



Configuring a Referral Type

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Referral Type Editor

!!! You are on Allscripts Training site.

Prefix: **INS** Name: **Insurance Payor** Search For: **HSP Provider** ▾ Score: **ADD**

"Use In Admit Express" is dependent on unchecking "Required Patient Choice" and the following in Page Assignments: Patient Details, Ad



Page: **1** 2 (54 Total Records)

Prefix ▴	Name	Include Comments Section	Include Referral Info Section	Configure for Referral Center	Page Assignments	Form Assignments
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Page Assignments

Page: **1** 2 (55 Total Records)

Prefix ▲	Name	Include Comments Section	Include Referral Info Section	Configure for Referral Center	Page Assignments	Form Assignments	Configured Assessment Assignments	Search For	Search Criteria	Require Patient Choice to Send	Use in Admit Express?	Require Selection Factor	Allow Deferred Send	Exclude SOC Doc?	Score	
INS	Insurance Payor	Yes	Yes	Edit	Edit	Edit	Edit	HSP Provider	Edit	No	No	No	No	No	0	 





Configure the Page Assignments for your Organization



Referral Type:	Insurance/Payor	Key: Include Data with Referral: Data on page is included with referral. Show in RCT: Page is listed when referral type is used to create a referral. Stop on Next in RCT: Using Next in RCT displays page if it has not been previously shown. (1): The Forms and Attachments page is always included in the RCT. (2): Only configured CM Assessments can be sent with referrals but all CM Assessments can be managed within the RCT.		
Category Name	Page Name	Include Data with Referral Select all Deselect All	Show in RCT Select all Deselect All	Stop on Next in RCT Select All Deselect All
Patient Pages	Patient Details	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission Pages	Admissions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission Pages	Admission Details	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission Pages	Managed Admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission Pages	Financial	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Admission Pages	Forms and Attachments (1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assessment Pages	General Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Pages	Allergies / Medications	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assessment Pages	History & Physical	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Pages	Labs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assessment Pages	Radiology / Diagnostics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assessment Pages	Special Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment Pages	Transcriptions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Assessment Pages	Vital Signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





Allow Deferred Send

Page: **1** 2 (55 Total Records)

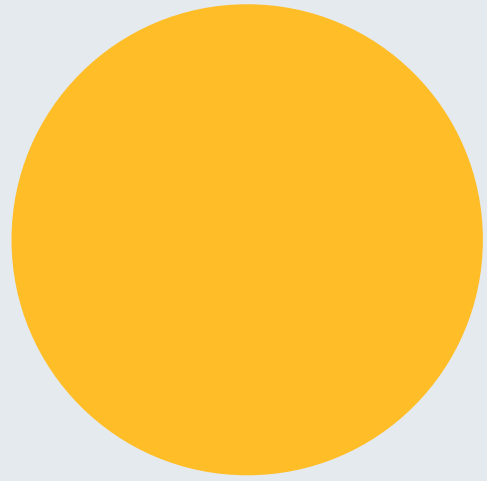
Prefix ▲	Name	Include Comments Section	Include Referral Info Section	Configure for Referral Center	Page Assignments	Form Assignments	Configured Assessment Assignments	Search For	Search Criteria	Require Patient Choice to Send	Use in Admit Express?	Require Selection Factor	Allow Deferred Send	Exclude SOC Doc?	Score	
INS	Insurance Payor	Yes	Yes	Edit	Edit	Edit	Edit	HSP Provider	Edit	No	No	No	No	No	0	 

Prefix ▼	Name	Include Comments Section	Include Referral Info Section	Configure for Referral Center	Page Assignments	Form Assignments	Configured Assessment Assignments	Search For	Search Criteria	Require Patient Choice to Send	Use in Admit Express?	Require Selection Factor	Allow Deferred Send	Exclude SOC Doc?	Score	
<input type="text" value="INS"/>	<input type="text" value="Insurance Payor"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Edit	Edit	Edit	Edit	<input type="text" value="HSP Provider"/>	Edit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="0"/>	 

Page: **1** 2 (55 Total Records)

Prefix ▲	Name	Include Comments Section	Include Referral Info Section	Configure for Referral Center	Page Assignments	Form Assignments	Configured Assessment Assignments	Search For	Search Criteria	Require Patient Choice to Send	Use in Admit Express?	Require Selection Factor	Allow Deferred Send	Exclude SOC Doc?	Score	
INS	Insurance/Payor	Yes	Yes	Edit	Edit	Edit	Edit	HSP Provider	Edit	No	No	No	Yes	No	0	 





Configure a Provider Group

Configure a Provider Group for CareCentrix

1. **Provider Groups** is located under the **Info** Menu on the Allscripts Care Management menu bar. Click **"Add"** to add a new group.

The screenshot illustrates the process of adding a new Provider Group in the Allscripts Care Management system. It is divided into three main sections:

- Left Panel (Main Menu):** Shows the 'Info' menu item highlighted with a red box. The 'Info' menu includes options like Send-A-Fax, Send-A-Note, Email, My Profile, Fax Status Report, **Provider Groups** (highlighted with a red box), Review Fax Status Report, Surveys, Address Book, and Inquiry Management.
- Top Panel (Provider Groups List):** Displays the 'Provider Groups' header with a red box around the 'Add' button. Below the header, it shows 'Page: 1 2 (41 Total Records)' and a table with a 'Name' column.
- Right Panel (Provider Groups Editor):** Shows the 'Provider Groups > Provider Groups Editor' form. It includes fields for 'Provider Group Name' (filled with 'Insurance Payor') and 'Provider Group Description' (filled with 'CareCentrix'). The 'Is Locked' checkbox is checked. At the bottom, there are buttons for 'Save', **Apply** (highlighted with a red box), 'Reset', and 'Cancel'.

Text overlay on the right: Fill in the Provider Group Name and Description. Check the 'is Locked' box and then select 'Apply'



Configure a Provider Group for CareCentrix

Provider Group Name:

Insurance Payor

Provider Group Description:

CareCentrix

Is Locked:

☒

HSP Provider

Lookup Providers by Name

Advanced Search

No items found.

View Assigned Providers

☐

Provider Name

carecentrix

State

NY

REFRESH

☒

CareCentrix-PAC

















Sending a CareCentrix Referral within Care Management

Begin Your Referral

Page: **1** (27 Total Records)

Actions	Patient Name	Admission Date/Time
Managed Patient Reasons	Date Of Birth	MRN
	Account #	
      		
--Select--	Doe, John	6/10/2016 1:00 PM
	9/20/1988	(CT)
	22321321212	2322232
Outpatient case management		

Discharge Planning

 New Referral  Edit Status  Discharge Plan  Financials  Quick Task

Plan Status: SNF

ADT Discharge Disposition:

CM Discharge Disposition: Nursing Home

Transportation at Discharge: ALS/BLS

Discharge Delay Reasons: [\[edit\]](#)

Final Diagnosis:

Discharge Plan Complete: ☐



Step 1: Type and Face Sheet

Referral Type:	* Insurance/Payor
Patient Name:	John Doe
MRN:	2322232
Date of Birth:	9/20/1988 (age 29 years)
Social Security Number:	[edit]
Home Phone:	[edit]
Address:	[edit]
Date of Admission:	6/10/2016 1:00 PM (CT)
Patient Type:	[edit]
Patient Type Order Date & Time :	[edit]
Account #:	22321321212
Attending Physician:	[edit]
Financial Class:	COMMERCIAL

Projected Discharge Date:	* 1/30/2018	Time: * 11:00 AM (CT)
Actual Discharge Date:		
Primary Diagnosis:	*	
Secondary Diagnosis:		
Primary Referral Category:	--Nothing Selected--	

BackApplyResetNext

1. Select the **Referral Type** Insurance/Payor

2. Enter the **Projected Discharge Date** and verify/change the **Primary Diagnosis**.

3. Enter a Secondary Diagnosis if known. Click Next.






Step 2: Assessments/Needs

STEP 1 - Type and Face Sheet <input checked="" type="checkbox"/>
▼ STEP 2 - Assessment/Needs <input checked="" type="checkbox"/>
Allergies / Medications
<input checked="" type="checkbox"/> Labs
<input checked="" type="checkbox"/> Radiology / Diagnostics
<input checked="" type="checkbox"/> Transcriptions
STEP 3 - Forms and Attachments
STEP 4 - Choose Recipients
STEP 5 - Send Referral

Step 2 – Assessments/Needs

1. Assessments/Needs will include stopped pages by your organization. This may include clinical interfaces from the Electronic Medical Record. Check off the check box “Include on Referral” if you wish to send these to the post-acute provider. (ex. seen below)

Medications Add						
All: SELECT ALL DE-SELECT ALL Referrals Only: SELECT ALL DE-SELECT ALL Reviews Only: SELECT ALL DE-SELECT ALL						
Medication	Dosage	Route	Frequency	Discontinue Date	Modified On	
Augmentin	400 mg	Oral	Q12H		10/8/2014	<input checked="" type="checkbox"/> Include on Referral <input type="checkbox"/> Include on Review 
Dioxin	8 mg	IV PUSH	Q4H		10/8/2014	<input checked="" type="checkbox"/> Include on Referral <input type="checkbox"/> Include on Review 
Oxycodone	5 mg	PO	Q4H		10/8/2014	<input checked="" type="checkbox"/> Include on Referral <input type="checkbox"/> Include on Review 

2. Click the NEXT button to save and navigate to the next screen.



Step 3: Forms and Attachments

STEP 1 - Type and Face Sheet ✓
▼ STEP 2 - Assessment/Needs ✓
Allergies / Medications
✓ Labs
✓ Radiology / Diagnostics
✓ Transcriptions
STEP 3 - Forms and Attachments
STEP 4 - Choose Recipients
STEP 5 - Send Referral

Forms	--Select--	ADD
File Attachments	[add] [add PrintAttach] [add FaxAttach]	

To ensure prompt service, all submissions must contain required information, including but not limited to:

- ✓ First and last name of patient
- ✓ Address
- ✓ Patient's home telephone number with area code
- ✓ Patient's date of birth
- ✓ Diagnosis to support requested services
- ✓ Start-of-care date
- ✓ Physician's orders
- ✓ History and Physical and Discharge Summary (if available)
- ✓ Skilled Nursing/Therapy evaluation and visit notes for each discipline
- ✓ Skilled Nursing Facility Pre-Admission Screening document
- ✓ Ordering physician name and telephone number
- ✓ Primary care physician name, telephone number and NPI (if available)
- ✓ Insurance information, including Member/Subscriber number



Step 4: Choose Recipients

STEP 1 - Type and Face Sheet

Managed Admission

Financial

STEP 2 - Assessment/Needs

STEP 3 - Forms and Attachments

STEP 4 - Choose Recipients

STEP 5 - Send Referral

LOOKUP RECIPIENT BY GROUP:

Group:

--Select--

Insurance Payor

Network Providers

Preferred Providers

FIND

If a provider is missing adding the provider to another method or

<div>UNMASK ALL</div> <div>MASK ALL</div> <div>DISCHARGE PACKET...</div>					
Name	Location	Delivery	View Referral	Unmask Patient Information	Send Referral
CareCentrix-PAC		Online		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Step 5: Send Referral

STEP 1 - Type and Face Sheet ✓
▼ STEP 2 - Assessment/Needs ✓
Allergies / Medications
✓ Labs
✓ Radiology / Diagnostics
✓ Transcriptions
STEP 3 - Forms and Attachments
STEP 4 - Choose Recipients
STEP 5 - Send Referral

☒ Send Now
Respond By Date: 1/9/2018 Time: 4:42 PM (CT)

☐ Send Later

☒ When at least more attachment(s) added to referral (There are 2 attachments currently)

☐ On: (CT) ☐ Include new attachments with referral

☐ In: Hours Minutes ☐ Include new attachments with referral

Comments

REFRESH FROM NOTES TO PROVIDER

Contact For Offline Referrals: *

Contact For Online Referrals: *

Send Response Notifications To:

- Select **Send Now** to immediately send the referral.
- **Send Later “When at least (#) attachment(s) added to referral”** – setting a number here will allow any FaxAttach documents that have not yet arrived to be included with the referral. Remember no matter how many pages are behind the (1) fax attach cover sheet; it is still considered 1 attachment.



Thank you.

