RAE Module Handbook

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Introduction

What's the purpose of this handbook

The **Referrals and Encounters (RAE) module** is a comprehensive management suite for patient, encounter, and referral data.

The purpose of this handbook is to guide you through accessing and utilizing the **RAE module** (Patients, Encounters, Referrals, and Admin sections) within the **Evoke360** platform.

It is recommended to review the entire **Table of Contents** to familiarize yourself with the sections covered in the Handbook. This will help you navigate the content more efficiently and ensure you don't miss any important sections.

How to enable permissions

If you do not see the **RAE module** within the main Menu, it is likely because you do not have the correct user role and/or permissions. Please contact your system administrator or DataLink Customer Support to enable your organization's correct user role and permission settings.

Disclosure Statement

The content and features detailed in this handbook may differ from those in the Evoke360 platform.

The functionality and visibility of the module in the application are dependent upon your assigned user role, permissions, and/or organization's settings. Therefore, your access may be limited or restricted based on your user profile.

Please contact your system administrator or the DataLink Customer Support team if you require additional permissions or have any questions on your access rights.

DataLink Customer Support

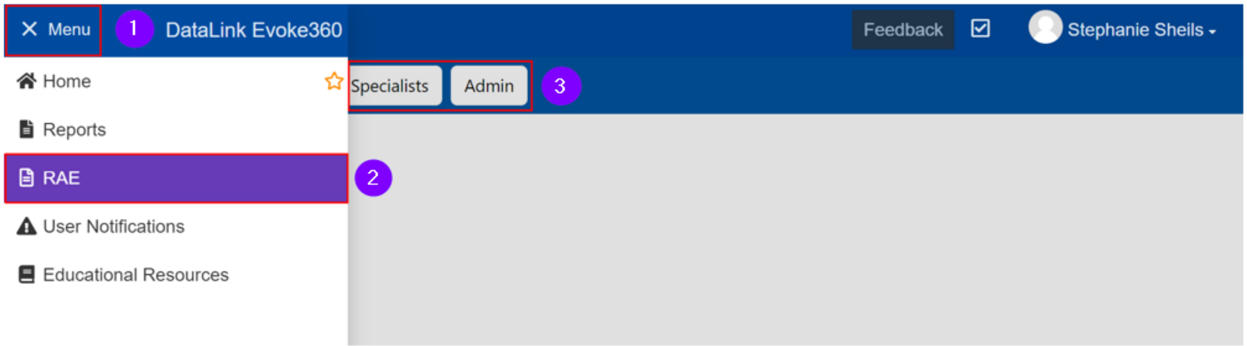
Call us at: (888) 636-8175, then press 1
Email us at: productsupport@datalinksoftware.com
Check out our Help Center at: https://datalinksoftware.zendesk.com/hc/en-us

How to access the RAE module

Through the main menu

You can access the **RAE module** through the main Menu, which is available at the upper-left corner of the application.

1. Click **Menu** (1),
2. Select **RAE** (2),
3. Choose a **section** (3) from the set of tabs.



Main Menu (1) > RAE (2) > Available tabs (3).

What's the RAE module functionality

Here's the overview

After selecting **RAE** from the main Menu, you will immediately notice a set of tabs along the top of the module's page.

The RAE tabs include the following sections: *Encounters*, *Referrals*, *Patients*, *Specialists*, and *Admin*. These tabs allow you to toggle between the different sections of functionality available.

Available RAE tabs/sections.

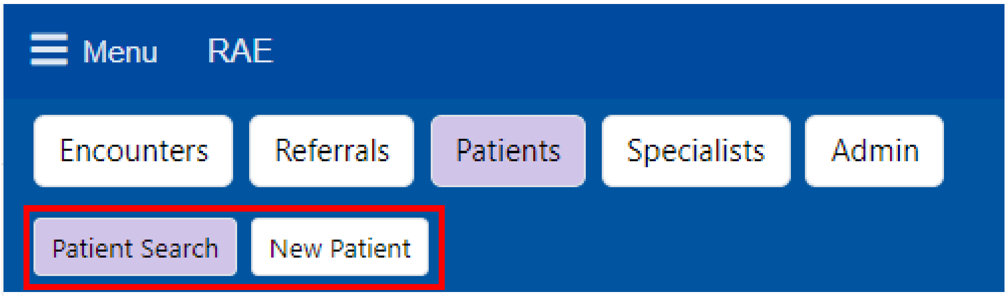
Understanding the RAE sections

The following table outlines each section/tab with a description of the available functionality.

Section	Description
Patients	You can perform a patient search, view their demographic and health information, and/or make modifications to their data. You can add new patients, add their subscriber/insurance records, and designate one or more centers and their preferred provider.
Encounters	You can create new patient encounters, submit them to your designated Clearinghouse or to EZClaim (dependent upon client implementation), and track their progress. You can also review, update, copy, omit, and resubmit past encounters. **Note**: Past encounters cannot be edited except to submit an addendum claim.
Referrals	You can create new patient referrals, submit them to your designated Clearinghouse or designate as an Internal Referral, and track their progress. You can also view, update, copy, omit, and resubmit past referrals. **Note**: Past referrals in the accepted state cannot be edited.
Specialists	You can perform a specialist search, as well as view their location and provider details. You can add new specialist groups and utilize them when creating new referrals.
Admin	You can search, review, add, and update centers, search, review, add, update, and delete PCPs, Payers, Lines of Business, and Fee Schedules, and more.

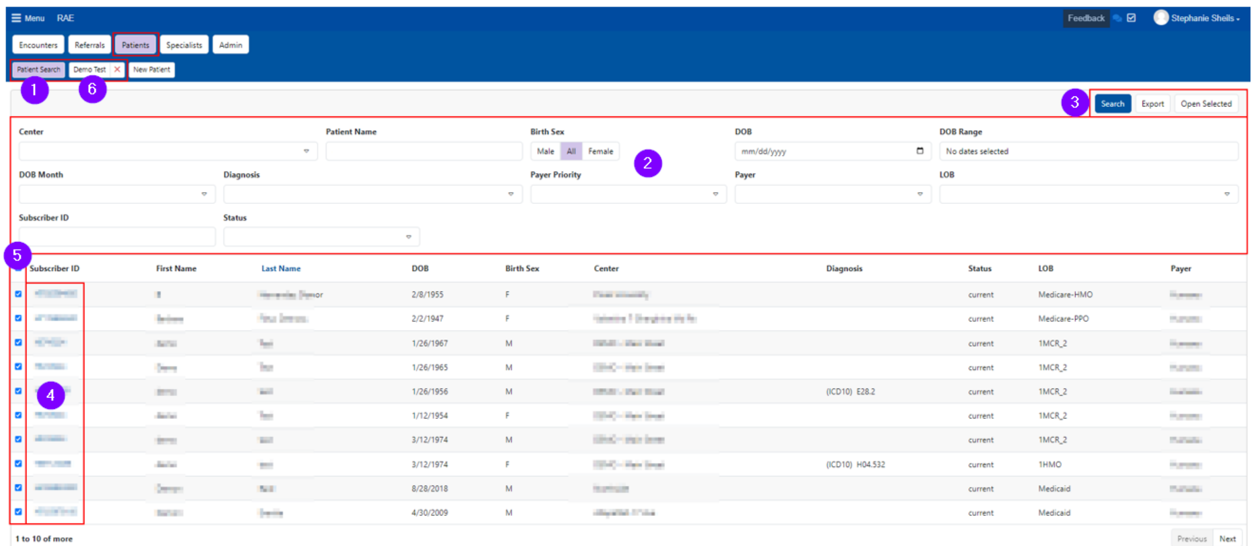
Patients

The **Patients** tab section has two available functionalities: *Patient Search* and *New Patient*.



Patients > Patient Search & New Patient.

What's the Patient Search functionality



Overview of the Patient Search page.

How to perform a patient search

The *Patient Search* page displays filter fields, a patient grid, and an export option.

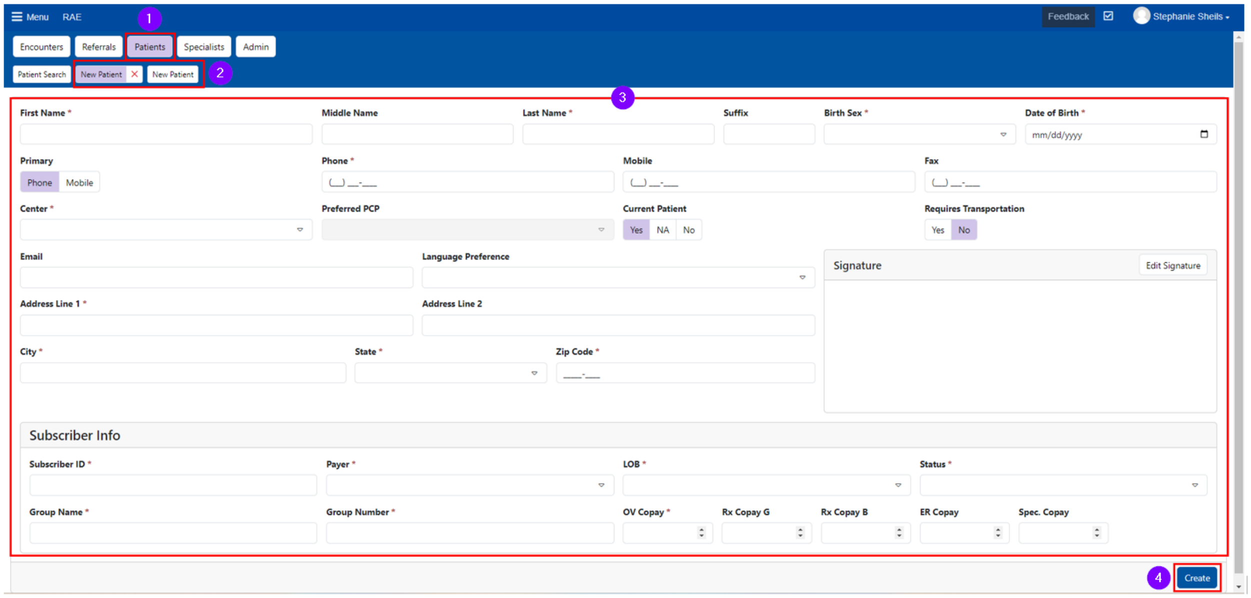
1. Select **Patients** > **Patient Search** (1) from the top tabs,
2. Complete desired filter fields (2),
3. Click from the following action buttons (3):
    a. **Search** to display the results in patient grid,
    b. **Export** to export the results from the patient grid,
    c. **Open Selected** to open the selected patients from the patient grid.

How to open a patient from the patient grid

To open a patient from the patient grid, you can either:

1. Click on the **hyperlinked *Subscriber ID* number** (4),
    a. Review patient page opened in the **patient tab** (6),
    b. Click **X** to close, or
2. Tick the respective **checkbox(es)** or the **top checkbox** to *Select All* (5),
    a. **Pro Tip**: Click the top checkbox to *Select All*, then deselect from there to save time.
3. Click **Open Selected** from the action buttons (3), and
    a. Review patient page(s) opened in the **patient tab** (6),
    b. Click **X** to close.

What's the New Patient functionality



Overview of the New Patient page.

How to add a new patient

The *New Patient* page presents a series of patient demographic fields, including *Center, Preferred PCP,* and *Subscriber Info*. You must click the **Create** button to add the new patient to the RAE.

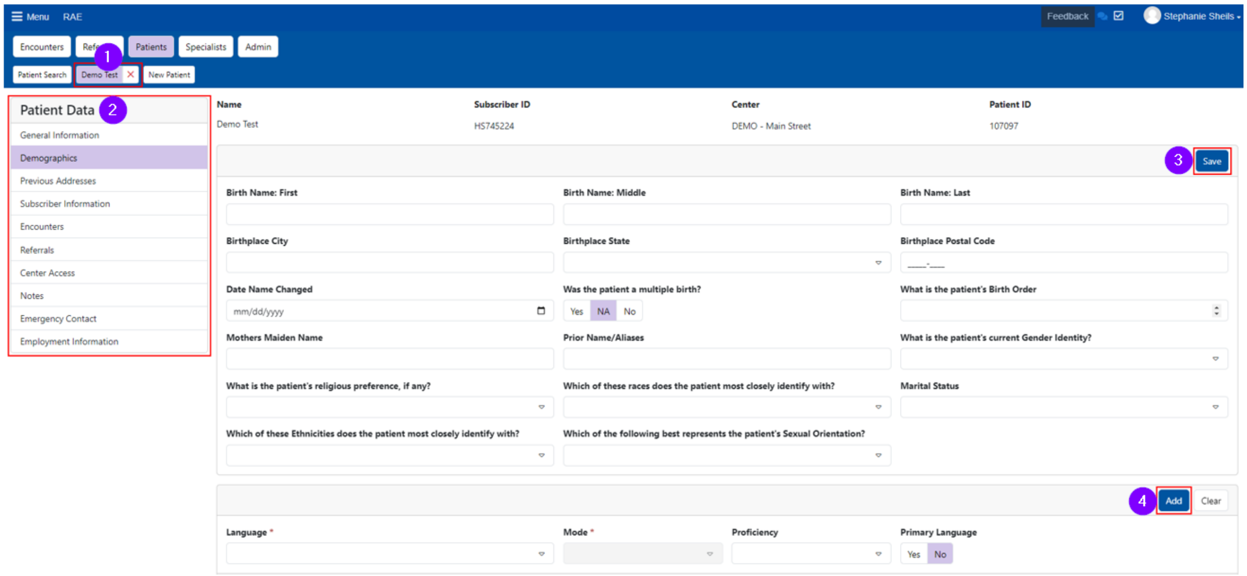
1. Select **Patients** (1) from the top tabs,
2. Click *New Patient* (2), or
    a. Click **X** to cancel.
3. Complete required fields (3),
4. Click **Create** (4) to save.

How to review or update a patient

A patient's page includes several **Patient Data** sections [detailed below](#): *General Information, Demographics, Previous Addresses, Subscriber Information, Encounters, Referrals, Center Access, Notes, Emergency Contact,* and *Employment Information.*

From the **Patient Search** [grid](#),

1. Click the ***Subscriber ID* hyperlink** or the **Open Selected** button of a selected patient(s) to open the patient's page in a new tab (1),
    a. Click **X** (1) to close.
2. Click through the **Patient Data** sections (2) located in the left menu,
3. Review/Update any permittable field in the selected **Patient Data** section,
4. Click the **Save** (3) and/or **Add** (4) buttons to save/add any changes.



Overview of a selected patient's page.

[Back to What's the New Patient Search functionality](#)

Understanding the patient data sections

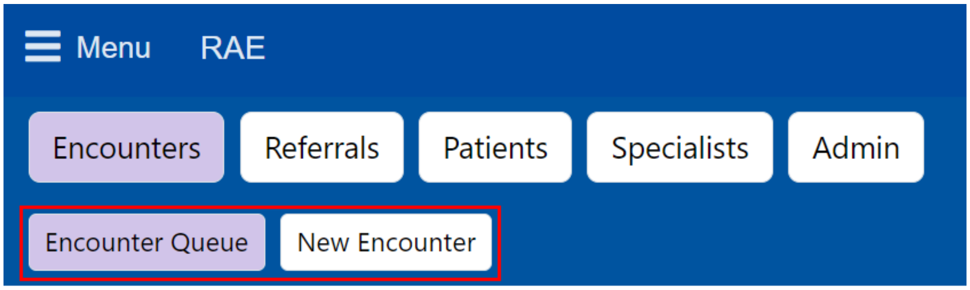
The following table outlines each section/tab with a description of the available functionality.

Section	Description
General Information	Contains basic patient data such as their name, contact information, home center, home center effective date, preferred PCP, transportation resources, and more.
Demographics	Contains patient demographic data, including family information and primary language information.
Subscriber Information	Contains a grid listing the patient's payer data and the ability to create or edit subscriber records.
Encounters	Contains a grid listing encounter data. You can also add an encounter for the patient directly from this tab. **Note**: Past encounters cannot be edited except to submit an addendum claim.
Referrals	Contains a grid listing referral data. You can also add a referral for the patient directly from this tab. **Note**: Past referrals in the accepted state cannot be edited.
Center Access	Allows you to set which centers the patient is or has been previously assigned to. Home Center must have an effective date to be updated.

Back to How to review or update a patient

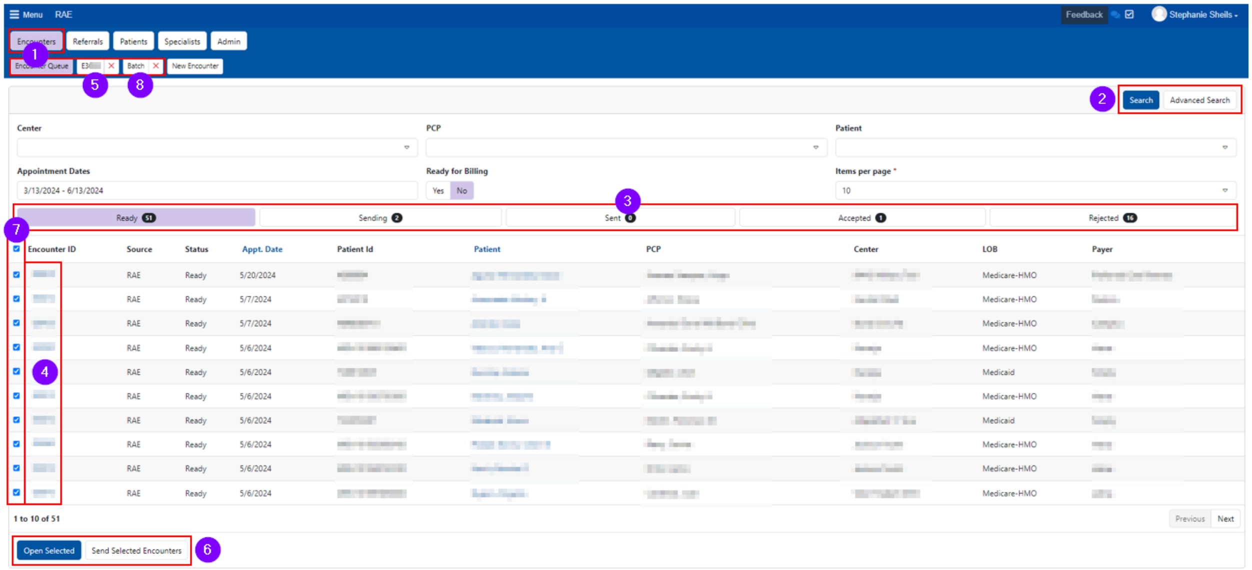
Encounters

The **Encounters** section has two tabs: *Encounter Queue* and *New Encounter*.



Encounters > Encounter Queue & New Encounter.

What's the Encounter Queue functionality



Overview of the Encounter Queue.

How to perform an encounter search

The *Encounter Queue* page contains multiple queues, each corresponding to a specific encounter status.

1. Select **Encounters** > **Encounter Queue** (1) from the top tabs,
2. Complete the search field options (2), if desired,
    a. Click **Search** to display the results in patient grid, or
    b. Click **Advanced Search** to complete additional search field options, if desired,
        i. Click **Export** to export the results based on the filters selected, or
        ii. Click **Clear** to clear filters selected.
3. Select a queue (3) to review the following encounter statuses: **Ready**, **Sending**, **Sent**, **Accepted**, or **Rejected**.

How to open an encounter from the encounter grid

To open an encounter from the encounter grid, you can either:

1. Click on the **hyperlinked *Encounter ID* number** (4),
    a. Review encounter opened in a tab (5), or
2. Tick the respective **checkbox(es)** or the **top checkbox** to *Select All* (7)
    a. **Pro Tip**: Click the top checkbox to *Select All*, then deselect from there to save time.
3. Click **Open Selected** from the action buttons (6),
    a. Review encounter(s) opened in a tab (5),
    b. Click **X** to close.

How to send encounters in a batch

To send selected encounter(s) to the next available status,

1. Tick the respective **checkbox(es)** or the **top checkbox** to *Select All* (7)
    a. **Pro Tip**: Click the top checkbox to *Select All*, then deselect from there to save time.
2. Click **Send Selected Encounters** from the action buttons (6):
    a. Click **OK** to confirm the batch,
    b. Review the **Batch** tab once completed (8):
        i. **Batch** tab includes the following fields: *Encounter ID, Center, PCP, Subscriber ID, Subscriber, Appt. Date, Payer, Status, Response, Requested date/time,* and *Responded date/time.*
    c. Click **X** to close.

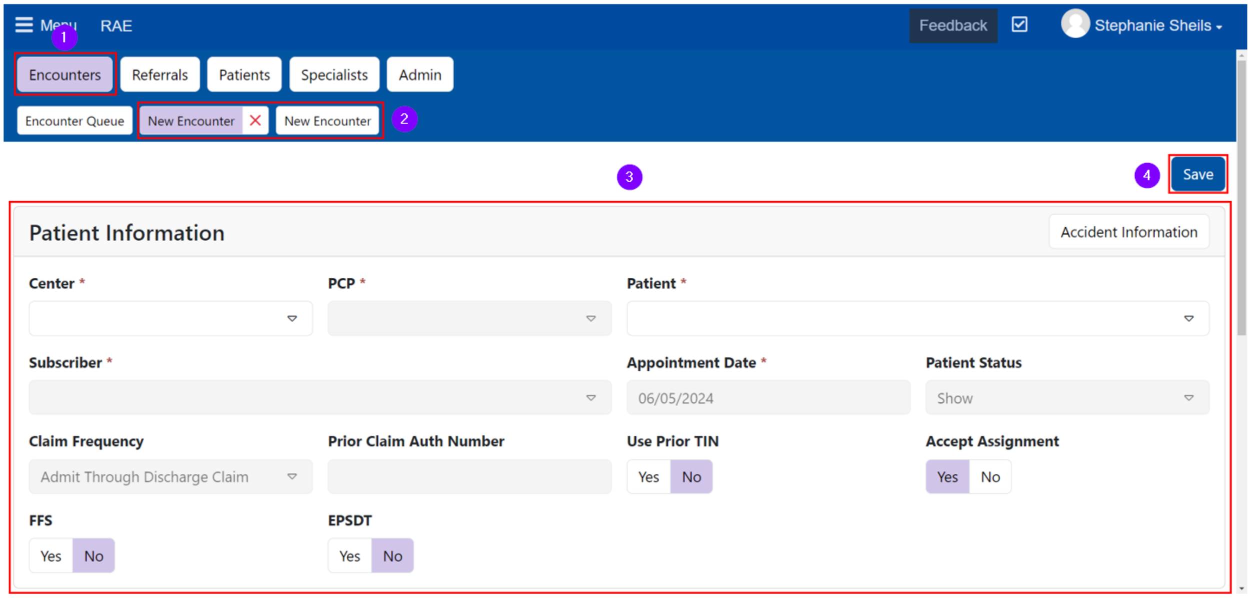
Note: Encounters within the batch that have their **FFS toggle = No** and are *not* in the “Accepted” status will submit to your designated Clearinghouse. Encounters within the batch that have their **FFS toggle = Yes** and are *not* in the “Accepted” status will update to “Accepted” and either become a records-only Encounter or will transmit to EZClaim, dependent upon your configuration. Encounters that are incomplete and cannot be “Sent” or marked “Accepted” will result in an error returned by the system.

Understanding the Encounter queues

The following table outlines each queue/status with a description of the available functionality.

Queue	Description
Ready	Contains all encounters that ready for editing and submission of *Ready for Billing* state. Encounters that have been set to *Ready for Billing* can be included or excluded in the results depending on the response selected in the **Ready for Billing toggle**.
Sending	Contains any encounters that have experienced a system error when submitting. These encounters will “retry” to send each evening.
Sent	Unused queue.
Accepted	Contains all encounters accepted by your designated Clearinghouse or automatically set to *Accepted* due to the **FFS toggle = Yes**.
Rejected	Contains all encounters rejected by your designated Clearinghouse.

What's the New Encounter functionality



Overview of the New Encounter page.

How to create a new encounter

Encounters can be created through multiple processes, automatically and manually.

1. Automatically created when an Evoke360 Evoke SmartVisit (ESV), which is an Annual Wellness Visit, is completed in environments that are authorized to create encounters,
2. Automatically imported from third parties, such as eClinicalWorks (eCW), and/or
3. Manually created via the process below.

To manually create a new encounter,

1. Select **Encounters** (1) from the top tabs,
2. Click the *New Encounter* tab (2), or
    a. Click **X** to cancel.
3. Complete required fields (3),
    c. **Pro Tip**: To enable the required **PCP** field, you can enter a value in the **Center** field, or select a patient from the **Patient** field, which will automatically set the **Center** field to their home center.
4. Click **Save** (4) to create.

Note: If a Tax ID has changed, you may select the most recent *prior* Tax ID value for a Center with the **Use Prior TIN toggle**. When this is selected, the Encounter will be submitted under the most recent previous Tax ID instead of the current Tax ID.

How to indicate an encounter is fee-for-service

For centers who utilize a Practice Management system, EZClaim, or other billing system, the designation of Fee-For-Service can be made by selecting **FFS toggle = Yes**.

Fees per procedure are automatically populated based on the combination of center, payer, and active fee schedules when a fee schedule exists in ***Admin > Fee Schedule***.

1. Where the Center is connected to an EZClaim database and application, the data from the encounter will copy into EZClaim when the user clicks **Send** and the **FFS toggle = Yes**. The encounter will automatically update to a status of *Accepted*.

2. Where the Center is connected to an your designated Clearinghouse B2B account and DataLink has been provided those credentials, then the data from the encounter will process the same as when the **FFS toggle = No** via your designated Clearinghouse.

3. Where the Center does not provide a B2B account AND does not use EZClaim, then the data from the encounter will be marked *Accepted* and will not be transmitted outside of the RAE.

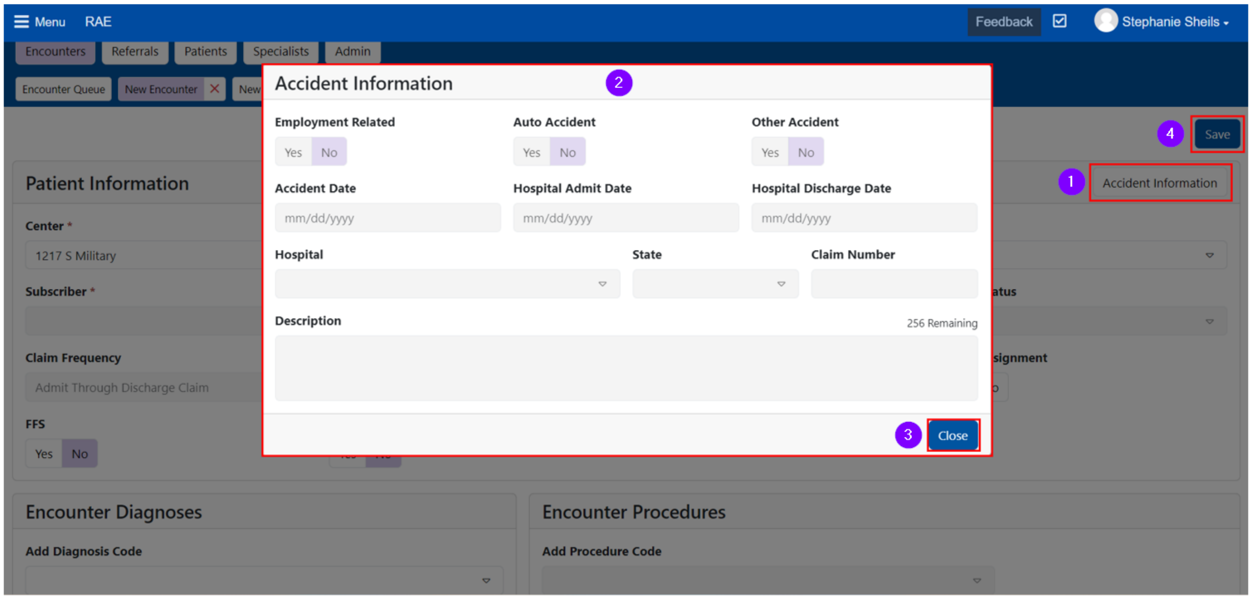
4. Where an Encounter's **FFS toggle = No** and the Center leverages the DataLink Clearinghouse account, then your designated Clearinghouse will process Humana Medicare Advantage only; otherwise, a B2B account must be provided to DataLink for processing payers outside of Humana Medicare Advantage.

Back to the top of What's the New Encounter functionality

How to add accident information

If the encounter was related to an accident,

1. Click the **Accident Information** button (1),
2. Complete the fields of the *Accident Information* modal (2),
3. Click **Close** (3) to close the modal,
    a. A check mark will appear to the right of the **Accident Information** button.
4. Click **Save** (4).



Overview of Accident Information modal.

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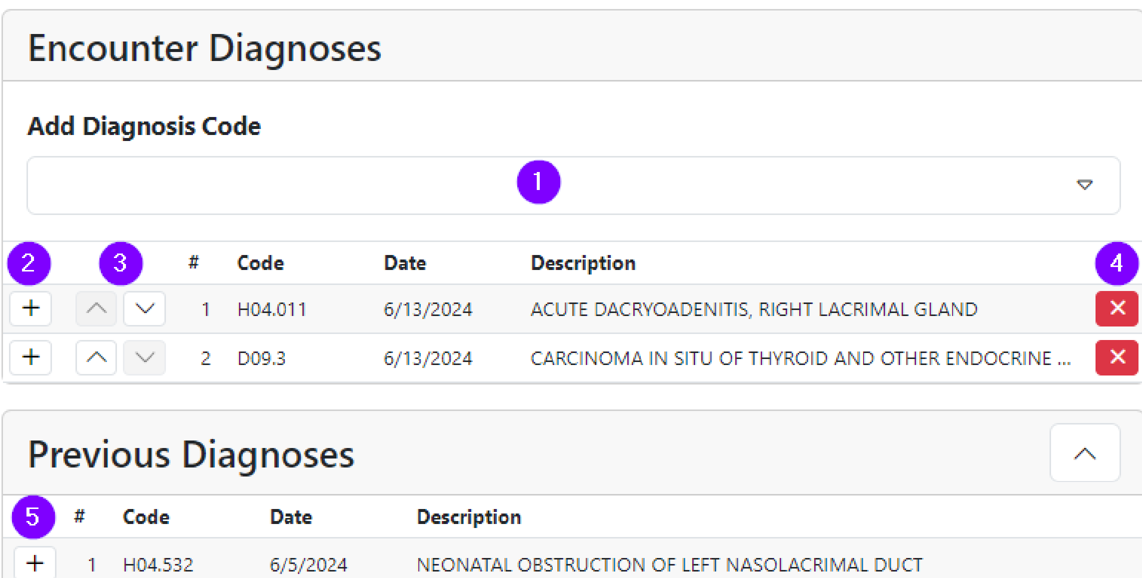
How to add diagnoses

You can use the **Add Diagnosis Code** search functionality in the **Encounter Diagnoses** section to add diagnosis codes to the encounter.

If the RAE detects any previous diagnosis codes attached to the patient's health record, then it will display them in the **Previous Diagnoses** directly underneath the **Encounter Diagnoses** section of the form.

1. Click the **Add Diagnosis Code** field (1) to search for specific diagnosis codes:
    a. Enter at least three characters to populate dropdown options,
    b. Select the diagnosis to add diagnosis code to the grid.
2. Review the diagnosis *#*, *Code*, *Date*, and *Description* row in the grid:
    a. Click the **+** (2) to add the diagnosis to **Procedure Diagnoses** (**Procedure** Diagnoses is in edit mode of a selected procedure in the [Encounter Procedures](#) section),
    b. Click the **^ v** (3) to move the diagnosis up or down the list,
    c. Click the **X** (4) to remove the diagnosis from the grid.
3. Click the **+** (5) next to the diagnosis from the **Previous Diagnoses** section to add it to the **Encounter Diagnoses** section.



The Encounter Diagnoses and Previous Diagnoses sections.

[Back to the top of What's the New Encounter functionality](#)

Additional information

To be expected, post-development: When the user clicks in the add diagnosis code box, any active problems previously processed for the patient will appear in the dropdown, grouped by HCC codes first and then all others. You may still search for a code that may not be in the patient's active problem list.

To add previous diagnosis codes to the encounter, you can simply double-click to add them to the grid. The order of the diagnoses can be changed to the appropriate priority order by moving any diagnosis up or down in the **Encounter Diagnoses** grid.

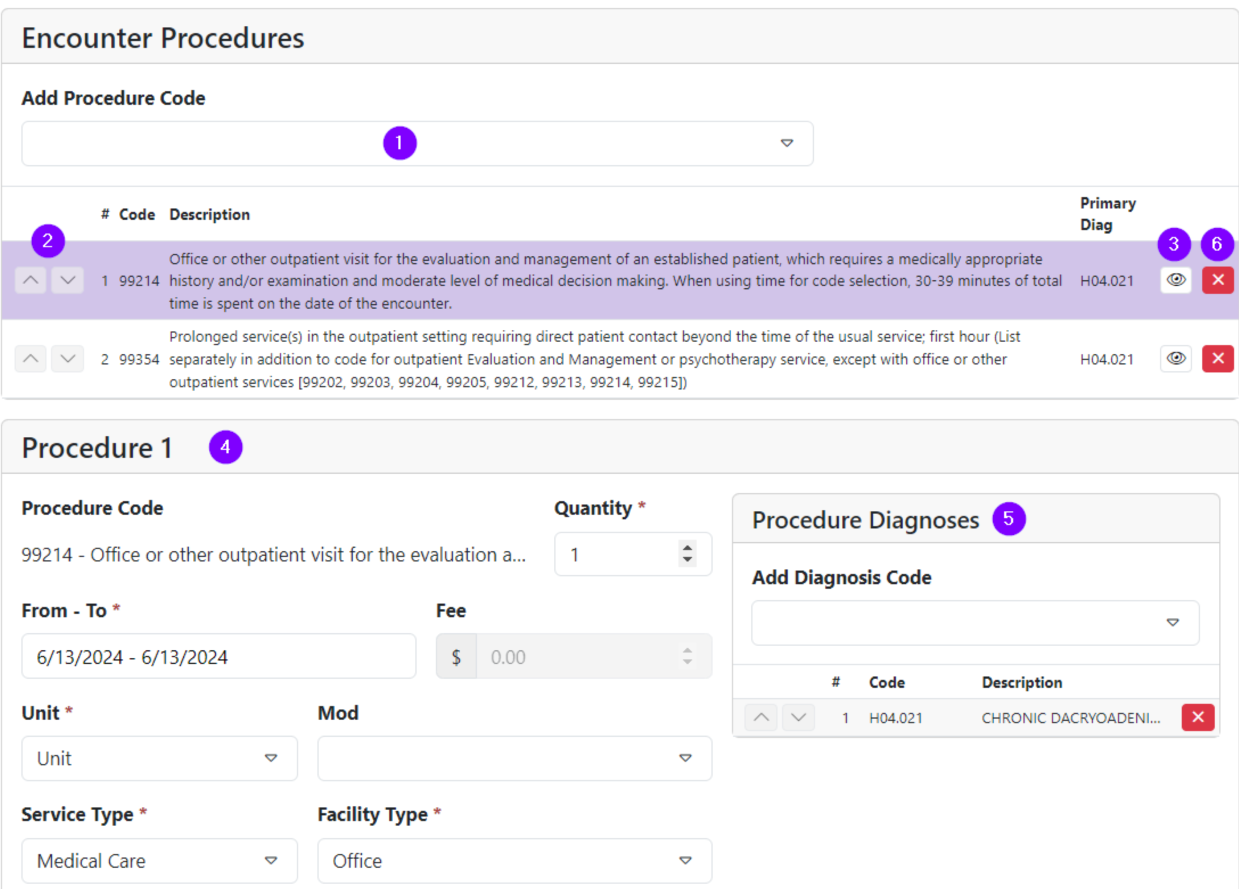
Finally, when editing an encounter where a diagnosis was added but has since expired, a notification will appear to indicate that the diagnosis code is no longer valid for submission.

[Back to the top of What's the New Encounter functionality]

How to add procedures

You can use the **Add Procedure Code** search functionality in the **Encounter Procedures** section to add procedure codes to the encounter. You can add procedure codes to the encounter only <u>after adding at least one diagnosis code</u>.

1. Click the **Add Procedure Code** field (1) to search for specific procedure codes:
    a. Enter at least three characters to populate dropdown options,
    b. Select the procedure to add procedure code to the grid.
2. Review the procedure #, *Code*, *Description*, and *Primary Diagnosis* row in the grid:
    a. Click the **^ v** (2) to move the procedure up or down the list,
    b. Click the **eye icon** (3) to display the **Procedure in edit mode** (4) below:
        i. Review/Complete all required fields,
        ii. Review/Edit **Procedure Diagnoses** (5).
    c. Click the **X** (6) to remove the procedure from the grid.



The Encounter Procedures section.

[Back to the top of What's the New Encounter functionality]

Additional information

Diagnosis codes added after the addition of a procedure code will then need to be reviewed for correlation to each procedure code. The first 12 diagnoses added prior to the addition of a procedure code will automatically add to the first procedure and the 1st diagnosis (only) will automatically attribute to additional procedure codes.

To be added, post-development: New up/down buttons in the procedure grid to change the order of the procedures, if needed. The primary procedure code will always update to list all diagnoses in the encounter, whereas any other procedures will default to the diagnosis in position 1 (1st diagnosis listed on encounter) but can be changed as needed. Any diagnoses added to a procedure will persist with the procedure when the order is changed using up/down buttons.

You must clarify the quantity, date of service, unit type, mod, service type, and facility type to proceed. If medication was involved in the procedure, then you may enter the NDC code, measure, quantity, and prescription information.

Note: NDC Code must be in the 5-4-2 format to save.

Finally, when editing an encounter where a procedure was added but has since expired, a notification will appear for the user indicating that the procedure code is no longer valid for submission.

You can add additional procedure codes by following the same process. When doing so, added procedures will appear at the bottom of the page.

You can set any procedure code as the primary one by clicking the **Make Primary Procedure** button.

[Back to the top of What's the New Encounter functionality]

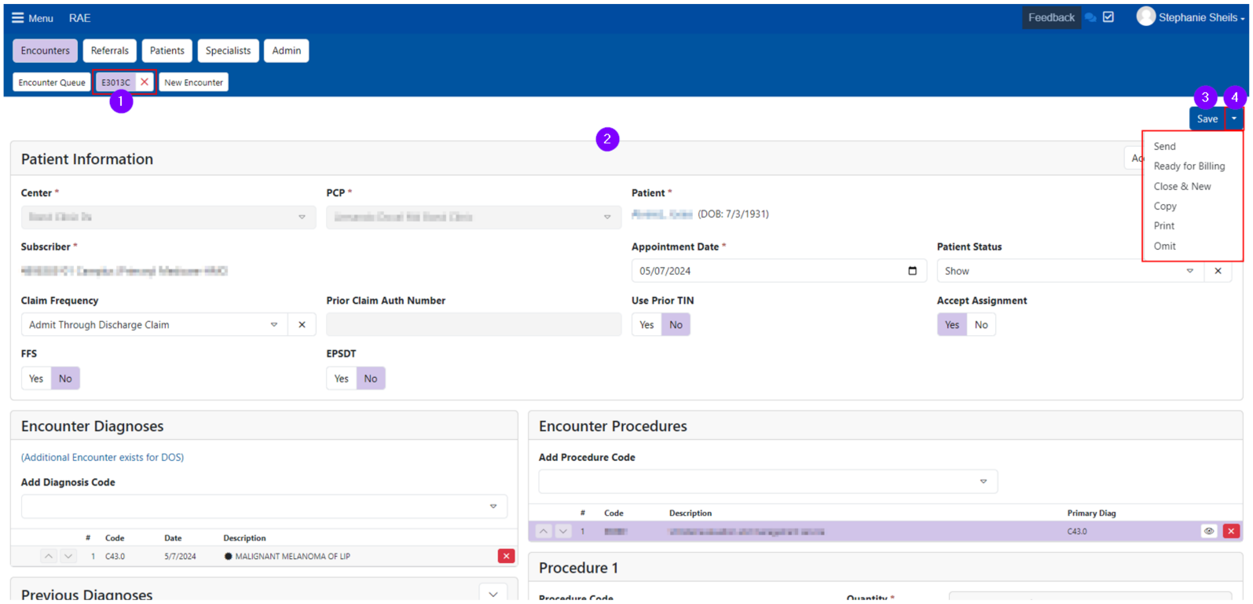
How to review or update an encounter

A maximum of 8 tabs may be opened at a time within **Encounters**. The encounter will appear in the appropriate queue based on the manual update, the response from your designated Clearinghouse, or by the automatic status updates.

Note: An Encounter's center, provider, and patient data cannot be edited after an Encounter is saved. Once an Encounter is in the "Accepted" status, the Encounter cannot be edited. Please review the copy, resubmit, and omit process for more guidance.

From the *Encounter Queue* grid,

1. Click the ***Encounter ID* hyperlink** or the **Open Selected** button of the selected encounter(s) to open the encounter(s) in a new tab (1),
    a. Click **X** to close.
2. Review/Update any permittable field (2) of the encounter,
3. Click **Save** (3) to save changes, and/or
4. Click the **arrow dropdown** (4) to select an **action**:
    a. **Send** - Sends the encounter to EZClaim or your designated Clearinghouse, depending on the center's implementation.
    b. **Ready for Billing** – Indicates the encounter is ready to be billed/sent.
    c. **Close & New** – Closes the open encounter and opens a *New Encounter* tab.
    d. **Copy** – Opens a copy of the encounter to modify and save as a new encounter.
    e. **Print** – Opens *Print Preview* page to print the encounter.
    f. **Omit** – Omits an incorrect encounter so that a copy can be created, updated, and saved with the correct information.



Overview of a selected encounter.

How to copy, resubmit, an omit encounters

If an encounter was created with the incorrect center, provider, or patient (including subscriber) data, then the encounter should not be resubmitted.

The electronic interface does not allow updates to center, provider, or patient data, so you must use the **Copy** and **Omit** action options to copy and resubmit the new, corrected encounter as well as omitting the original, incorrect encounter.

From the selected encounter,

1. Click the **arrow dropdown** to display the **action** options,
2. Click **Copy** to open a copy the encounter,
3. Modify the incorrect information in the copy,
4. Click **Save** to save the new, corrected version of the encounter,
1. Click **Send** to send the encounter to EZClaim or your designated Clearinghouse, depending on the center's implementation, if ready.

Once completed, return to the original encounter,

1. Click the **arrow dropdown** to display the **action** options,
2. Click **Omit** to omit the original encounter: "**Please Note**: Omitting this encounter will not update any third party systems and will remove the encounter from all RAE searches."

If an encounter is rejected due to standard errors, such as incorrect codes or modifiers, then you may:

- Change the "Claim Frequency" to "Replacement of Prior Claim"
- Proceed with corrections to the encounter
- Send or complete the encounter

Note: Encounters in the "Accepted" state may also be updated in this manner; however, neither your designated Clearinghouse nor EZClaim will accept the changes, and the edits will be stored in the RAE Encounter *only as a result*.

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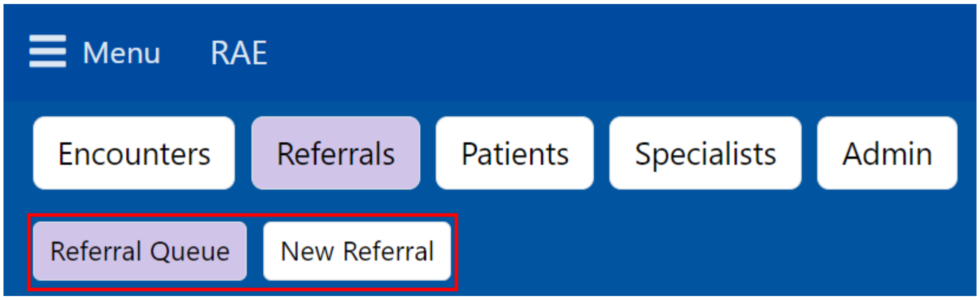
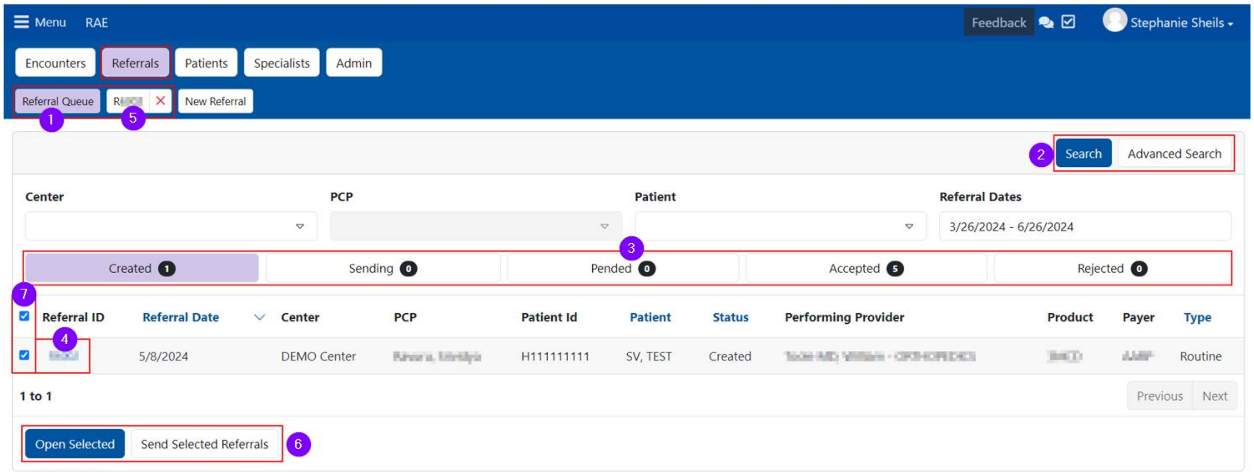
Referrals

The **Referrals** section has two tabs: *Referral Queue* and *New Referral*.



Referrals > Referral Queue & New Referral.

What's the Referral Queue functionality



Overview of the Referral Queue.

How to perform a referral search

The *Referral Queue* page contains multiple queues, each corresponding to a specific referral status.

1. Select **Referrals** > **Referral Queue** (1) from the top tabs,
2. Complete the search field options (2), if desired,
    a. Click **Search** to display the results in patient grid, or
    b. Click **Advanced Search** to complete additional search field options, if desired,
        i. Click **Export** to export the results based on the filters selected, or
        ii. Click **Clear** to clear filters selected.
3. Select a queue (3) to review the following referral statuses: **Created**, **Sending**, **Pended**, **Accepted**, or **Rejected**.

How to open a referral from the referral grid

To open a referral from the referral grid, you can either:

1. Click on the **hyperlinked *Referral ID* number** (4), and
    a. Review referral opened in a tab (5), or
2. Tick the respective **checkbox(es)** or the **top checkbox** to *Select All* (7)
    a. **Pro Tip**: Click the top checkbox to *Select All*, then deselect from there to save time.
3. Click **Open Selected** from the action buttons (6),
    a. Review referrals(s) opened in a tab (5).

How to send referrals in a batch

To send selected referral(s) to the next available status,

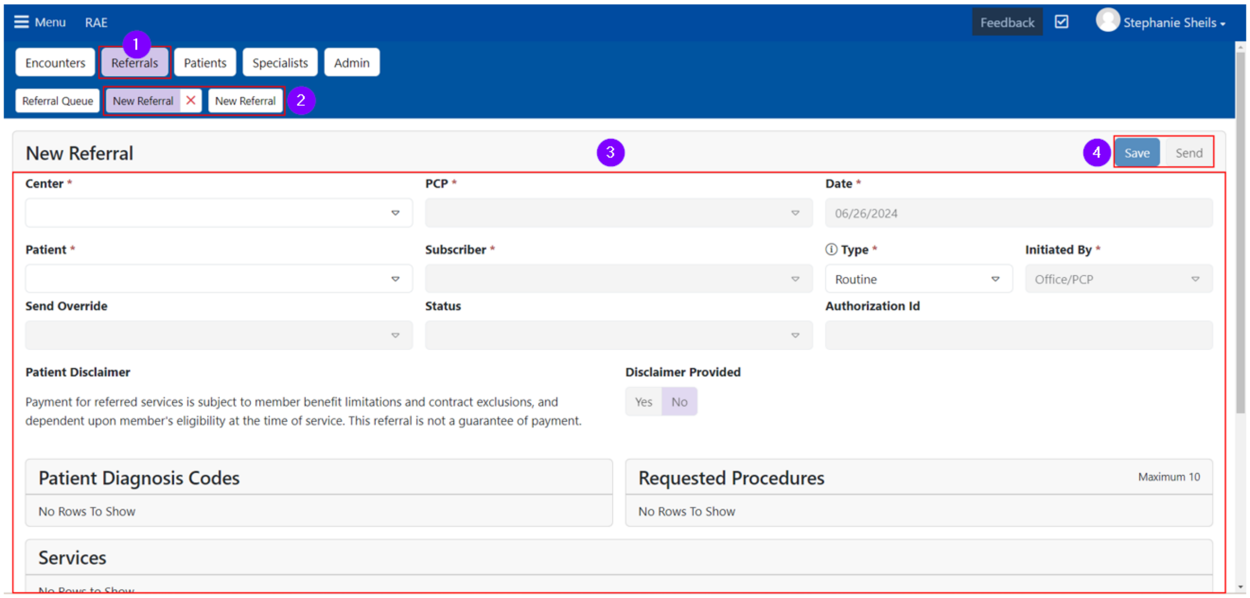
1. Tick the respective **checkbox(es)** or the **top checkbox** to *Select All* (7)
    a. **Pro Tip**: Click the top checkbox to *Select All*, then deselect from there to save time.
2. Click **Send Selected Referrals** from the action buttons (6):
    a. Click **OK** to confirm the batch,
    b. Review the **Batch** tab once completed:
        i. **Batch** tab includes the following fields: *Referral ID, Center, PCP, Subscriber ID, Subscriber, Appt. Date, Payer, Status, Response, Requested date/time,* and *Responded date/time.*

Understanding the Referral queues

The following table outlines each queue/status with a description of the available functionality.

Queue	Description
Created	Contains all referrals ready to send for review by your designated Clearinghouse.
Sending	Contains any referrals that errored during sending; this are automatically resubmitted nightly and no action is required.
Pended	Contains all referrals sent to the UM team, where leveraged, that are pending review.
Accepted	Contains all referrals accepted by your designated Clearinghouse or Internal Referrals not requiring clearinghouse review.
Rejected	Contains all referrals rejected by your designated Clearinghouse.

What's the New Referral functionality



Overview of the New Referral page.

How to create a new referral

To manually create a new referral,

1. Select **Referrals** (1) from the top tabs,
2. Click the *New Referral* tab (2), or
    a. Click **X** to cancel.
3. Complete required fields (3),
    d. **Pro Tip**: To enable the required **PCP** field, you can enter a value in the **Center** field, or select a patient from the **Patient** field, which will automatically set the **Center** field to their home center.
4. Click **Save** (4) to create the referral, or
5. Click **Send** (4) to save and send the referral,
    a. Click **Continue** or **Cancel** in the confirmation modal.

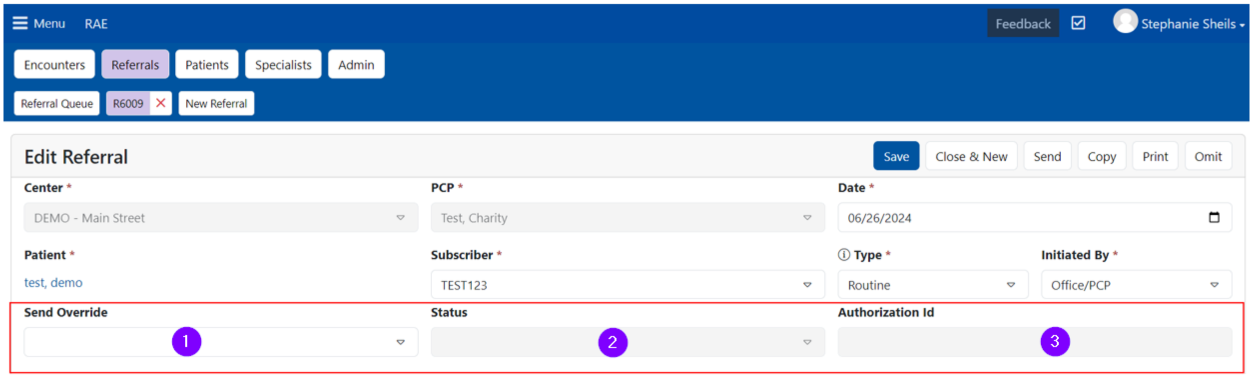
Note: When editing a referral where a diagnosis and/or procedure was added but has since expired, a notification will appear indicating that the diagnosis and/or procedure code is no longer valid for submission.

How to indicate a referral is internal

To designate that a referral was either received from another source or does not require submission to a clearinghouse, you may opt to select the type of Override in the **Send Override** field.

Depending on the selection made, the **Status** and/or **Authorization ID** field may be defaulted and/or required.

Note: Internal referrals are not submitted to the clearinghouse and therefore the **Send** button <u>will not be selectable</u>.



The Send Override, Status, and Authorization ID fields.

How to add diagnoses

You can use the **Diagnosis Code(s)** search functionality in the **Patient Diagnosis Codes** section to add diagnosis codes to the referral.

1. Click the **Diagnosis Code(s)** field to search for specific diagnosis codes:
    a. Enter at least three characters to populate dropdown options,
    b. Select the diagnosis to add diagnosis code to the grid.
2. Review the diagnosis *Code – Description* row,
3. Click the **X** to remove the diagnosis from the grid.

Note: When editing a referral where a diagnosis was added but has since expired, a notification will appear for the user indicating that the diagnosis code is no longer valid for submission.

Back to the top of What's the New Referral functionality

How to add requested procedures

You can use the **Procedure(s)** search functionality in the **Requested Procedures** section to add requested procedures to the referral.

1. Click the **Procedure(s)** field to search for specific procedure codes:
    a. Enter at least three characters to populate dropdown options,
    b. Select the procedure to add procedure code to the grid,
2. Review the procedure *Code – Description* row,
3. Click the **X** to remove the procedure from the grid.

Note: When editing a referral where a procedure was added but has since expired, a notification will appear for the user indicating that the procedure code is no longer valid for submission.

How to add services

You can use the **Services** section to add services to the referral.

1. Complete all required fields (*) in the **Services** section,
2. Click **Add** to add the service to the grid,
    a. Click **Clear** to reset the required fields to default.
3. Review the service row for accuracy,
    a. Click the **eye icon** to edit the service, then click **Save** or **Cancel**,
    b. Click the **X** to remove the service from the grid.

[Back to the top of What's the New Referral functionality]

How to add a performing provider

You can use the **Referral Network Provider Search** functionality in the **Performing Provider** section to add a performing provider/specialist to the referral. Only one is required for submission of the referral.

1. Click the **Search** button to open the **Referral Network Provider Search** modal:
    a. Utilize the search fields, as needed,
    b. Click the **Search** button in modal to return results,
    c. Click **Select** in the specialist row to add to the grid.
2. Complete the additional fields in the section:
    a. Specialty Appointment Date
    b. Facility Type
3. Click the **X** to remove the performing provider from the grid.

How to add a facility

You can use the **Referral Network Facility Search** functionality in the **Facility** section to add a facility to the referral.

1. Click the **Search** button to open the **Referral Network Facility Search** modal:
    a. Utilize the search fields, as needed,
    b. Click the **Search** button in modal to return results,
    c. Click **Select** in the specialist row to add to the grid.
2. Complete the additional field in the section:
    a. Facility Type
3. Click the **X** to remove the facility from the grid.

Back to the top of What’s the New Referral functionality

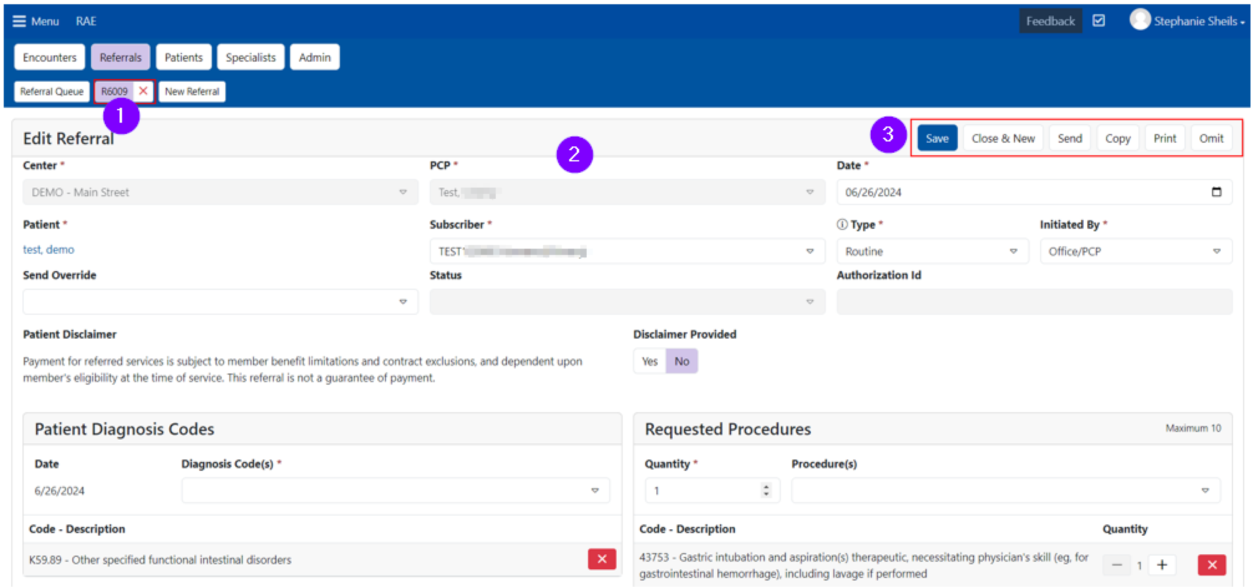
How to review or update a referral

A maximum of 8 tabs may be opened at a time within **Referrals**. The referral will appear in the appropriate [queue](#) based on the manual update, the response from your designated Clearinghouse, or by the automatic status updates.

Note: Once a Referral is in the "Accepted" status, it will become a **Locked Referral**, which means any field associated with your designated Clearinghouse cannot be edited; however, the **Documentation** and **Delivery Status** fields can be edited and saved. Please review the [copy, resubmit, and omit process](#) for more guidance.

From the *Referral Queue* [grid](#),

1. Click the ***Referral ID* hyperlink** or the **Open Selected** button of the selected referrals(s) to open the referral(s) in a new tab (1),
    a. Click **X** to close.
2. Review/Update any permittable field (2) of the referral,
3. Click **Save** (3) to save changes, and/or perform the following **actions** (3):
    a. **Send** - Sends the referral to EZClaim or your designated Clearinghouse, <u>depending on the center's implementation</u>.
    b. **Close & New** – Closes the open referral and opens a [*New Referral*](#) tab.
    c. [**Copy**](#) – Opens a copy of the referral to modify and save as a new referral.
    d. **Print** – Opens *Print Preview* page to print the referral.
    e. [**Omit**](#) – Omits an incorrect referral so that a copy can be created, updated, and saved with the correct information.



Overview of a selected referral.

How to copy, resubmit, an omit referrals

If a referral was created with the incorrect center, performing provider, or patient (including subscriber) data, then the referral should not be resubmitted.

The electronic interface does not allow updates to center, provider, or patient data, so you must use the **Copy** and **Omit** action options to copy and resubmit the new, corrected encounter as well as omitting the original, incorrect encounter.

From the selected referral,

1. Click **Copy** to open a copy the referral,
2. Modify the incorrect information in the copy,
3. Click **Save** to save the new, corrected version of the referral,
4. Click **Send** to send the referral to EZClaim or your designated Clearinghouse, depending on the center's implementation, if ready.

Once completed, return to the original referral,

1. Click **Omit** to omit the original referral,
2. Click **OK** to confirm: "**Please Note**: Omitting this referral will not update any third party systems and will remove the referral from all RAE searches."

Note: Referrals in the "Accepted" state may also be updated in this manner; however, neither your designated Clearinghouse nor EZClaim will accept the changes, and the edits will be stored in the RAE Encounter *only as a result*.

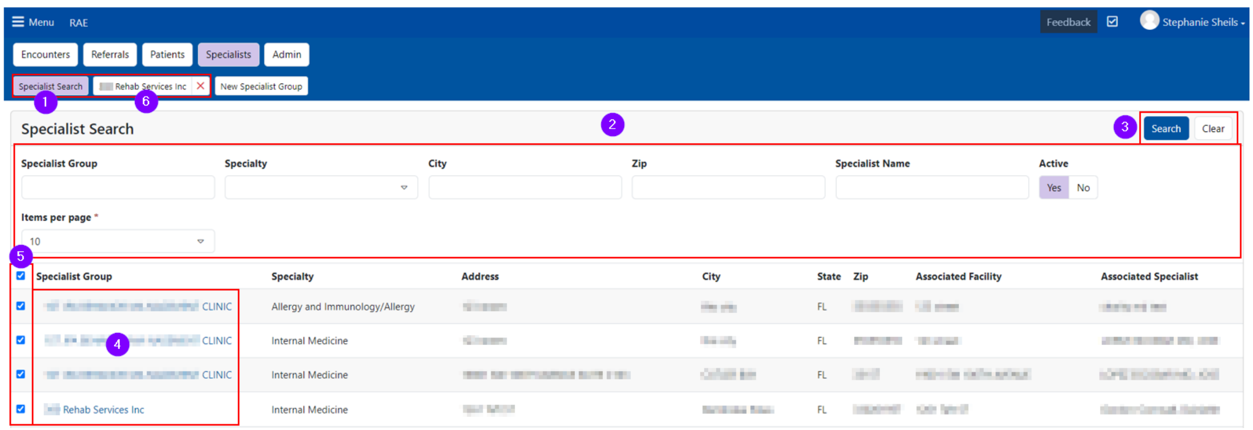
Back to Understanding the RAE sections

Specialists

The **Specialists** section has two tabs: *Specialist Search* and *New Specialist Group*.

Specialists > Specialist Search & New Specialist Group.

What's the Specialist Search functionality



Overview of the Specialist Search page.

How to perform a special search

The *Specialist Search* page displays filter fields, a specialist grid, and an export option.

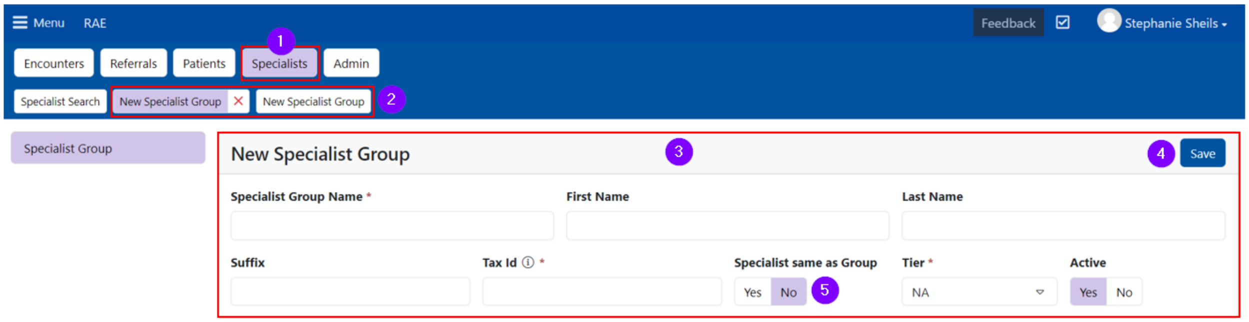
1. Select **Specialists** > **Specialist Search** (1) from the top tabs,
2. Complete desired **Specialist Search** filter fields (2),
3. Click from the following action buttons (3):
    a. **Search** to display the results in specialist grid,
    b. **Clear** to reset the filter options,
    c. **Open Selected** (not pictured - bottom of grid) to open the selected specialists from the specialist grid.

How to open a specialist group from the specialist grid

To open a specialist/specialist group from the specialist grid, you can either:

1. Click on the **hyperlinked *Specialist Group*** (4),
    a. Review specialist page opened in the **specialist tab** (6),
    b. Click **X** to close, or
2. Tick the respective **checkbox(es)** or the **top checkbox** to *Select All* (5),
    a. **Pro Tip**: Click the top checkbox to *Select All*, then deselect from there to save time.
3. Click **Open Selected** from the action buttons (3), and
    a. Review specialist page(s) opened in the **specialist tab** (6),
    b. Click **X** to close.

What's the New Specialist Group functionality



Overview of the New Specialist Group page.

How to add a new specialist group

You must click the **Save** button to add the new specialist group to the RAE. From there, you may complete additional fields as new sections display.

To add a new specialist group,

1. Select **Specialists** (1) from the top tabs,
2. Click *New Specialist Group* (2), or
    a. Click **X** to cancel.
3. Complete required fields (3),
    a. **Note:** If the Specialist Group is comprised of multiple specialists, then the **Specialist same as Group toggle** (5) **should = No**.
4. Click **Save** to add,
5. Complete any additional fields/sections,
    a. **Note:** You may first need to **Add/Save** a field/section or click the **eye icon** to display additional fields for completion. For more information on how to review, add to, or update a specialist group, please refer to the next section.

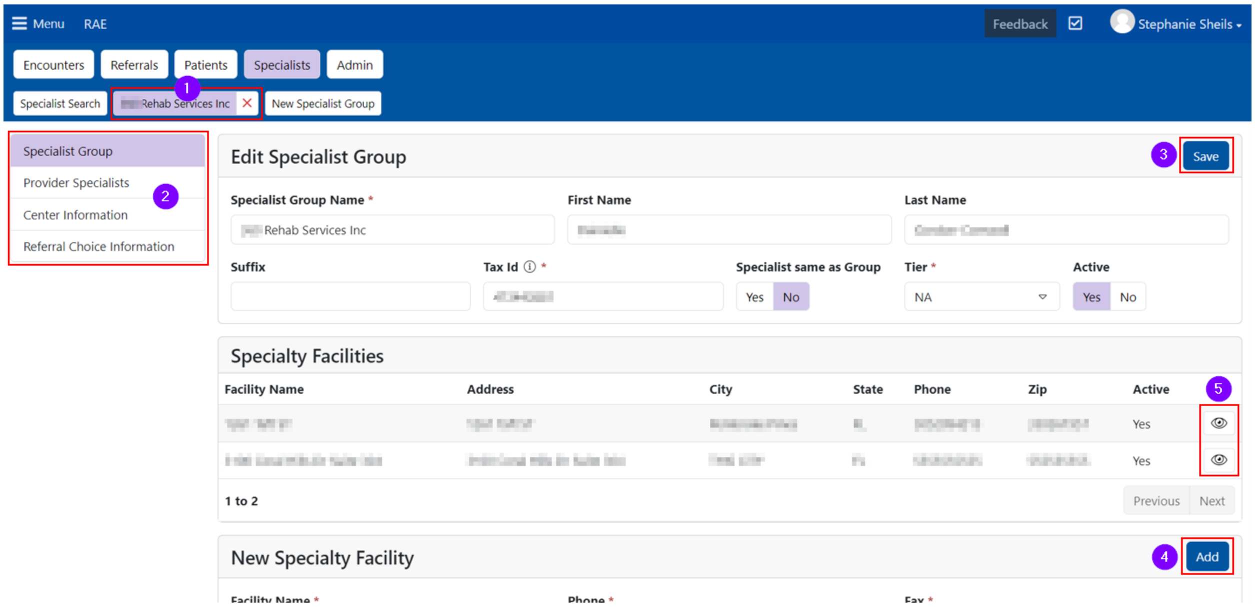
How to review, add to, or update a specialist group

A specialist group contains multiple sections/fields to review, add to, or update. Please refer to [understanding the specialist sections](#) for more information.

From the **Specialist Search** [grid](#),

1. Click the ***Specialist Group* hyperlink** or the **Open Selected** button of a selected patient(s) to open the specialist group's page in a new tab (1),
    a. Click **X** (1) to close.
2. Click through the **specialist group** sections (2) located in the left menu,
3. Review/complete/update required fields in the selected **specialist group** section:
    a. Add associated specialty facilities via **[Specialist Group](#)**,
    b. Add associated provider specialists and/or their associated facilities per provider specialist via **[Provider Specialists](#)**,
    c. Add associated centers via **[Center Information](#)**,
    d. Add referral choice information via **[Referral Choice Information](#)**.
4. Click **Save** (3) and/or **Add** (4) buttons to save/add any changes, or
    a. Click **Cancel** to cancel, or
5. Click the **eye icon** (5) to edit,
    a. Click **Save** or **Cancel**.

Note: You may first need to **Add/Save** a field/section or click the **eye icon** to display additional fields/sections for completion.



Overview of a selected specialist's page.

Understanding the specialist sections

The following table outlines each section/tab with a description of the available functionality.

Section	Description
Specialist Group	Contains the basic specialist group information, such as contact information, tax identification, and whether or not it is active. This section allows you to add/edit all associated specialty facility information to the specialist group.
Provider Specialists	Contains the name, specialty, and ID information of the provider specialists who work within the specialist group. This section allows you to add/edit all associated provider specialist information as well as all facilities associated with the provider specialist to the specialist group.
Center Information	Contains the center information. This section allows you to search and save the associated centers to the specialist group. You may edit the **Rule** field of the center: *Prohibit, Allow,* or *Not Set.*
Referral Choice Information	Contains the referral choice information. This section allows you to search and save referral choice information. You may edit the **Facility** name field and the **Rule** field of the facility: *Prohibit, Allow,* or *Not Set.*

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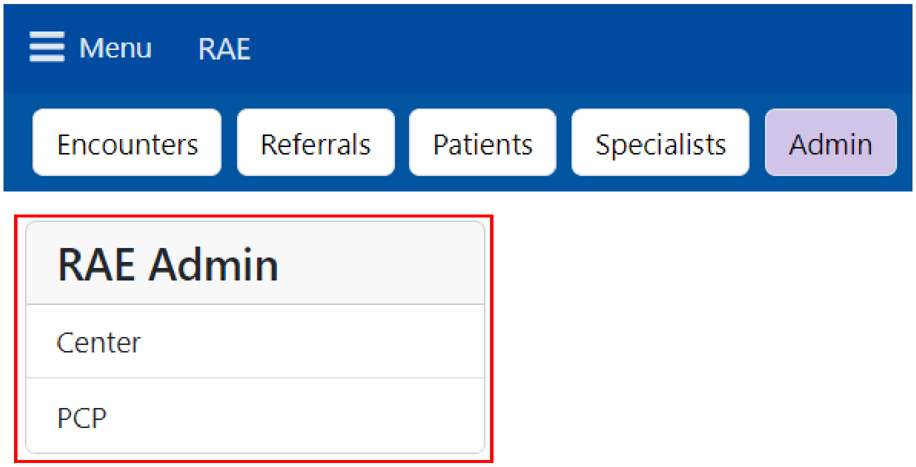
Admin

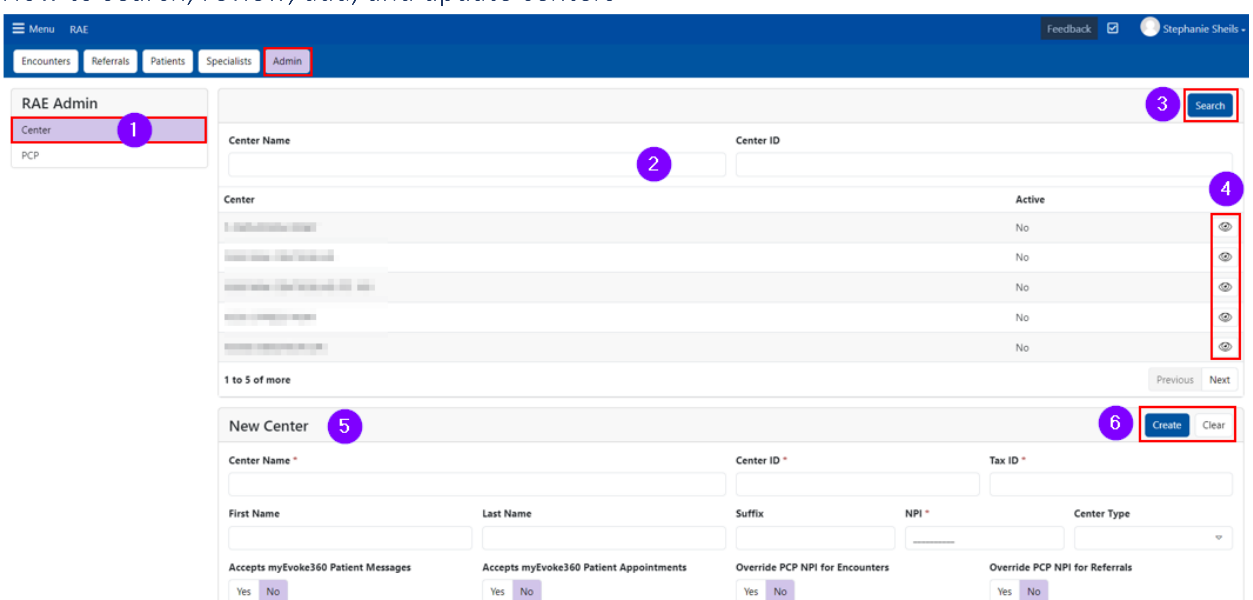
The **Admin** section has two tabs: *Center* and *PCP*.



Admin > Center & PCP.

What's the Center functionality

How to search, review, add, and update centers



Overview of the Center page.

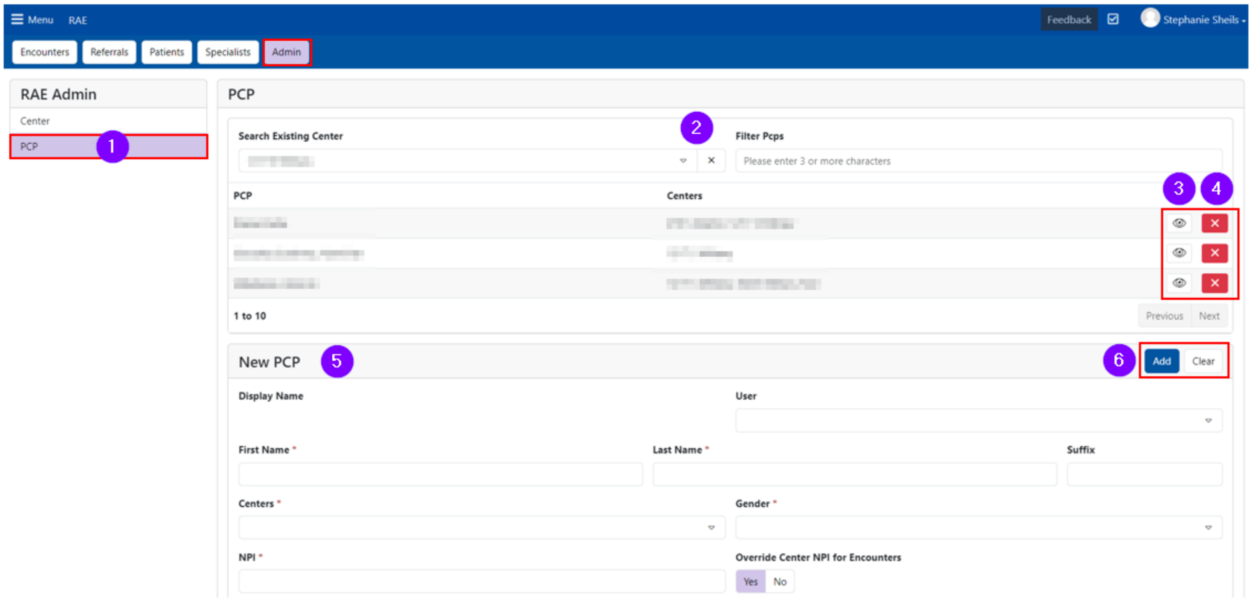
(Instructions continue on next page)

1. Click **Admin** > **Center** to open the *Center* page (1),
    a. To **search** for a center,
        i. Use the **Center Name** or **Center ID** fields (2), or
        ii. Click **Search** (3),
        iii. Review the center grid.
    b. To **review/update** a center,
        i. Click the **eye icon** (4) located in the center's row,
        ii. Review/update the fields in the **Edit Center** section,
        iii. Click **Save** to save your changes, or **Cancel**.
    c. To **add** a center,
        i. Complete required fields in the **New Center** section (5),
        ii. Click **Create** to add, or **Clear** to reset all fields (6).

[Return to Understanding the RAE sections]

What's the PCP functionality

How to search, review, add, update, and delete providers



Overview of the PCP page.

1. Click **Admin** > **PCP** to open the *PCP* page (1),
    a. To **search** for a PCP,
        i. Use the **Search Existing Center** or **Filter PCPs** fields (2),
            1. Enter at least 3 characters to populate to the dropdown,
            2. Select from the search dropdown.
        ii. Review the automatically populated PCP/Centers grid.
    b. To **review/update** a PCP,
        i. Click the **eye icon** (3) located in the PCP's row,
        ii. Review/update the fields in the **Edit PCP** section,
        iii. Click **Save** to save your changes, or **Cancel**.
    c. To **add** a PCP,
        i. Complete required fields in the **New PCP** section (5),
        ii. Click **Add** to add, or **Clear** to reset all fields (6).
    d. To **delete** a PCP,
        i. Click the **X** (4) located in the PCP's row,
        ii. Click **OK** to confirm deletion, or **Cancel**.

[Return to Understanding the RAE sections]

Glossary

The following table lists and defines important terminology used within this document.

Term	Description
Clearinghouse	A service utilized by Evoke360 to process claims, referrals, and data.
Center	A location for performing medical care. Services are typically assigned to centers as a record of where a procedure took place.
Encounter	A record of a patient interaction. Typically includes the diagnosis of a medical condition and its treatment.
Evoke360	The population health management software offered by DataLink. It contains the RAE module, as well as a large number of other healthcare-related reports, tracking mechanisms, and services.
Module	Refers to a section or part of Evoke360.
PCP	Stands for *Primary Care Provider*. PCPs are usually the first to interact with patients to begin the encounter.
RAE	Stands for *Referrals and Encounters*. The module within Evoke360 that allows you to create, process, and submit referral and encounter records.
Referral	A record indicating that a provider has recommended the patient see a specialist. Typically includes what medical conditions has been documented so far and any other notes relevant for sending the patient to a specialist group.

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