If you select at the Individual Provider level, only that provider will be allowed to submit

claim(s). To identify board-certified specialists, use your current business process/methods through your own network of providers.

Select Referring Provider

On the **List of Service Providers** panel:

9. Click the **Name** link of the desired service provider. Within the **Referral Information** panel, the selected provider's name will populate the **Service Provider** field.

Referral Details and Submit

On the **Referral Information** panel, at a minimum, complete all fields marked with an asterisk (*). Fields without an asterisk (*) are informational and not required.

10. In the **Assignment** field, select the type of referral from the drop-down list. Payment edits are not applied to the selection.

11. Enter a **Diagnosis Code** (Optional).

12. Enter a **Reason for Referral** (Optional). In this text box and "**Service Description**" consider entering brief details on the purpose for issuing a referral.

13. Enter **Procedure Code** and **Thru Code with Modifiers** (Optional)

14. Enter the **Effective Date** of the referral.

15. Enter an **End Date** for the referral.

    Note: When an **Effective Date** is entered, the **End Date** field is automatically populated with a date one year from the Effective Date. Enter a different **End Date** or leave the default date of one year. You can use the **Inquire Referral** panel to change the **End Date** in the future after the referral has been submitted.

16. In the Visits field, enter the total number of authorized visits to the **Service Provider**. The number of Visits can be less than, equal to, or greater than the number of days the referral is active.

17. Once you have the entered all the required information, click the Submit button. A **Referral Confirmation** panel is displayed, indicating that you have successfully submitted the referral and providing you with the **Referral** number that has been assigned.

18. All service providers listed on the referral will receive written notification via a letter that is automatically generated by the system on the evening of the approval.

Referral Updates (*See Job aids "Update a Referral" and "Inquire On a Referral"*)

Notes

The referral remains active and available under the following conditions:

- The referral matches the **Member and Service Provider**.
- The **Effective and End Date** range includes the date of service of the claim.
- The total number of **Visits** (episodes of service) on the referral has not been exceeded.

The referral will be automatically cancelled under the following conditions.

- When the member leaves the PCC Plan. For any available referral, the **End Date** is changed to the close date.
- When a member changes enrollment to a different PCC the **End Date** of the referral will
  - remain unchanged if the **End Date** on the referral is less than or equal to **30** days after the close date; or
  - be set to a grace period of **30** days after the close date, if the **End Date** on the referral is greater than **30** days after the close date.