Create Care Program Referrals
On the ProviderVista Platform

A new feature of ProviderVista allows providers to submit a Care Management referral on behalf of their patients. From the various Clinical Insights screens, you can see data related to your patients, our members, and see who is helping manage their care (under **Managed By**) as well as their **Care Management Status**.

You can initiate a referral workflow by opening the drop-down menu on any of the six screens for Clinical Insights.

Managed By may display:
- **Care Partner** – The member is in a care program managed by a care partner. A care partner is typically a company that works with Florida Blue to help manage specific aspects of a member's care (e.g., CareCentrix, Lucet for Behavioral Health, etc.).
- **Florida Blue** – The member is in a care program managed by Florida Blue.
- **+** - If you see the **+** next to one of the above Managed By statuses, the member's care management falls under both categories. Hover over the status to view the details.

Care Management Status may display:
- **Referred** – A member is on a target list for care management, which is the first point of entry for anyone who could be involved with a care program.
- **Attempted** – The entity assigned for care management has confirmed an attempt to reach the member.
- **Engaged** – The entity assigned for care management has connected with a member and that member has enrolled/engaged in the program.
- **Targeted** – This recent addition indicates a member has been identified, but not yet referred to Florida Blue's Care Management Team for potential outreach.

Submitting a referral for a care program through ProviderVista places a member on the Florida Blue Care Management team's outreach list. The team will then prioritize the member you referred and attempt outreach within two business days of receiving the referral.

The steps describing the referral process are listed below:
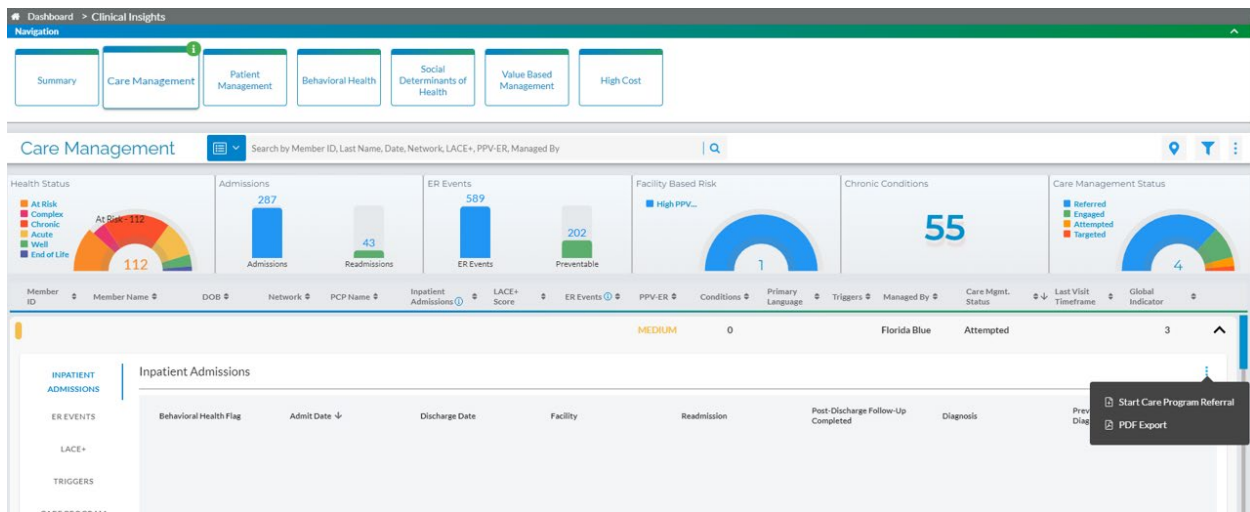
To place the member on the Florida Blue Care Management Team's outreach list, click on the member to view the details. Three dots will appear on the right-hand side where you can then select "Start Care Program Referral." (See the image above.)

The workflow will then open. Please note you must complete the screens shown below before submitting. After completing all screens, you can review and submit the referral. As the member progresses, you will notice a corresponding status change under care management status.
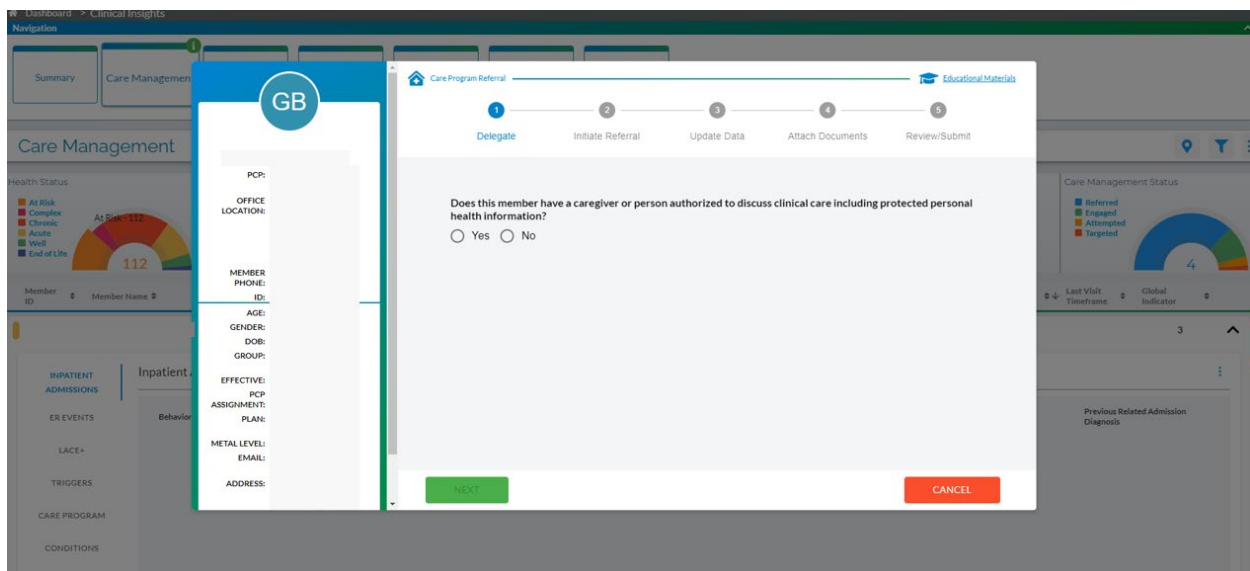
Delegate — 2 **Initiate Referral** — 3 Update Data — 4 Attach Documents — 5 Review/Submit

Does your patient have Behavioral Health needs you would like us to know? *

◯ Yes   ◯ No

Patient is experiencing barriers related to:

☐ 🎓 Education & Literacy — Education & Literacy is the degree to which individuals have the capacity to process and understand basic health information

☐ ⚙ Occupational Risk — Occupational Risk is the likelihood that an injury or illness will occur as a result of exposure to workplace hazards

☐ 🏠 Housing & Economic Circumstances — Housing & Economic Circumstances are problems affecting a patient based on their living arrangements or income stability

☐ 💼 Employment & Unemployment — Employment & Unemployment are barriers wherein household income can affect decisions concerning the patient's well-being

☐ 🌐 Physical Environment — Physical Environment are harmful environmental exposures such as polluted air, contaminated water, and extreme heat

Please share any other barriers or additional information you would like us to know about this patient.

[text area]

Up to 240 characters

BACK   **NEXT**   **CANCEL**

Delegate — **Initiate Referral** — 3 **Update Data** — 4 Attach Documents — 5 Review/Submit

Referring Personnel Information

Name *

[input]

Phone *

[input (000) 000-0000]

Ext

[input 00000]

Email

[input]

Patient Information

☐ Patient is aware of referral

Preferred Language

◉ English   ◯ Spanish   ◯ Other

Race

[dropdown]

Ethnicity

[dropdown]

Most Recent Date of Service

[input mm/dd/yyyy 📅]

Patient's Telephone

[input (000) 000-0000]

*Patients are usually contacted within 2 business days of receipt of referral

BACK   **NEXT**   **CANCEL**

PCP:
OFFICE LOCATION:
MEMBER PHONE:
ID: -
AGE:
GENDER:
DOB:
GROUP:
EFFECTIVE:
PCP ASSIGNMENT:
PLAN:
METAL LEVEL:
EMAIL:
ADDRESS:

KK

Care Program Referral

Delegate — Initiate Referral — Update Data — Attach Documents — Review/Submit (5)

Patient has Behavioral Needs?
No

Patient Knowledge of Referral
No

Social Determinants of Health
Education & Literacy
Housing & Economic Circumstances

Preferred Language
English

Referring Personnel Name
Test

Referring Personnel Phone Number
(126) 546-9879

BACK   SUBMIT   CANCEL