



CarePort Transition

User Guide

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# Transition

The CarePort® Transition solution integrates with Epic® to:

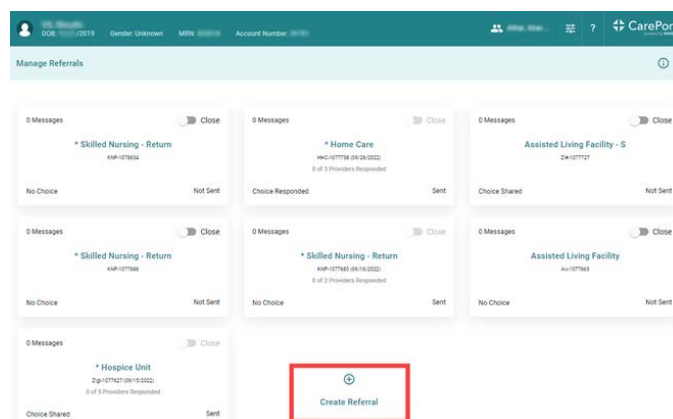
- Streamline creating, sending and managing post-acute referrals from directly within your EHR for a more efficient care transition process
- Seamlessly incorporate clinical data into the referral packet with flexible integration offerings
- Receive email notifications and alerts on all referral activity, including acceptances and declines
- View available information such as quality and resource use measures, preferred provider networks, clinical services, accepted insurances, photos and more

## Creating a Referral

Transition has features for users to customize a patient's referral before sending it off to specific providers. This guide provides details on how to gather patient choice, how to create and send a referral to providers, and how to finalize referrals.

Complete the following to start a referral for a patient:

- 1) Navigate to the patient chart in Epic®.
- 2) Select the CarePort Transition link from the navigator to launch the Transition solution.
- 3) On the **Manage Referrals** screen, click **Create Referral**.



- 4) On the **Create Referral** window, scroll and select the relevant referral type, then click **Create Referral**. The **Referrals** screen displays.

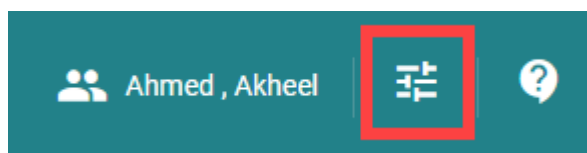
**Info:** These referral types are configured for your specific organization and help define the providers.

5) The following sections will detail how to use the following tabs in **Transition**:

- **Providers**
- **Shared Choice**
- **Information**
- **Clinical**
- **Forms**
- **Attachments**
- **Review & Send**
- **Post-Acute Authorization**

### User Profile

At any time, users can select the **User Profile** icon in the top-right.



In the **User Profile** window, users can enter information in the following fields:

- **Phone Number:**
- **Phone Extension:**
- **Mobile Number**
- **Fax Number**
- **\*Email Address**
- **Notification Method:** Choose any of the following:
  - **Email**
  - **Text**
- **Select a Form**
- **State ID**
- To add any relevant forms, select **Add Forms**.

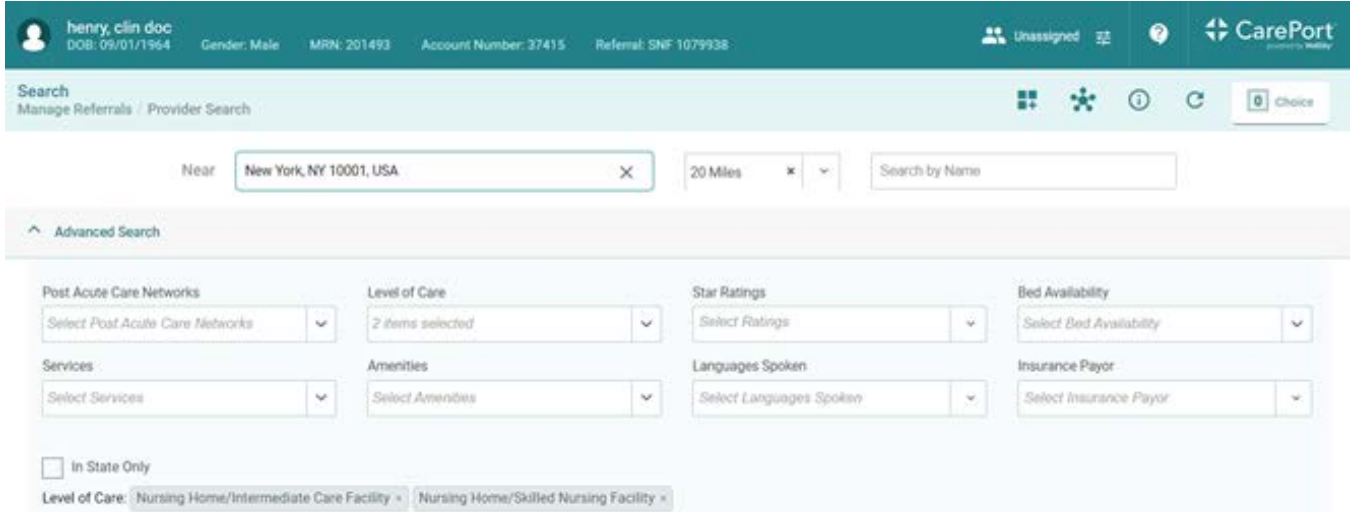


## Providers

In the **Providers** tab, users can search for providers, manage provider rank, view information about selected providers, and select providers to be added to a referral.

To search for and add a provider:

1) In the **Providers** tab, click **Search Providers**. The **Search** screen displays.



2) On the **Search** screen, complete the following:

a) The **Search** screen contains the following filters you can use to search for a provider:

- **Post Acute Care Networks**
- **Level of Care**
- **Star Ratings**
- **Services**
- **Languages Spoken**
- **Insurance Payor**
- **Search by Address**
- **County**
- **In State Only**

**Note:** At the top of the screen, you must enter either a zip code, state, or Post Acute Network name to complete the provider search. Your organization will be configured to default either the patient's zip code or their city/state.

**Tip:** To hide the provider search fields, select **Advanced Search**.

 **Advanced Search**

## Provider Details

When using the Provider Search in Transition, users can select listed providers to see expanded information before adding them to patient choice. This information displays in the **Provider Details** window.

October 27, 2023 | Transition

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In the **Provider Details** window, basic provider information displays such as name, location, contact information, provider website link, etc. Users can also click the **Virtual Tour** button on select providers see a more in-depth view of the provider facilities.

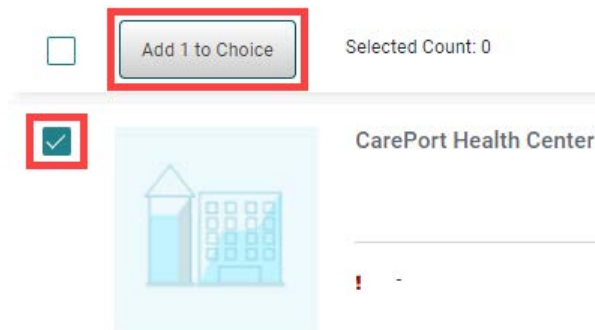
The **Provider Details** window also displays the following tabs:

- **Organizational Levels:** Displays a brief summary of the provider, languages spoken by staff members at this location, and visiting hours information.
- **Level of Care:** Displays available levels of care by this provider.
- **Quality Metrics:** Displays quality metrics for available levels of care by the provider.
- **Amenities:** Displays available amenities by the provider.
- **Insurance:** Displays insurance types accepted by the provider.
- **Services:** Displays a list of services available by the provider.

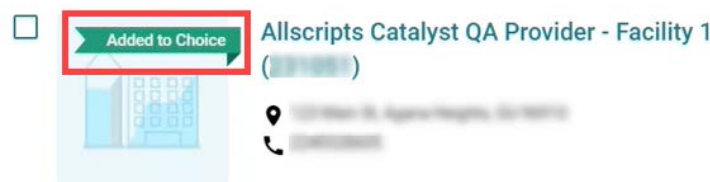
### Adding Providers to Patient Choice

After reviewing provider information, you'll be ready to add the relevant providers to patient choice.

- 1) Scroll down through the results, and select one or more relevant providers. Then, click **Add # to Choice**.



On the **Provider** tab, the added provider icon now displays a **Added to Choice** flag.

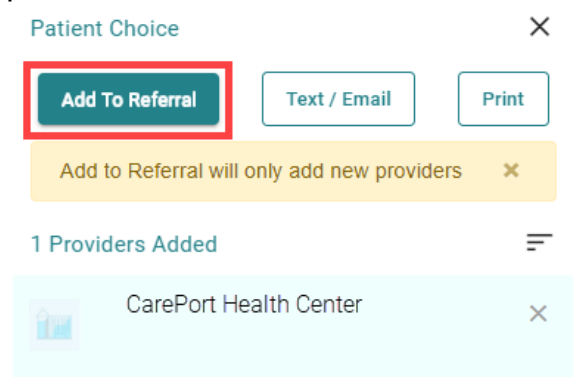


**Note:** **Add to Choice** displays when your referral type has been configured for Patient Choice. If your referral type has not been configured, it will display **Add to Referral** instead. Providers can also be added to multiple choices.

- 2) (Optional) To select *all* listed providers in the results, select the check box next to the **Add # to Choice** button.
- 3) In the **Patient Choice** panel, you have three options to share patient choice:

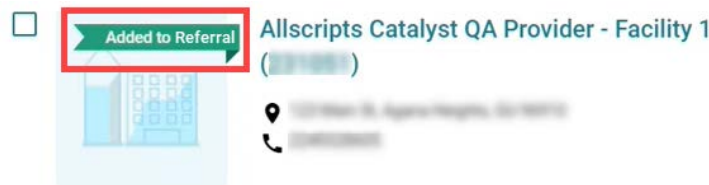
- **Add to Referral:** Adds the providers directly to the referral by either bypassing getting patient choice, or bypassing patient choice until you have received responses from the providers.
- **Text/Email:** Sends email or text messages to the patient, or patient’s family member/ caregivers to share the choices. Patients and their family members can then review the choices, and rank their preferences.
- **Print:** Creates printed document to share with the patient/patient’s family members/ caregivers to share the choices. Patients and their families can review and contact you back give the phone or in person to verbally give their choices.

4) In the **Patient Choice** panel, click **Add to Referral**.



A confirmation window displays.

On the **Provider** tab, the added provider icon now displays a **Added to Referral** flag.



Users can review the patient choice at any time from within the referral.

- 5) In the confirmation window, select the patient’s role in the provider choice. The following options displays:
- Patient declines to provide choice
  - Patient is clinically complex
  - Patient is unable to provide choice
  - Patient requested provider
  - Patient returning to provider
- 6) After you have made your selection, click **Select**.



- 7) To notify a patient or family member/caregiver(s) of the selected provider(s), complete the following:
  - a) If you want to share choices to a patient or family member(s) electronically through either email or text message, click **Text / Email**.
  - b) In the recipients field, enter in the phone numbers or email addresses you want to share choices with.  
**Note:** If there are multiple phone numbers and email addresses, they *must* be separated by commas.
  - c) In the **Your Email** address field, confirm that your email address displays.  
**Note:** Upon receipt of this notification, recipients can rank providers.
- 8) In the **Your Name** field, confirm that your name displays.
  - a) (Optional) If it is a part of your user profile, confirm that your phone number displays.
- 9) In the **Add a Message** field, enter any comments or further instructions for the patient or family members/caregivers.
- 10) Click **Share**.
- 11) To share choices to a patient or family member(s) via a printed list of provider(s), click **Print**.

## Shared Choice

The **Shared Choice** tab displays the following information about patient information that has been shared:

- **Date of Sharing:** This displays the date the share was created/sent.
- **#Providers:** This displays the number of providers that have been shared.
- **Share method/reason:** This column displays if the patient choice was shared via direct, electronic, or print means.  
**Note:** This column also displays a reason (direct method that was selected) if the organization configured Patient Choice Reasons.
- **Data Shared:** This column displays who the data was shared with, and who responded to it.
- **User:** This displays the user who created the share.
- **View:** This column displays the **View** button that you can click to see either the listed provider(s) selected to be shared that has been ranked by the patient/family member, or a listed provider(s) selected to share in that you can rank on behalf of the patient/family member(s).
- **Actions:** Select **Actions** to resend or print shared information with the patient or family member(s).

After you have selected provider(s) and added to the referral or shared the choices with a patient or family member(s) and they have ranked their choices, the **Providers** tab displays the following information about the selected providers:

- **Select Checkbox:** This column displays a check box that users can check to select all providers on the page, or to clear all selections.

- **Rank:** This column displays the rank of provider from patient choice, either performed by the patient/family member or a case manager acting on behalf of the patient.
- **Provider:** This column displays the name, phone number, Covid-19 data, and delivery method for the listed provider.
- **Location:** This column displays the address, city, state, and zip code of the provider.
- **Last Sent:** This column displays the date and local time of the last time a referral was sent to the listed provider.
- **Last Response:** This column displays the response of the provider. The options a provider can respond with are the following:
  - Yes
  - No
  - Interested need more information
  - Response Received.
- **Last Message:** This column displays the last comments entered by the provider as they responded on the referral.
- **Actions:** This column displays the **More Options** button which displays the following options:
  - **Message:** Use this feature if you wish to view the message(s) sent on this referral to the provider, or if you need to send a new message to the provider.
  - **Place Referral:** This feature enables users to identify the provider the patient will transition to or the service they will use.
  - **View Referral**
  - **Remove Provider**

**Search Filter:** The search filter allows a user to type in text they want to find on the page. Uses of this could be typing in a partial name of a provider, or typing in Yes to see all providers who have responded Yes.

 Search Filter

 Summary

**Summary Icon:** The summary icon, when selected, gives the user information about the referral, how many providers are included on the referral, who and when the referral was created, when and who sent the first referral and who and when the referral was placed, and the name of the provider the referral was placed with.

## Sorting Order

The **Provider** tab displays a list of providers in sorting order that changes based on the status of the referral.

Some statuses include:

- Not Sent Referral  
Providers will display ranked then unranked providers alphabetically.
- Sent Referral  
Providers will display alphabetically.
- Provider Responded on the Referral
  - 1st or top of the list: Providers that respond with a “Yes” will display at the top.
  - 2nd: Providers that respond that they’re “Interested” will display second.
  - 3rd: Providers that have sent a response display third.
  - 4th: Providers that respond with “No” display fourth.
  - 5th or bottom: Providers that have never sent a response display at the bottom of the list.

**Note:** All provider responses will display in the above order, and will also display alphabetically.

## Information

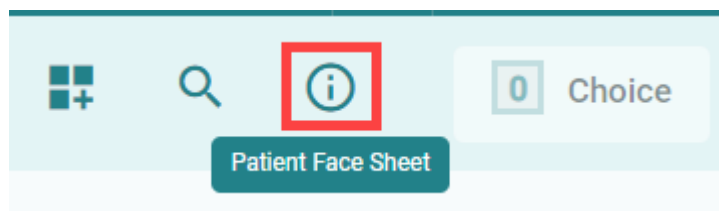
While patient information always displays in the banner at the top of the application screen, more information can be found in the Information tab. The red asterisk that displays next to the information tab will indicate there is a required field on a page that must be completed before the referral can be sent the provider(s).

These fields include:

- **Service Address:** This displays if the referral type has been configured to include the Home Care Page. These address fields are important to communicate where homecare will be delivered, because at times it might not be at the actual patient’s home if they are living with a family member during recovery.
- **City:** This displays if the referral type has been configured to include the Home Care Page.
- **State:** This displays if the referral type has been configured to include the Home Care Page.
- **Zip Code:** This displays if the referral type has been configured to include the Home Care Page.
- **Start of Care Date:** This displays if the referral type has been configured to include the Home Care Page. This represents when the organization would like the start of care to being.
- **Projected Discharge Date:** This is a required data field, and is critical to communicate to the provider when the patient is projected to be discharged. A user needs to manually update this field.
- **Primary Diagnosis:** This is a required field, however it is generally populated from the EMR system with the patient’s chief complaint.
- **Comments:** This field displays free text notes that can be used to manually document clinical information about the patient that the provider(s) may need to know.

## Patient Face Sheet

At any time, users can navigate to the top-right and select **Patient Face Sheet** to view both patient and admission information.



## Clinical

Transition includes the following seven clinical categories:

- Clinical Notes
- Clinical Orders
- Diagnostic Reports
- Flowsheets
- Immunizations
- Lines, Drains, Airways and Wounds
- MAR and Medication Statement
- Procedures
- Vital Signs

### Selecting Clinical Documents

Each one of these categories aligns with a specific API in Epic that retrieves clinical data. Clinical information for the patient the displays in the **Clinical** tab in Transition. Depending on the referral type you have selected, different clinical categories will display. For system administrators, please see the **CarePort Transition - Admin Guide - Clinical Configurations** for documentation on configuring the clinical categories and the clinical content by referral type.

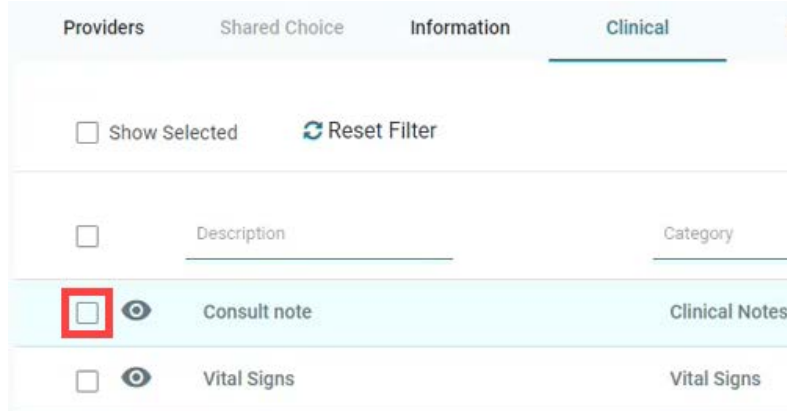
To help narrow down a search, users can select any of the displayed column headers and enter a phrase for searching.



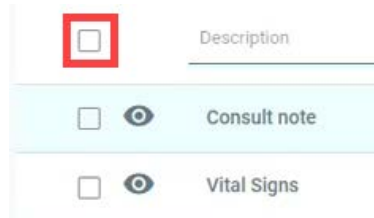
**Note:** Data only displays in the **Role/Specialty** column for diagnostic reports and clinical reports if they've been received by the API.

To select a clinical document:

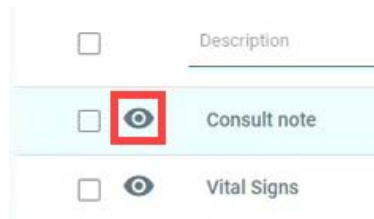
- 1) In the **Clinical** tab, select any clinical documentation you want to send with the referral.



- 2) To select all displayed clinical documents, select **All**.



- 3) (Optional) Click **View Details** to view the document as an HTML document.



### Selecting Values within Clinical Entries

Some documents may have multiple entries within. For example, if you select a **Vital Signs** document, there may be multiple entries for each vital sign within. Users can select specific entries within a document to attach them to the referral.

To select specific entries:

- 1) Navigate to the relevant clinical document, and click **View Details**. The document displays.
- 2) On the left, select the toggle for each individual entry you want to include in the referral.

Vital Signs Details

	Vital Sign	Result	Date/Time
<input checked="" type="checkbox"/>	BP	120 mm[Hg] / 80 mm[Hg]	08-08-2022
<input checked="" type="checkbox"/>	BP	120 mm[Hg] / 80 mm[Hg]	08-07-2022
<input type="checkbox"/>	BP	120 mm[Hg] / 80 mm[Hg]	07-09-2022
<input checked="" type="checkbox"/>	Weight	65 kg	02-21-2022
<input type="checkbox"/>	Weight	65 kg	01-29-2022

## Forms

In the **Forms** tab, you can select or add documentation to the referral.

To select or add a form:

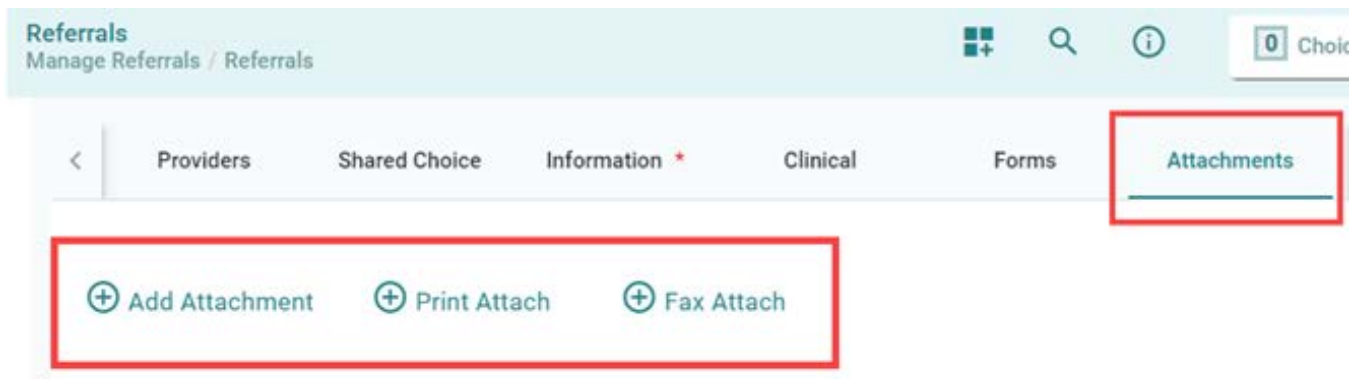
- 1) In the **Forms** tab, navigate to the **Select or Add forms** field, and select the drop-down menu.
- 2) Select the relevant option. The selected form displays.
- 3) Complete the form by entering the relevant information.
- 4) After you've completed the form, navigate to the top of the screen, and click **Apply**.



## Attachments

In the **Attachments** tab, users can upload additional documentation by selecting any of the following options:

- Add Attachment
- Print Attach
- Fax Attach



## Add Attachments

Users can manually upload relevant documents from their PC to the referral by selecting **Add Attachment**.

To add attachments:

In the **Attachments** tab, select **Add Attachment**.

- 1) On the **Add Attachment** screen, complete the following:
  - a) In the **Drag & Drop** section, either drag the relevant file and drop it onto the section, or select the section and manually locate the relevant file.
  - b) (Optional) In the **Add the description here** field, enter a description for the file.

Click **Add**.

## Print Attach

Users can select **Print Attach** to attach clinical documents from an EHR with printing capabilities.

To print attach:

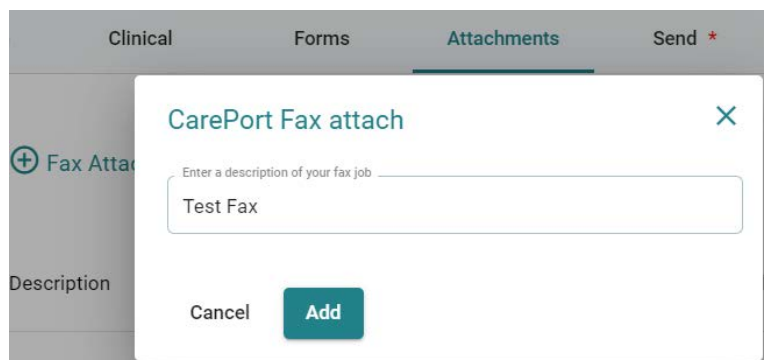
- 1) In the **Attachments** tab, select **Print Attach**. The **User Confirmation** window displays.
- 2) Finish print attaching any relevant documents.
- 3) After you have finished, click **OK**.

## Fax Attach

Users can select **Fax Attach** to add a document for faxing.

To fax attach:

- 1) In the **Attachments** tab, select **Fax Attach**. The **CarePort Fax attach** window displays.

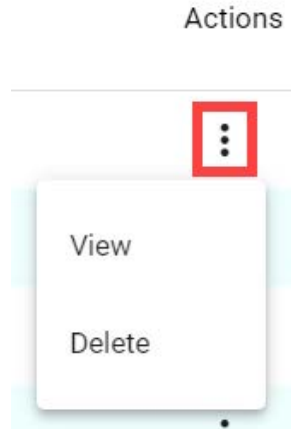


- 2) In the description field, enter a description of your fax job.

After you have finished, click **Add**.

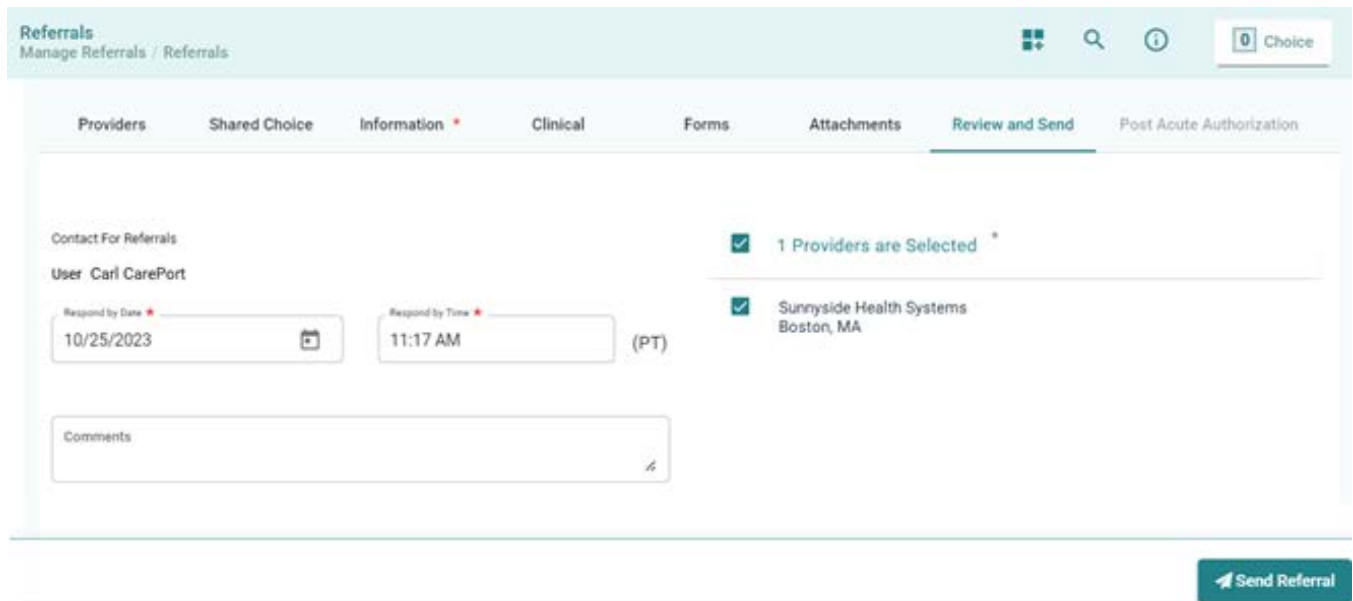
### More Options

After an attachment has been uploaded to the referral, the document can then be viewed or deleted at any time in the **More Options** menu.



### Review & Send

In the **Review & Send** tab, users can complete the final steps before sending a referral.





To send a referral:

- 1) In the **Respond by Date** \* field, select **Calendar** and select the date you want a response to the referral by.

Respond by Date \*


Respond by date is required

- 2) In the **Respond by Time** \* field, enter the time you want a response to the referral by. **Note:** You must enter a time in the following format: *HH:MM AM/PM*. For example: 02:30 PM.
- 3) (Optional) In the **Comments** field, enter a comment about the referral. **Tip:** You may want to enter any generic information about the discharge of this referral to the provider(s).
- 4) On the right, select the provider(s) you want to send the referral to.
- 5) Click **Send Referral**.

## Referral Statuses

On the **Manage Referrals** screen, the following statuses may display in the bottom-right corner of each referral card:

- **Not Sent:** The referral has been created but not sent to the provider(s).
- **Sent:** The referral has been sent to the provider(s).
- **Placed:** A post-acute provider placement has been documented for the patient indicating which provider will be providing post-acute care.
- **Closed:** Indicates the referral is placed and closed. Referrals are automatically closed two days after the discharge date of the admission.

## Patient Choice Statuses

On the Manage Referrals screen, the following statuses may display in the bottom-left corner of each referral card

- **No Choice:** No patient choice exists on the referral.
- **Choice Share:** An electronic or print share exists on the referral.
- **Placed:** The patient/family member or user has responded on behalf of the patient to rank the providers for the patient.

## Referral Responses

### View a Response

When a response is received from an online provider, the creator, sender, or assigned user of/on the referral will receive an e-mail or text message to the e-mail address and or phone number entered in their Epic User Record.

In Transition, navigate to the **Providers** tab to view referral responses or document a response

from an offline recipient. Responses and any additional messages from the recipient display in the **Last Message** column of the **Provider** grid.

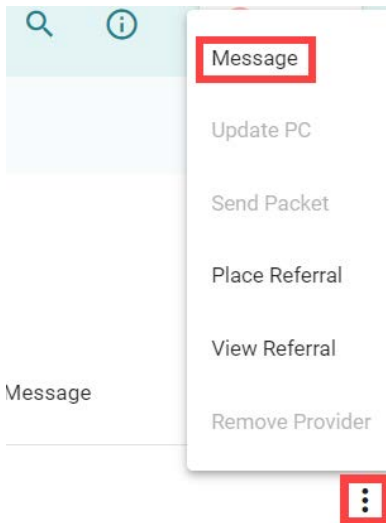
For example:


Last Sent	Last Response	Last Message	Actions
7/28/2022 11:51 AM (ET)	Interested, but need more information	Please send updated clinicals	⋮

### Send a Message to a Referral Recipient

To send a message to a referral recipient, complete the following:

- 1) Navigate to the **Providers** tab.
- 2) Navigate to the relevant provider > **Actions** column > **More Options** > **Message**.



- 3) In the **Type messages here** field, enter a message.
- 4) Click  **Send**. The message will save and send.

## Edit a Referral

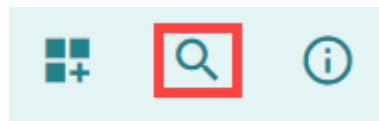
To edit a referral, complete the following:

- 1) Navigate to the **Providers** tab.
- 2) At the bottom of the screen, click **Edit/Send Referral**.  
**Info:** Click **Continue** to navigate through the entire referral or select the tab of a specific page to navigate directly to that page.
- 3) After referral information is updated, navigate to the **Recipients** page.
- 4) Clear the check box next to any providers that should not receive the updated referral information.
- 5) Click **Send Referral**. The updated referral information sends to the selected providers.

## Send a Referral to Additional Recipients

To send a referral to additional recipients, complete the following:

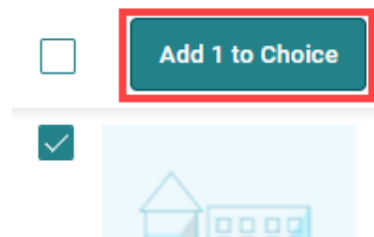
- 1) Navigate to the **Providers** tab.
- 2) At the top of the screen, click **Provider Search**.



Provider search options display.

**Note:** To exit the provider search and return to the referral, click  **Referrals**

- 3) Use the filters at the top of the page to search for additional recipients.
- 4) Select the additional provider(s), and then click **Add # to Choice**.



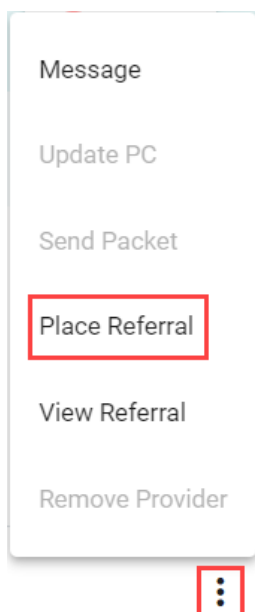
- 5) On the **Patient Choice** screen, click **Text/Email**.  
**Note:** If you want to print or save a list of the selected providers as a .pdf, click **Print**, enter your contact information, then click **Print**.
- 6) On the **Text/Email Details** window, enter the relevant contact information. After you finish, click **Share**.
- 7) On the **Patient Choice** screen, click **Add to Referral**

## Placing and Unplacing Referrals

### Placing a Referral

To record a placement for the patient, complete the following:

- 1) Navigate to the **Providers** tab.
- 2) Navigate to the relevant listed provider, select **More Options**, and then select **Place Referral**.

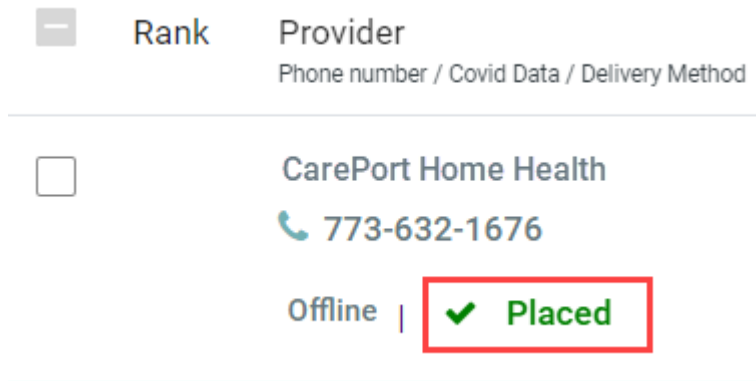


The **Place Referral** modal window displays.

- 3) In the **Selected Provider** field, confirm that the relevant provider displays. Select the drop-down menu, then select the provider receiving the placement.
- 4) When the discharge disposition has changed and the patient discharged with a different level of care, record a placement to **None**.
- 5) (Optional) Select **Send placement notification to other providers** to notify other providers of the provider placement choice.

**Note:** The message to other referral recipients does *not* include information on where the patient was placed.

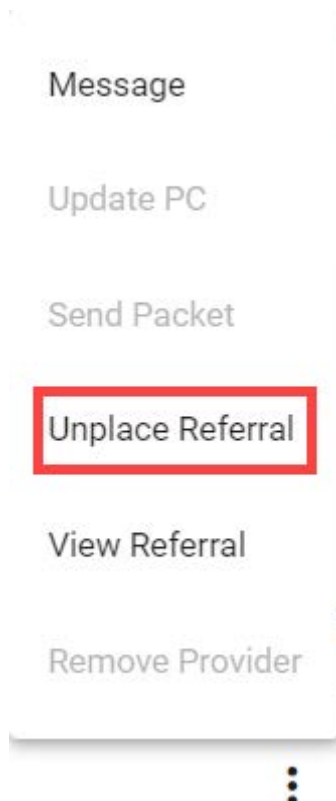
- 6) Click **Place** to add the selected provider as the placed provider. The **Placed** badge displays next to the placed provider name on the **Providers** tab.



### Unplacing a Referral

If the patient situation changes, you can Unplace a referral by completing the following steps:

- 1) Navigate to the **Providers** tab.
- 2) Navigate to the relevant placed referral, select **More Options**, and then select **Unplace Referral**.



The **Unplace Referral** modal window displays.

- 3) Read the confirmation notice. If you would still like to unplace the referral, click **Unplace**. **Note:** After the placement has been retracted, users can then resume communication with other providers associated with the referral.



# Post-Acute Authorization

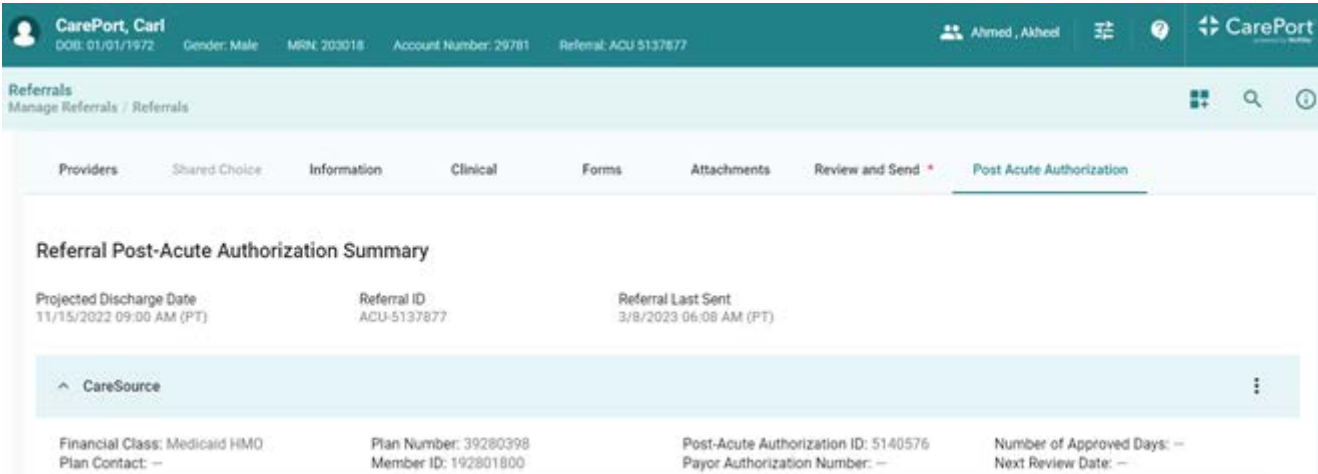
Use the **Post-Acute Authorization** tab in Transition 2.0 to request and document activity for requesting authorization for payment of post-acute care from a payor including:

- Requesting authorization from the payor
  - Documenting the payor response to the authorization request
    - Communicating the payor response to the acute care provider
  - Documenting when the post-acute care organization is not responsible for obtaining authorization for post-acute care
    - Communicating the exclusion status to the acute care provider if configured.
- Note:** Organizations can document an exclusion status without the status being sent to the referral sender. Notification configurations must be in place for the status to be sent to the referral sender.

Users with the security role of **Post Auth Personnel** have access to send and manage **Post-Acute Authorization** requests.

## Access the Post-Acute Authorization Tab

Before the **Post-Acute Authorization** tab can be used, the referral must first be sent. Then, select the referral > **Post-Acute Authorization** tab. The **Referral Post-Acute Authorization Summary** displays the following basic information:



The screenshot shows the 'Referral Post-Acute Authorization Summary' section with the following data:

Projected Discharge Date	Referral ID	Referral Last Sent
11/15/2022 09:00 AM (PT)	ACU-5137877	3/8/2023 06:08 AM (PT)

Below this, a collapsible menu for 'CareSource' is shown, containing the following information:

Financial Class: Medicaid HMO	Plan Number: 39280398	Post-Acute Authorization ID: 5140576	Number of Approved Days: --
Plan Contact: --	Member ID: 192801800	Payor Authorization Number: --	Next Review Date: --

- **Projected Discharge Date:** Estimated date and time the patient will be discharged.
- **Referral ID:** ID for the referral.
- **Referral Last Sent:** Date and time that the referral was last sent out.

The tab also displays all payors associated with the referral. Each payor is listed with a collapsible accordion menu that displays the following information:


- **Financial Class:** Financial class of the payor.
- **Plan Number:** Plan number for the referral.

- **Post-Acute Authorization ID:** This ID is created when the Post-Acute Authorization request has been sent out. It is the CarePort identifier for the authorization.
- **Number of Approved Days:** Number of days approved by the payor.
- **Plan contact**
- **Member ID**
- **Payor Authorization Number:** Number generated after payor approval.
- **Next Review Date**

## Request Authorization

Financial information must be completed for the referral record before a **Post-Acute Authorization Request** can be completed. When financial information is not displayed in the referral, follow your organization's procedure to add payor information for a patient.

To begin a **Post-Acute Authorization Request**:

1) In the **Post-Acute Authorization** tab, navigate to the relevant payor, then select  **More Options**.

2) Select **Request Authorization**.

### Referral Post-Acute Authorization Summary

Projected Discharge Date 4/13/2023 10:00 PM (PT)	Referral ID 5152322	Referral Last Sent 4/11/2023 07:17 AM (PT)
---	------------------------	---

^ MANAGED CARE ⋮

Financial Class: MANAGED CARE	Plan Number: 0123456789	Post-Acute Authorization ID: -
Plan Contact: POLLY PAYOR 888-312-4567	Member ID: 0123456789A	



Request Authorization

Document Notes/Responses

Not Responsible for Auth

Enter authorization request information in the accordion menus of the **Post-Acute Authorization Request** modal window. Menus include:

- **Payor Contact:**
- **Post-Acute Provider**
- **Hospital Contact and Ordering Physician**
- **Authorization Request Content**
- **Clinical Document Checklist**

**Note:** Use the  expand chevron to open an accordion menu to view the fields and the 



collapse chevron to collapse the menu and hide the fields. All menus are expanded by default.

## Post-Acute Authorization Request Window

### Post-Acute Authorization Request

Referral @GR-5156197	Plan Description -	Financial Class 12Naga Financial	Plan Number -	Member ID -
-------------------------	-----------------------	-------------------------------------	------------------	----------------

Priority  Standard  Expedited

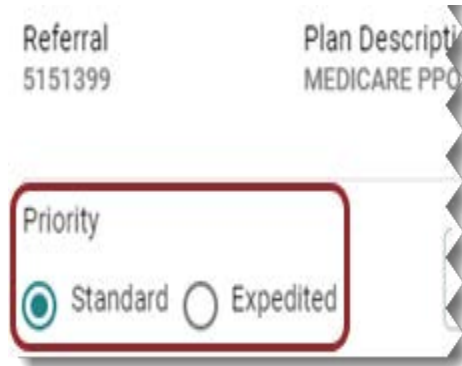
Projected Discharge Date \* 05/30/2023

Time \* 22:00 (PT)

Level of Care \*

This section contains the following fields:

- **Referral:** Unique identifier for the referral generated by the CarePort database
- **Plan Description:** The Plan Description of the payor
- **Financial Class:** The payor Financial Class
- **Plan Number:** The payor Plan Number
- **Member ID:** The Member ID



- **Priority:** Select the priority for the Authorization Request
  - **Standard:** This is the default selection that indicates the priority is not expedited
  - **Expedited:** Select this radio button when the request is *urgent*. By selecting **Expedited**, you are attesting the ordering physician has written the discharge order as urgent.

Include the urgent discharge order in the **Authorization Request Content** section of the request.

- **Projected Discharge Date\***: This field auto populates based on the date from the patient admission. If needed, users can select a different discharge date.

- **Time\***: Enter the relevant discharge time in HH:MM format. For example: 22:00
- **Level of care\***: This field may populate based on the **Post-Acute Authorization Level of Care** configuration on the **Post-Acute Authorization Configuration** page. Select or update the requested **Level of Care** when needed.

## Payor Contact

Use this section to document **Payor Contact** information. Required fields are marked with an \*

Information can be entered into each field, or users can click **Address Book** to insert information from the payor address book.

- **Company Name\***
- **Contact Name**
- **Communication Method\***: Select the method used to request payor authorization from the drop-down menu. Options include:

- **Fax: To Payor:** A corresponding **Fax\*** field displays when this option is selected.  
**Note:** Referral Management will fax the authorization request to the number entered in the **Fax\*** field for after you click the **Send Request** button.
- **Phone: To Payor:** Corresponding **Phone\*** and **Phone Ext** fields display when this option is selected
- **Onsite Liaison:** Select this option when authorization was requested from an onsite liaison.
- **Payor Website (manual):** Select this option when the authorization was requested online using the authorization portal of a payor website.
- **Internal Communication:** This option is used to document internal conversations regarding the **Post-Acute Authorization Request** select this option then enter details of the conversation in the **Comment** field of the **Authorization Request Content** section
- **Online:** Used when sending a request for authorization to an online payor. When a payor is online all communications are managed through Referral Management.

## Post-Acute Provider

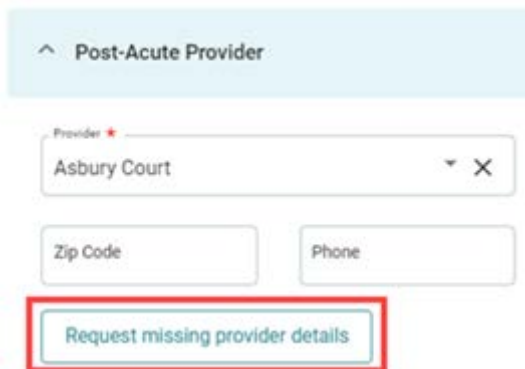
Use this section to document information about the organization. Fields in this section include:

- **Provider\*:** This field auto-populates based on the **Default Organization** selected in the user profile.  
**Note:** When the referral is sent to multiple locations within the organization, select an alternate accepting organization from the drop-down menu when needed.
- **Address 1:** Address information populates based on the **Provider** selection. Update the information in the address fields when necessary
- **Address 2**
- **City**
- **State\***
- **Zip Code**
- **Phone**
- **Provider NPI:** This information can populate based on the NPI entered by a system administrator. Update or enter the relevant NPI.

## Missing Provider Information

- If additional information is needed to complete the fields in the **Post-Acute Provider** section, click **Request missing provider details**. Clicking this sends an email to the provider

requesting information such as the Provider NPI.



## Hospital Contact and Ordering Physician

Use this section to provide contact information for the acute care provider when necessary. Fields in this section include:

- **Contact Name**
- **Phone**
- **Mobile/Pager**
- **Fax**
- **Email**
- **Level of care ordered by:** This field contains the following options:
  - Attending Physician
  - Consulting Physician
  - Referring Physician
  - Primary Physician
- **Physician First Name**
- **Physician last name**
- **Physician NPI**
- **Physician Phone number**
- **Physician Fax number**

## Authorization Request Content

Use this section to provide clinical information to the payor. Options in this section include:

- **Include referral received**
  - **Yes:** Select this option to send all referral information, including attachments to the payor
  - **No**  
**Note:** Click the **View Referral** button to view the referral information.

- **Forms:** Select a form to complete and send with the request from the drop-down menu, then click **Add** to complete the form.  
**Note:** Forms must be configured and customized for your organization to be available for completion. Nothing displays in the **Forms** drop-down menu for organizations without customized forms.
- **Comment:** Enter additional information to send to the payor in this field.

## File Attachments

In the **File Attachments** section, the **Clinical Document Checklist** displays a list of example documentation that, if applicable, must accompany the request. This includes:

- History and Physical (H&P)
- Recent Physician Progress Notes (48 Hours)
- PT/OT/ST Evaluations
- Recent Therapy Progress Notes (48 Hours)
- Recent Wound Assessment
- Medication List
- Prior and Current Level of Functioning

Use the buttons in this section to upload attachments to the **Post-Acute Authorization Request**. Buttons include:

- **Add:** Use this button to upload an attachment from your computer.
- **Print Attach:** Use this button to upload an attachment from another application such as an EMR.
- **Fax Attach:** Use this button to generate a fax cover sheet and attach to the request.

File Attachments

▼ Clinical Document Checklist

Add

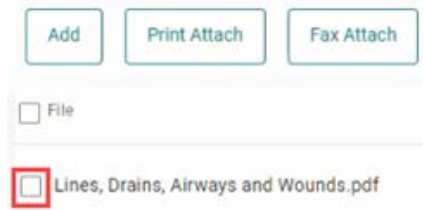
Print Attach

Fax Attach

<input type="checkbox"/> File	Description
<input type="checkbox"/> Bilirubin, body fluid.pdf	Bilirubin, body fluid

The **File Attachments** section also displays all attachments that were added during the creation of the referral. To add any of these attachments to the Post-Acute Authorization Request, select

the checkbox.



## Post-Acute Authorization Request Modal Buttons

Use the buttons at the bottom of the modal window to perform the following:

- **Apply:** Saves changes without exiting the window
- **Cancel:** Cancels updates made to fields since the last save point and exits the window
- **Send Request:** Saves all information entered in the window, exits the window and sends the request to the payor when **Online** or **Fax: To Payor** is the **Communication Method** selected in the **Payor Contact** section.

## Steps to Request Authorization

Perform the following to request authorization for post-acute care from a payor:

- 1) Navigate to the **Post-Acute Authorization** tab.
  - 2) Navigate to the relevant payor, then select **More Options > Request Authorization**. The **Post-Acute Authorization Request** window displays.
  - 3) Enter the **Start of Care** date when needed
  - 4) Complete the **Payor Contact** accordion
  - 5) Complete the **Post-acute provider** accordion
  - 6) Complete the **Hospital Contact** accordion
  - 7) Complete the **Authorization Request Content** accordion
  - 8) Click the **Send Request** button
- Note:** Notification of the request being made may be sent to the acute care provider based on organization configuration. Reach out to the system administrator of your organization for notification configuration information.

## View the Post-Acute Authorization Request

The **Post-Acute Authorization Request** displays below the payor information in the **Post-Acute Authorization** tab:

### Referral Post-Acute Authorization Summary

Projected Discharge Date	Referral ID	Referral Last Sent
5/29/2023 09:00 PM (PT)	@GR-5156197	6/21/2023 04:00 PM (PT)

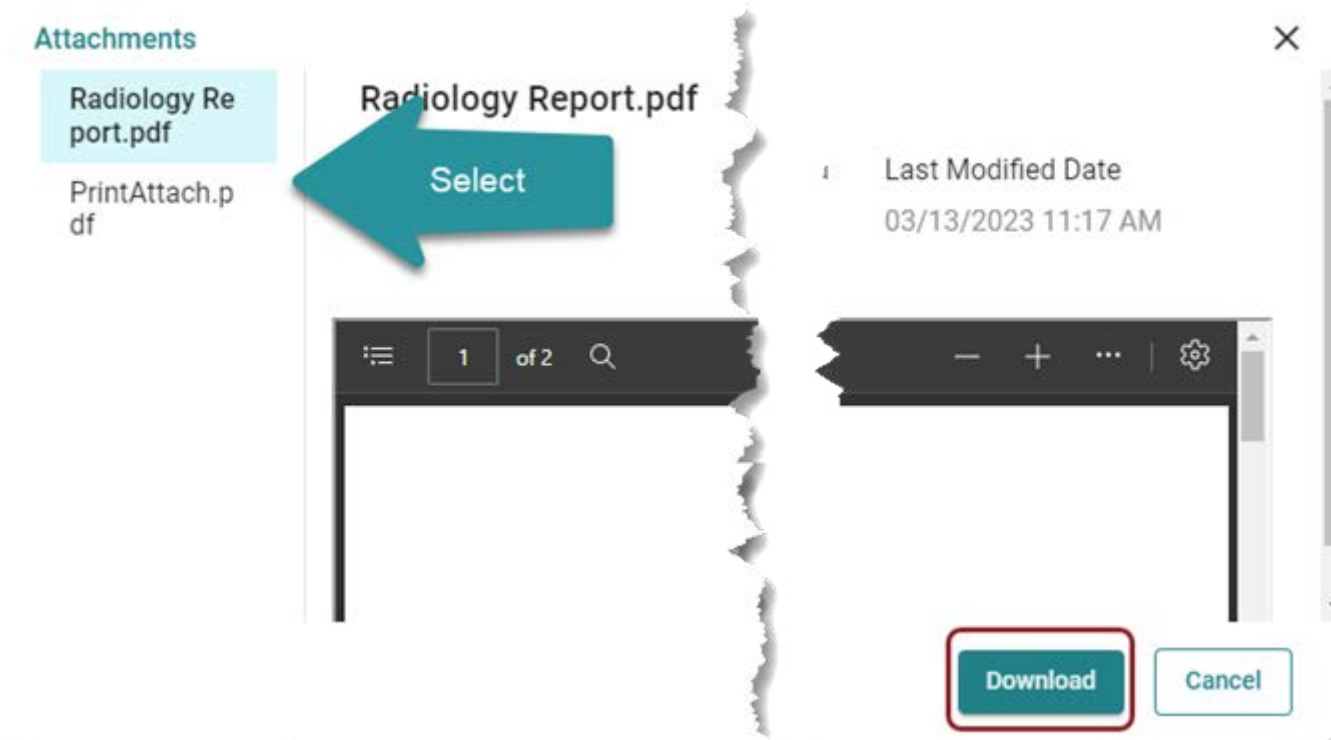
12Naga Financial ⋮

Financial Class: 12Naga Financial	Plan Number: —	Post-Acute Authorization ID: 5156290	Number of Approved Days: —
Plan Contact: —	Member ID: —	Payor Authorization Number: —	Next Review Date: —

Post-Acute Authorization Request	Sent By: User CAREPORT+HEALTH+LLC Sent On: 6/22/2023 09:13 AM (PT)	Sent To: Ajax Health Method: Internal Communication	Post-Acute Authorization ID: 5156290 Status: Waiting on Payor Comment: —	
----------------------------------	---	--	--	--

To open a read only view of the request, click **View Details**.

To view attachments sent with the request, navigate to the relevant line item, and click **View Attachments**.



Select the attachment to view from the left navigation pane of the **Attachments** modal window.

Click **Download** in the bottom right corner of the window to download the selected attachment.

Click  **Cancel** to close the window.

## Edit Authorization Request

Users may need to edit an existing request or add more.

To edit a request:

- 1) In the **Post-Acute Authorization** tab, navigate to the request, and select **More Options**.
- 2) Select **Edit Authorization Request**.
- 3) Complete any needed edits. Then, click **Send Request** at the bottom of the window.

A new line item displays in the **Post-Acute Authorization** tab with a comment outlining what has been changed.

**Note:** **Denied** requests can not be edited. Once a request is denied by the payor, the request is closed and **Edit Authorization Request** is no longer an option in the **More Options** menu. If the request is denied, select **Request Authorization** to send a new request to the payor.

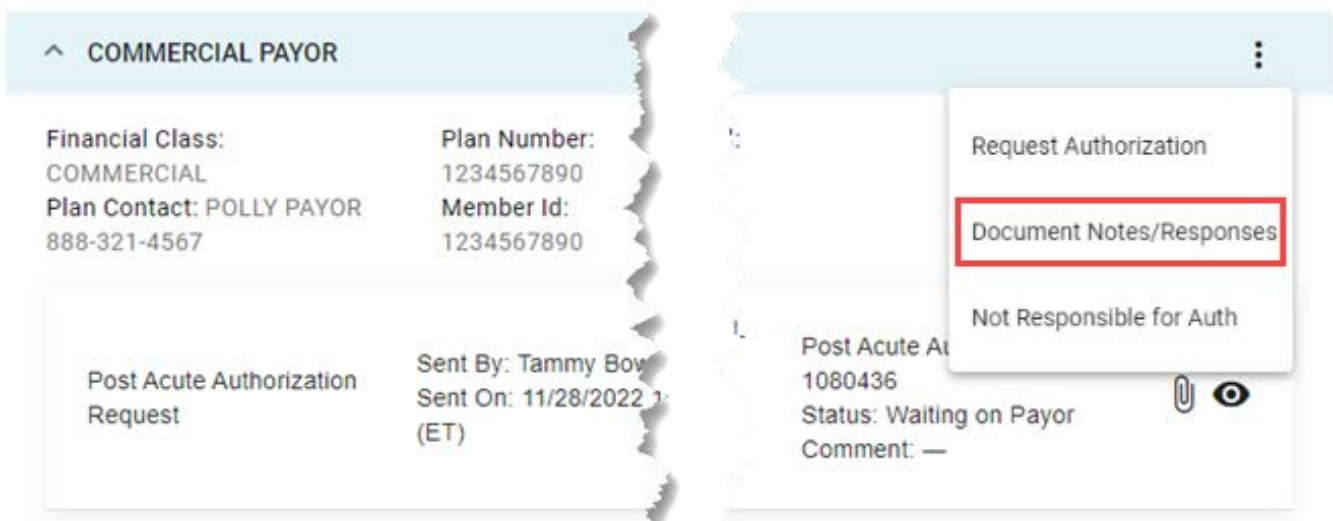
## Document Notes/Responses

Use the **Document Notes/Responses** functionality to record a response from an offline payor to the request for authorization.

To document a note and/or response:

- 1) Navigate to the **Post-Acute Authorization Summary** tab.
- 2) In the relevant Post-Acute Authorization Request, select **More Options**, then select **Document Notes/Responses**.

The **Post-Acute Authorization Communication** modal window displays.





## Post-Acute Authorization Communication

The **Post-Acute Authorization Communication** modal contains the following sections:

**Note:** Required fields are marked with an \*

- General information:
  - **Referral number:** The unique identifier assigned to the referral by the CarePort database.
  - **Plan Description**
  - **Financial Class**
  - **Plan Number**
  - **Member ID**
  - **Contact Date\*:** Defaults to the current date. Update this field to the relevant date.
  - **Time\*:** Defaults to the current time. Update this field to the relevant time.
- **Payor Contact**
  - **Company Name\*:** Defaults to the payor the authorization was sent to
  - **Contact Name:** Defaults to the payor contact the authorization was sent to
  - **Communication Method\*:** Select the method the payor used to send the response from the drop-down menu. Options include:
    - **Fax: From Payor:** Select this option when a response is received via fax
    - **Internal Communication:** Select this option to document internal conversations. Include details of the conversation in the **Comment** field of the **Response Details** accordion menu.
    - **Online:** This option will display when a response is received from an online payor. This option cannot be manually selected.
    - **Onsite Liaison:** Select this option when a response is received from an onsite liaison
    - **Payor Website (Manual):** Select this option when the response is received via a payor message portal or website
    - **Phone: From Payor:** Use this option when the payor called with a response
    - **Phone: To Payor:** Select this option when response was received via a call initiated by the organization.
- **Post-Acute Provider:** Fields in this accordion menu will populate with information entered in the **Post-Acute Authorization Request** update fields when necessary:
  - **Provider\***
  - **Address 1**
  - **Address 2**
  - **City**
  - **State**
  - **Zip Code\***


- **Mobile Phone\***
- **Provider NPI\***
- **Post-Acute Provider Contact**
  - **Contact Name\***: Select from the drop-down menu. Only users with the security role of **Post Auth Personnel** are listed as options in the drop-down menu. The remaining **Post-Acute Provider Contact** fields auto-populate from the profile of the user selected.
  - **Phone**
  - **Mobile/Pager**
  - **Fax**
  - **Email**
- **Response Details**
  - **Payor Response\***: Select the relevant radio button. Options include:
    - **Approved**
    - **Denied**
    - **Requires Additional information**  
**Note:** Notification of the response may be sent to the sending organization when configured for the organization. Contact the System Administrator for your organization for configuration information.
  - **Payor Authorization Number:** Enter the authorization number provided by the payor
  - **Payor Reference Number:** Enter the reference number provided by the payor
  - **Approved Level of Care:** Select from the drop-down menu
  - **Start of Care Date:** Enter the start date of the authorization period or select a date using the calendar control
  - **Last Covered Date:** Enter the date the authorization expires
  - **Number of Approved Days or Units:** Enter the number of days or units approved
  - **Next Review Date:** Enter a date or select the next review date using the calendar control
  - **Next Review Contact:** Enter the name of the payor contact for the next review
  - **Next Review Contact Number:** Enter the phone number of the payor contact for the next review
  - **Peer to Peer Requested On:** Enter the request date for Peer to Peer
  - **Peer to Peer Completed On:** Enter the completion date for Peer to Peer
  - **Peer to Peer Outcome:** Select the appropriate radio button. Options include:
    - **Overtured (Approved)**
    - **Upheld (Denied)**
    - **Partially Upheld**
    - **Withdrawn**

- **Comment:** Enter additional information as needed  
**Note:** Comments entered here will *not* be sent to the payor. To communicate with the payor, you must edit the authorization and then add a comment.
- **File Attachments**
  - **Add:** Attaches a file from your machine.
  - **Print Attach:** Attaches documents from another application such as an EHR.
  - **Fax Attach:** Generates a fax attach cover sheet for the document.

Whenever you have finished adding notes and responses, click **Save** at the bottom of the screen.

A new line item displays in the **Post-Acute Authorization** tab detailing the offline payor communication. This displays the previously entered comment as well as two buttons.

Click  **View Notification** to view the notification that was sent out to the provider.

Click  **View Details** to view details about the offline payor communication.

## Steps to Record Communication

Perform the following to document notes and/or responses from an offline payor.

- 1) Select **More Options > Document Notes/Responses**.
- 2) Update the **Contact Date** and **Time** field when needed
- 3) Complete the **Payor Contact** accordion
- 4) Complete the **Post-Acute provider** accordion
- 5) Complete the **Response details** accordion
- 6) Upload **File Attachments** as needed
- 7) Click **Save** to save information entered and exit the **Post-Acute Authorization Communication** modal window

## Not Responsible for Auth

When the post-acute care organization is *not* responsible for obtaining post-acute care authorization from the payor, document an exclusion on the **Post-Acute Authorization** tab by completing the following:

- 1) In the **Post-Acute Authorization** tab, navigate to the relevant payor, and select **Not Responsible for Auth**. The **Post-Acute Authorization Responsibility** modal window displays: **Referral Post Acute Authorization Summary**

Projected Discharge Date	Referral Id	Referral Last Sent
	26551	9/27/2022 08:06 AM (PT)

^ COMMERCIAL PAYOR

Financial Class: COMMERCIAL	Plan Number: 1234567890	Post Acute Authorization Id: —
Plan Contact: —	Member Id: 1234567890	

Request Authorization


Document Notes/Responses

Not Responsible for Auth

- 2) To indicate the organization is not responsible for obtaining the authorization, navigate to the **Hospital is Responsible for Post-Acute Authorization** field, and select **No**. **Note: Yes** is the default selection.
- 3) In the **Post-Acute Authorization Exclusion Reason\*** field, select the relevant reason. **Note:** The options available in the drop-down menu vary based on organization configuration. Reach out to the system administrator of your organization for information on items available in the drop-down menu.
- 4) (Optional) In the **Post-Acute Provider** field, select the relevant provider.
- 5) (Optional) In the **Comment** field, enter any additional information that is needed.
- 6) Click **Save**. **Note:** Notification of the exclusion may be sent automatically to the referral sender based on organization configuration. Contact the Referral Management System Administrator of your organization for configuration information.

A new line item displays in the **Post-Acute Authorization** tab detailing the exclusion. This displays the previously entered comment as well as two buttons.

Click  **View Notification** to view the notification that was sent out to the provider.

Click  **View Details** to view details about the offline payor communication.

## Contact Us

We welcome your feedback. To submit a question, comment, or suggestion regarding product documentation, send an e-mail to [documentation@careporthealth.com](mailto:documentation@careporthealth.com).

When available, please include as much of the following as possible:

- The name on the document on the title page
- The document ID located in the footer of the document

Please open a ticket with product support at [CarePort Support](#) for product related questions.