

Provider FAQs: Passage Plans

General information

What is “Passage?”

“Passage” is the name for referral plans that ConnectiCare offers commercial and Medicare Advantage members. Passage plans require members to get primary care provider (PCP) referrals to see any specialist in our ConnectiCare network.

Which providers participate in Passage?

Passage PCPs are identified in our [online provider directory](#) with the following icon:

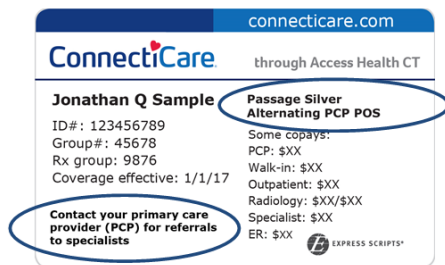


Passage members have to choose a Passage PCP. The Passage PCP can refer to specialists or hospitals in the ConnectiCare network attributed to the member’s plan.

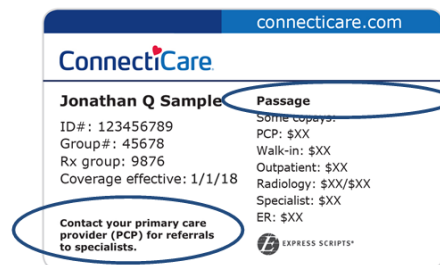
All specialists and hospitals in the ConnectiCare networks are participating in Passage with one exception: Connecticut Children’s Medical Center is a participating hospital in our commercial provider network only, not in our Medicare provider network.

How do I know if a patient is a Passage member?

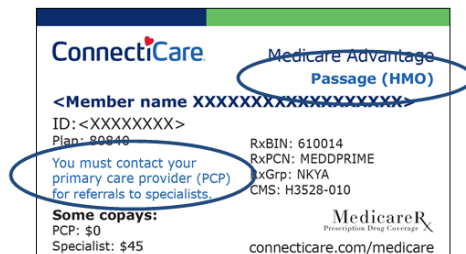
ConnectiCare member ID cards clearly indicate members who have Passage plans and who will need referrals for specialists’ care. See samples below:



Commercial: ConnectiCare Exchange Individual and Small Group (SHOP)



Commercial: ConnectiCare SOLO & Group



Medicare Advantage

You can also check the [benefits and eligibility section](#) on our website.

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What are a Passage patient's benefits?

Some copayments are listed on member ID cards. Providers can find details about a patient's [benefits and eligibility](#) through our website.

What's different about Passage plans?

Passage plans require Passage PCPs to refer patients to most specialists. It's the responsibility of Passage PCPs to submit those referrals to ConnectiCare. Specialists should make sure there's a valid referral for a Passage patient before providing service.

Other than that, providers follow the same commercial or Medicare policies and procedures, such as:

- Preauthorization requests,
- Medical and pharmacy policy criteria, and
- Other ConnectiCare policies and procedures.

If you are a PCP and you do not belong to one of the participating physician groups, please do not provide primary care services to members with Passage plans. If you do, the claims will be denied and your patients will be responsible for the costs. (For Passage members with individual plans through Access Health CT, the Connecticut insurance exchange, claims will be paid under their out-of-network benefits.)

Referral information for Passage PCPs

Which specialists do I need to make a referral to?

Referrals are required for most specialists' visits, except for:

- Ob/gyns
- Endocrinologists
- Lab work
- Preventive services
- Behavioral health
- Services at hospitals, radiology centers, urgent care or walk-in centers, ambulatory surgical centers and other facilities
- Physical, speech or occupational therapy

Here's [a list of specialties that need Passage PCP referrals](#).

The specialists must be in-network for the member's plan. Your electronic medical record (EMR) system or the referral tool associated with your EMR will help you identify in-network specialists for the member's plan.

[Our website](#) also helps Passage PCPs identify if a specialist is participating in the network for your patient's plan.

I want to refer my patient to a specific specialist, but the patient wants to go to another specialist. What do I do?

You can write the referral to the specialist your patient wants to visit as long as you agree with the patient's choice and the specialist is in-network for the patient's ConnectiCare plan.

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How do I make a referral?

Passage PCPs can make referrals in two ways, through:

- Their electronic medical record (EMR) system or the referral tool associated with the EMR, or
- Through the [referrals section](#) on our website.

Your group practice administrator should have told you how you'll submit referrals to ConnectiCare in 2018.

When do I need to submit a referral?

When your patient needs specialist care, you need to submit a referral before your patient goes to see that specialist. A referral is needed for office visits for *each different specialty*.

Please note, you don't need to write a referral for each visit to the same specialist, but make sure your patient's specialist visit takes place in the time period you set in the referral. If your patient needs more time to see a specialist, ask your patient to let you know so you can extend the "End Date" of the referral.

Here are examples of when referrals are needed:

1. Your patient needs to see a dermatologist and a cardiologist. You have to enter separate referrals for each specialist.
2. Your patient's dermatologist refers him/her to a surgeon. Your patient will need to contact you for another specialist referral.
3. Your patient needs to see a dermatologist six times. This patient only needs one referral. You should submit a referral with start and end dates that allow your patient enough time to see the dermatologist six times.

Can I submit a referral for an out-of-network specialist?

No. Passage PCPs must write referrals to specialists participating in the ConnectiCare network for the member's plan. If your Passage patient goes to an out-of-network specialist, then the claim will deny and your patient will be responsible for paying the full cost of the visit.

What information do I need to submit a referral?

If you are submitting a referral through your EMR or referral tool, the information you need to submit for a referral will be available through those systems.

If you are using our website to enter the referral, you will be asked for the following information:

- Your username and password to log in (if you haven't registered, you have to register first to get your log-in credentials)
- Patient's member ID number
- Referring PCP
- Specialist NPI ID (*available through our website*)
- Extent of care (*consultation or consultation and treatment*)
- Diagnosis code
- Length of referral
 - Start date
 - End date
- Remarks, if needed

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How long can I make referrals for?

Passage PCPs determine the lengths of referrals. But we're recommending Passage PCPs limit referrals to a span of six months to a year.

Can I write a referral for 13 months so the member is covered until his or her next annual appointment?

We recommend writing a referral that lasts no more than 12 months.

Do I need to wait for the referral to be reviewed and approved by ConnectiCare?

No. ConnectiCare review and approval **are not** required. The referral is effective on the "Start Date" you entered.

It may take up to 48 hours for our systems to process referrals made through the website and display them. This is not an approval process but an automated check to make sure our claims administration systems captured the referral correctly so your patients are fully covered for their specialist visits. The referral will, however, be valid from the "Start Date" you entered.

You may want to check our website two days after you enter a referral to see if our claims administration systems captured the referral correctly.

Can I change the start date of the referral?

If you need to change the "Start Date" of an existing referral, you will need to submit a new referral with the new start date. Just make sure the "End Date" of this referral is listed the day before the "Start Date" of the original referral.

Please note, if any dates in the new referral cross any dates in the original referral, the second referral may get denied as a duplicate.

Here's an example:

You gave a patient a referral for April 1 through April 30, but you intended the referral to start in February. Write a new referral to run from Feb. 1 through March 31.

Can a referral cross over calendar years?

Yes. Referrals will expire based on the timespan the Passage PCP set in the referral, no matter if it crosses over calendar years.

Can we submit fax referrals to ConnectiCare or send fax referrals to specialists?

We are only accepting referrals through provider group EMR systems or [our website](#).

Your office may get a call from a patient who is at a specialist's office and the specialist is refusing to see the patient because he/she does not have a PCP referral. You can submit a referral and fax a copy of the confirmation information to the specialist as proof so the patient can be seen that day.

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How do I check on a referral?

If you submitted the referral through your EMR, it's best to check your EMR for details. If you submitted the referral through our website, go to the [referrals section](#) on our website to check the details.

Specialists can check referrals through the [referrals section](#) on our provider website regardless of how the Passage PCP submitted the referral.

How do I make changes to a referral?

You can only edit your referral through [our website](#) and only the referral's "End Date" can be edited.

Please note, you can only edit an "End Date" of a referral if no claims have been processed under the referral. If claims have already been processed, then the referrals cannot be edited.

If you need to change the "Start Date" of a referral, you will need to submit a new referral either through your provider group's EMR system or through [our website](#). Please refer to the answer to this question "[Can I change the start date of the referral?](#)" for more details.

Do I need to give the patient anything after giving them the referral?

No, but you should let your patient know the specialist's name, address, phone number and how long the referral will last. Some patients may ask for this information in writing to help them remember.

Do I need to see the patient to give a referral?

It's up to you whether you want the patient to come in for a PCP visit before giving a referral. You are not required to see a Passage patient in person in order to give a referral.

Can APRNs submit referrals?

Yes, an APRN can submit referrals, if the APRN is credentialed as a Passage PCP. An APRN can also list a medical doctor as the referring PCP on a referral submitted to ConnectiCare.

How would a physician's assistant submit a referral?

The physician's assistant should submit a referral under his/her supervising medical doctor.

Referral information for specialists

How do I know if a member has the appropriate referral?

To check on a referral, please go to the [referral section](#) on our website.

What happens if I treat a Passage member without a referral?

ConnectiCare will deny claims for specialists' consultation services, and your patient will be responsible for the cost.

The patient has a referral for another specialist but decided to come to me instead. What do I do?

It depends on how the Passage PCP entered the referral. If the PCP entered the referral for a specialist group you belong to, then you can see the patient. If the PCP entered the referral for a specific, named specialist, then the patient doesn't have a valid referral to see you. Your office can look up referrals through [our website](#).

If a patient doesn't have a valid referral to see you, please let the patient know that he/she needs to get a referral from his/her Passage PCP before a visit.

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I want to send the patient to a second specialist for care. What do I have to do?

If you have a valid specialist referral for your patient but need to send your patient to a second specialist, please contact the patient's Passage PCP to get another referral for your patient prior to his or her visit with the second specialist.

Without the second referral, your patient's claims for that second specialist office visit will be denied and your patient will be responsible for the cost.

I need to send the patient to the hospital. What do I have to do?

The same policies and procedures that you follow with other ConnectiCare patients apply. ***No referral is required in emergency situations.***

How long does the referral last?

The referral lasts as long as the Passage PCP noted in the referral submission. Please check our [provider website](#) before a patient visit to make sure a patient's referral has not expired.

Can I extend the referral or do I have to call the PCP?

If you need to change the "End Date" of a referral, contact the patient's Passage PCP. Only Passage PCPs can update the "End Date" of a referral through our website.

What happens when a member is an inpatient and a hospitalist refers member to a specialist?

Referrals aren't required for specialist care if the member has been admitted as an inpatient. But once the patient is discharged, he or she will need a referral to see the specialist in the office. We're asking specialists to contact patients' PCPs to coordinate care for that patient.

Claims submission information

How do I submit claims for Passage patients?

You submit claims the same way you always have for ConnectiCare members who are your patients.

If I submitted a referral with an updated "Start Date," will ConnectiCare reprocess the claims?

Yes, please contact our provider services team for assistance:

- Commercial: 1-800-828-3407
- Medicare: 1-877-224-8230

What's the denial code for claims denied by ConnectiCare for specialist visits?

The codes are 6F for both commercial and Medicare claims.