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1 Overview

Long Term Care case managers at Mercy Care spend significant time with the referral process of members to providers. Phone and voicemail exchanges back and forth make it difficult to align a member to a provider efficiently. There is a new solution that will allow case managers to create and manage referrals in the ALTCS Referral application.

The ALTCS Referral application is located within the existing Provider Intake application and can be accessed by case managers using a website URL. For providers, Provider Intake is accessed from the Mercy Care Web Portal. Housing every ALTCS referral created within the Mercy Care network in one central location will ultimately improve member, provider, and case manager experience. Case managers are responsible for logging in daily to create new and manage existing referrals. Providers are expected to review posted referrals and provide timely feedback on case acceptance feasibility.

This user guide provides the steps, links and other necessary content to assist providers on how to use the ALTCS Referral application.
2 Mercy Care Web Portal

To access the ALTCS Referral application, you must first have login credentials to the Mercy Care Web Portal.

To get to the Mercy Care Web Portal, click on the Mercy Care website link https://www.mercycareaz.org - Then click on the Mercy Care Web Portal link located on top of the screen.

Click on Continue to navigate to the Mercy Care Web Portal login screen.
2.1 Login

Providers are responsible for knowing their login credentials for the Mercy Care Web Portal. If you do not know your username and password, please contact your web portal administrator at your organization and they can assist on password resets or account access. Alternatively, you may also contact your Network Relations Manager at Mercy Care for assistance if you do not know who your administrator is.

To log in, type in your User Name and Password and then click the ‘Sign In’ button.

2.2 Provider Intake

The ALTCS Referral app is in the Provider Intake application, which is in the Health Tools menu at the bottom of the screen. Click the Provider Intake link and the application will launch in a new window.
2.3 ALTCS Referral Landing Page

The Provider Intake landing page will display in a new browser window. Your name along with your provider name will appear at the top of the screen. To reach the ALTCS Referral app functionality, you must click on the View/Manage ALTCS Referral sub-menu.

**Note:** News and Announcements is for a different line of business and should be ignored by ALTCS Referral providers.

3 ALTCS Referral Portal

The application launches the Referral Management section and defaults to the Unclaimed Referrals screen. There are two actions you can perform in the referral management process. The Actions section allows you to navigate the different screens by clicking on the radio buttons.

- **Unclaimed Referral** – You can view all posted referrals that are in “Unclaimed” status
- **View My Referrals** – You can view referrals that you have accepted or that you are reviewing
3.1 View Unclaimed Referrals

The Unclaimed Referrals screen, lists all referrals that have not been reviewed and accepted by a provider. By default, referrals are listed oldest to newest. Only high-level detail of the referral is seen from this screen. You can search for specific types of referrals using one or multiple fields in the Search section, and then click the ‘Search’ button.

The Unclaimed Referrals list will filter referrals based on the search credentials used. Once a desired referral is located, to review more details about the referral, click the ‘Review’ hyperlink located in the Action column.
4 Review Referral

When you click on the ‘Review’ function, the Referral Review screen for the selected referral will appear, changing the status from “Unclaimed” to “In Review”. The referral will not display any PHI information; it will only contain specific case information in read-only form to assist you with your decision to either Accept or Reject the referral.

Once a referral is selected for review, you will have 2 business hours (not counting weekends) to either Accept or Reject the referral.

Referrals that reach the limit of 2 hours, will be logged in the database with the reason code “Review time has exceeded 2 Hours”, and the status will change back to “Unclaimed” sending the referral back to the Unclaimed Referral list so other providers can have a chance to review.

Review each section of the referral, and when you reach the Provider Contact Information section, you can decide to Accept or Reject the referral.
4.1 Case Management, Member Information, Contact/Legal Guardian, Referral Details

The **Case Management** section displays the contact information for the case manager that created the referral and the case manager the referral is assigned to. If you need to discuss a referral, you should contact the case manager that is assigned, and be sure to include the **Referral ID** in any communications.

The **Member Information** section hides member specific information like the name and address during review and will display other pertinent information for decision making.

The **Contact/Legal Guardian** section lets you know if the member represents themselves or if there is an additional contact or legal guardian involved.

The **Referral Details** section displays all the service request information for the referral. When the referral service is a **Home Health** referral, the **Nursing Type** field will be visible and indicate if the service request is **Continuous or Intermittent**.
4.2 Living Circumstances, Member Preference, Comments

The **Living Circumstances** section displays some common scenarios you may need to know about the member’s circumstances that may affect your ability to align the member with a caretaker. If the radio button reflects a **Yes** for the topic, then the comment box next to the field will contain a short description of the circumstance.

The **Member Preference** section will let you know about any specific preferences the member has for a caretaker. If the radio button reflects **Yes** for the topic, then the comment box next to field will contain a short description.

The **Comments** section may contain any additional notes the case manager would like you to know about the member or the member’s needs.
4.3 Provider Contact Information

The **Provider Contact Information** is where you will submit the decision to either **Accept** or **Reject** the referral. The **Provider Assigned To** field automatically pulls in your provider group name based on your login. The other contact fields are required if you decide to accept the referral.

The **Referral Status** field will show an ‘In Review’ status. The ‘**Close Referral Review**’ button is also available if you are not ready to **Accept** or **Reject** the referral.

**Note:** Once a referral is selected for review, you will have 2 business hours (not counting weekends) to either **Accept** or **Reject** the referral.

5 Accept Referral

To accept a referral that you have reviewed, you must complete the mandatory fields marked with an asterisk (*). When all four fields are completed, the ‘**Accept Referral**’ button will become enabled for you to click on.

**Note:** The E-mail field value must be in the following format (xx@xx.com) and will be used by the case managers and also may also be for system generated e-mails.
After you have accepted the referral, the screen will refresh, and the Referral Status field will get updated to “Accepted”.

Additionally, you will see all the member’s information in the Member Information section.
6 Reject Referral

If you have determined you cannot service a referral, you can reject the referral by selecting a value from the Reject Reason Code in the Provider Contact Information section.

After you select the appropriate reason code from the list, the ‘Reject Referral’ button will become enabled for you to click on.

Note: If you are rejecting a referral, keep track of the referral ID so you do not accidentally review the same referral again.

After you have rejected the referral, the window will close, and you will be routed back to the Unclaimed Referral screen to review another referral.
7 View My Referrals

To retrieve any referrals that you are Reviewing or have Accepted, click the View My Referrals radio button located in the Referral Management section.

7.1 Search Fields

The View My Referrals screen displays the list of referrals that are assigned to you. By default, the View My Referrals list only displays open referrals (In Review and Accepted) and is sorted oldest to newest.

The Search section includes the same search fields found in the Unclaimed Referrals screen and includes an additional field Referral Status. The Referral Status drop-down field allows you to filter your list by Accepted, In Review or Closed.
7.2 My Referrals List

The **My Referrals** list displays any referral you have clicked on for review or have accepted. It includes a new column, **UnderReview**. This column is to show how long a referral has been in “**In Review**” status. Referrals with a status other than “**In Review**” will reflect blank.

When viewing referrals that are **Accepted** or **Closed**, there is no further action that can be taken in the application. If you have accepted a referral in error, let the assigned case manager know and they can get the referral reposted back to the **Unclaimed List** for another provider to review.

When you click on the ‘**View**’ action for referrals with an “**In Review**” status, the **Review Referral** screen will display, and the **Provider Contact Information** section will be ready for your **Accept** or **Reject** decision.
7.3 E-mail Notifications

**Case Manager Change** – In the event you have accepted a referral and the Case Manager assignment changes, you will receive an e-mail to notify you of your new contact.

Accepted Referral Reposted – In the event you have accepted a referral and the case manager reposts the referral back to Unclaimed List, you will receive an e-mail to notify of the repost.