



How to Manage/View Referral Information

EpicCare Link User

EpicCare Link allows referring clinics to search and create patient insurance referrals and provide access to enter authorizations, precertification and update the diagnosis information on a referral.



Using the Referrals/Claims Activity

1. On the Home page, Click on **Create a referral**

Hospital Sisters HEALTH SYSTEM

EpicCare Link

I want to...

- Select a patient
- Create a referral**
- Place an order
- Schedule an appointment

2. Click on **New Referral** to complete referral request , Select **Patient** or **Search**

Clinical Review
Patient Profile
Orders
Referrals/Claims
New Referral
Referral by Member
Referral Search
Scheduling
Reporting

Search My Patients

Name or MRN:

Additional search criteria

My Patients Recent

PATIENT NAME	MRN	DOB	Sex	Street Address	City
AMBBEACON,OP INFUSION	55662626	6/6/1964	F	1298 BEACON WAY	SOBIESKI
AMBULATORY,ANGELA	55666317	5/17/1978	F	111 Main St	OAKLEY

3. Complete referral information as per your workflow.

New Referral

General Diagnoses/Procedures

General Information

Referral #: 1986024 Status: New Request
 PCP: BOLLUM, STEVEN J [345] Insurance: PREVEA 360 HEALTH PLAN / HMO HEALTH PLAN (10232)
 Priority: Routine Type: (none)
 Class: Outgoing Reason: (none)
 Precertification #: Authorization #:
 Number of visits: 1 Expiration date:
 Start date:

Referral By (It is required to fill in at least one item in this section)
 Provider: Location/POS:

Referral To (It is required to fill in at least one item in this section)
 Provider: Department: Location/POS:
 Dept. specialty: Prov. specialty:

4. Note/Attachments can be attached to the Referral Request, when completed Click 

Referral by Member ▶ **Referral Details** ▶ **Add Referral Note/Attachment**

Enter a referral note below. You must enter at least a **Note summary** or a **Note**. You may attach a file to the referral note by clicking the **Browse** button next to the **Attachment** field.

New Referral Note

Note type:

Note summary:

Note:

Attachment:

10.0 MB total allowed
Allowed file types: JPEG, PDF, DOC, TIFF, TIF, JPG

Review/Update Current Referrals with a Note/Attachment

1. Referral by Member – Select Referral ID (Filter by All Referrals and Active)

Referral by Member

View Option:

Click on the referral ID to view more information about that referral

Search Results: 8 referrals found

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
1986024	PREVEA 360 HEALTH PLAN	SANDAGER, THOMAS	A&K CRUST WALKER PT	NEW	02/20/2018		02/18/2018
1986017	PREVEA 360 HEALTH PLAN	SANDAGER, THOMAS	MAN AUDIOLOGY	NEW	02/19/2018	02/28/2018	02/18/2018

2. Referral Search – Set filters to locate specific referrals , by specific criteria.

Referral Search

Incoming Outgoing

Provider

- Poirier, Linda, APNP
- Sandager, Thomas, MD
- Stepp, Nathaniel, DO
- Select all 1/3

Referral Status

- 1st Call
- 2nd Call
- 3rd Call
- Accepted
- Authorized
- Canceled
- Closed
- Completed
- Denied
- Incomplete
- Ins Denied, Pt Accepts
- INS PENDING
- New Request
- Open
- Pending Review
- RETURNED CALL
- (none)
- Select all 17/17

Creation Dates



From:


To:

Scheduling Status

- All Visits Complete
- All Visits Scheduled
- Appointment Canceled

3. View Referral Report and add notes/attachment.

Referral Search ▶ **Referral Details**  

 Add Note/Attachment

Referral Referral # 1986015

Patient-Friendly Report
Click to display Patient-friendly Report

Referral Information

Referral # 1986015	Creation Date 02/18/2018	Referral Status New Request	Status Update 02/18/2018: Status History
Status Reason none	Referral Type Consultation	Referral Reasons Specialty Services	Referral Class Internal
To Specialty Breast Surgery	To Provider none	To Location/POS none	To Department none
To Vendor none	Referred By Linda Poirier, APNP	By Location/POS ST JOHN'S HOSPITAL SPRINGFIELD	By Department IL CID HSHS EPICCARE LINK
Priority Routine	Start Date 02/18/2018	Expiration Date 03/18/2019	Referral Entered By Cidnonclinmanaged Link
Visits Requested 1	Visits Authorized 1	Visits Completed 0	Visits Scheduled 0

Procedure Information

Procedure	Modifiers	Provider	Requested	Approved
REF10 - AMB REFERRAL TO BREAST SURGERY			1	1

Diagnosis Information

Diagnosis 477.9 (ICD-9-CM) - J30.0 (ICD-10-CM) - Vasomotor rhinitis
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Referral Order

Order
[AMB REFERRAL TO BREAST SURGERY \(Order # 51898415\) on 02/18/2018](#)
[View Encounter](#)