

### Provider Referral Portal User Instructions

| What is the Provider Referral Portal? | The Provider Referral Portal is a tool for all providers to submit online referrals for members enrolled in plans that require referrals to specialty care.                                     |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Where is it located?                  | Visit the <b>providers</b> section at <b>hpiTPA.com</b> to access the Provider Referral<br>Portal. A link to the portal is located in the left navigation menu and top main<br>navigation menu. |
| What if I have questions?             | Email healthplansreferralrequest@healthplansinc.com.                                                                                                                                            |

### Logging In

- 1. Go to the Providers section at hpiTPA.com
- 2. Click **Log in to Referral Portal** from the top main navigation menu.



- On the login page, enter the User ID and Password provided to you via secure email from HPI.
- 4. Check "I'm not a robot."
- 5. Click Submit.

| Home > Providen: > Referral Portal > Log in to the Referral Portal                                                                             | TRANSLATE                     |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
|                                                                                                                                                | <b>b</b> bing                 |
| Log in to the Referral Portal                                                                                                                  |                               |
| Log in to the Referral Portal with your email address and password below. After logging in, be s<br>group in the Member Policy Group dropdown. | ure to select the appropriate |
| If you have not already registered, visit Get Registered to download the Referral Portal Access                                                | Form.                         |
| User ID                                                                                                                                        |                               |
|                                                                                                                                                |                               |
| Password                                                                                                                                       |                               |
| For added security, please complete the recaptcha below.                                                                                       |                               |
| I'm not a robot                                                                                                                                |                               |
| Submit >                                                                                                                                       |                               |
| Forgot your password?                                                                                                                          |                               |



# Provider Referral Portal User Instructions

### **Create a New Referral**

1. Enter the member's ID number and date of birth, then select the member's Policy Group from the dropdown menu.

All fields marked with an asterisk (\*) are required.

- 2. Click Proceed.
- 3. The member you have searched will display.

Click the radio button to confirm your selection.

- 4. Click Proceed, again.
- 5. The referral form will be pre-populated with member demographic information.

Complete the remaining form fields, then click **Submit Referral**.

Your confirmation page will display.

6. You'll be able to print a copy of the referral for your records, or continue to enter another referral for the same member.

|                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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# Provider Referral Portal User Instructions

#### Search/Edit Existing Referrals

- 1. After you have logged in and selected your member, click **Search/Edit Existing Referrals**.
- 2. Search for the referral by entering any of the identifiers, then click **Search Referral(s)**.
- 3. The referrals created by you will be displayed.
- 4. To view the referral, click the blue confirmation number.
- 5. Make edits to the referral as you would with a new form.
- Add a note in the comment field box indicating the change that you made to the existing referral.
- 7. Click Update Referral.
- Please note: you may also delete a referral that was entered in error: click Delete Referral. To complete the deletion, you must click Leave this page in the pop-up message.
- 9. Your confirmation page will display.
- 10. You may print a copy of the referral for your records.

| Member Date of Birth (DoB)*                                             |                        |                 |  |
|-------------------------------------------------------------------------|------------------------|-----------------|--|
| November 👻                                                              | 8 🗸 1961               |                 |  |
| Member Policy Group*                                                    |                        |                 |  |
| 006858 - BMC HEALTHNET                                                  |                        | ~               |  |
| HHA000000-11/8/1961-Do     Proceed     Search/Edit Existing Referrals ( |                        |                 |  |
| Log out                                                                 | Search For Submitted R | leferrals       |  |
| Log out 🕨                                                               | Search For Submitted R | Submission Date |  |

| Confirmation<br>Number | Member<br>Id | Name | Referred From<br>Provider | Referred To<br>Provider | Start<br>Date | End<br>Date | Submit<br>Date | Statu  |
|------------------------|--------------|------|---------------------------|-------------------------|---------------|-------------|----------------|--------|
| 000000026              |              |      |                           | Dr. Smith               | 12/12/2017    | 12/15/2017  | 12/12/2017     | New    |
| 000000025              |              |      |                           | test                    | 12/12/2017    | 12/13/2017  | 12/12/2017     | New    |
| 000000024              |              |      |                           | Dr. Smith               | 12/9/2017     | 12/21/2017  | 12/8/2017      | Edite  |
| 000000023              |              |      |                           | Hospital                | 12/6/2017     | 12/8/2017   | 12/6/2017      | Edited |

| Adding 3 more visits.               |                |
|-------------------------------------|----------------|
|                                     |                |
| Comments History:                   |                |
| 1/24/2019 9:54:56 AM                |                |
|                                     | /              |
| Update Referral > Delete Referral > | Cancel Changes |
|                                     |                |

| Comments History:                     |                                                                        |
|---------------------------------------|------------------------------------------------------------------------|
| 1/24/2019 9:54:56 AM                  | Windows Internet Explorer                                              |
|                                       | Are you sure you want to leave this page?                              |
|                                       | Message from webpage:                                                  |
| Update Referral > Delete Referral >   | Are you sure you want to leave the page? Pending changes will be lost. |
| Go Home > Log out >                   | → Leave this page                                                      |
|                                       | → Stay on this page                                                    |
|                                       |                                                                        |
| Edited Referral Submission C          | Confirmation                                                           |
| hank you! We have received your refer | ral submission change(s).                                              |
|                                       | 128                                                                    |
| our confirmation number is: 00000000  |                                                                        |

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