

**Council of Community Clinics Health Network  
Policy and Procedure**

<b>Clinic/Health Center:</b> CCHN Participating Clinic Sites	<b>Subject:</b> Referral Tracking	<b>Page:</b> 1 of 1 <b>Section:</b>
<b>Committee:</b> CCHN Physician Council - Health Network BOD -	<b>Date:</b> 04/02/01	<b>Document #:</b>  <b>Replaces:</b>
<b>Rereview Date:</b> 03/04/03	<b>Signature(s):</b>	

<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Implement <input type="checkbox"/> Create
<p><b><u>Description:</u></b></p> <p>This process has been implemented in several of the clinics. The basic policy template has not been approved by the Network to date.</p> <p>A clinic-specific policy can be written using this template</p> <p>CCHN has developed data entry guidelines specific for the type of practice management system for the clinic.</p> <p>Basic reports include: (1)pending, (2)requested/deferred, (3)consult follow up, (4)no show,(5) volume</p> <p><u>Definition:</u> A method to track referral requests using the Clinic Practice Management System. An automated system for tracking outside referral services.</p> <p><b><u>Estimated Resource Needs:</u></b> Report writing by Practice Manager Vendor CCHN staff for table setup and training Clinic Case Manager</p> <ul style="list-style-type: none"> <li>• Set Up Outside Provider Tables (estimated time 1 FTE 10 days)</li> <li>• Report Setup (Practice Manager vendor)</li> <li>• Case Manager Training on Data Entry Guidelines and Reports (Renew annually)</li> <li>• Approval at Clinic Quality Management Committee</li> <li>• Semi Annual Report trending at Clinic QM Committee (Volume statistics )</li> <li>• Annual Report by specialty to Network</li> </ul>

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**Policy:**

**The provider initiates Requests for medical services outside the clinic.** Each request is processed by case management and documented in the medical record.

Referral requests are entered into the referral tracking system upon receipt. This is done to ensure that referral requests are not lost. (Deferred or requested status). A daily report of requested/deferred status assists the case manager in managing her/his caseload.

Pend reports are run on a weekly basis to monitor the timeliness of authorization referral requests.

Consult follow up reports are run on a monthly basis to ensure that the provider is notified of the consult recommendations or if the patient did not keep the appointment.

Turnaround times for referral requests are:

- |            |                        |
|------------|------------------------|
| • EMERGENT | The day of the request |
| • URGENT   | 1-2 DAYS               |
| • PROMPT   | Within one week        |
| • ELECTIVE | 1-2 Weeks              |
| • ROUTINE  | 2 Weeks                |

**Purpose:**

To provide a process for arranging medical services requested by the provider.

To assist the patient in obtaining the medical services prescribed.

To document that the requested services were recommended and that the services were provided in a timely manner.

To eliminate manual logs.

To provide an automated process to ensure that the services were provided.

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**Procedure:**

**Provider initiates a referral**

1. When the primary care provider determines that his/her patient needs medial services outside the clinic, the provider completes and signs a referral form. The specific referral form is dependent on the payor source or the clinic policy for a generic request form.
2. The provider documents on the referral form all pertinent laboratory results and clinical information.
3. The provider completes a Referral Request Form that will flag the chart to be forwarded to the case manager to arrange the service. The urgency of the request is indicated on the request. If the request is urgent or emergent the provider notifies the case manager directly.
4. The completed referral form with the accompanying chart is forwarded to case management.

**Case Management processes the referral request**

1. The case manager will receive referral charts daily.
2. The receipt of the request is documented in the referral tracking system with an authorization status according to policy. All referral requests are entered into the tracking system daily. (This status indicates that case management has received the request. The request has not been processed.)
3. If approval for services is required the completed referral forms along with the medical necessity information is submitted to the approving agency's utilization review department. The request is entered into the Referral Tracking System in a Pend Status. Pend Status reports are run on a weekly basis in order to ensure that requests are not lost to review and/or causing a delay in service.
4. When a referral is made, all the information regarding the referral is entered into the Referral Tracking System.
5. When notified of approval the case manager contacts the specialist to make an appointment for the patient.
6. The date and time of the appointment are noted on the Referral Tracking System according to data entry guidelines.
7. The referral request and all pertinent clinical information are faxed to the specialist office.
8. If the request was for other than a specialist referral, the case manager arranges the services. (Home health, DME)
9. The patient is contacted and advised of the appointment time and date as well as the name of the specialist with address and telephone number.

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10. The Referral Tracking System is updated with the status and all telephone contacts. The case manager print screens the tracking system, dates and signs it, and enters the print screen copy into the patient medical record.

### **Follow up for specialty consult requests**

1. Clinic designated Department (Medical Records or Case Management) receives all consult reports and documents receipt in the Referral Tracking system according to data entry guidelines.
2. The consult reports are attached to the medical record and forwarded to the requesting physician for review. If additional tests or visits are necessary, those requests will be processed as described above.
3. A Consult Receipt Report is run on a monthly basis. The consult follow up report lists all the referral requests that indicate that a consult report has not been received. At that time the case manager will follow up with the specialist office to determine whether the patient had the requested consult.
4. The case managers monitor the receipt of consult reports and follow up with the specialist whenever the report has not been received to verify whether the patient was seen by the specialist. If the patient kept the appointment the case manager will request a copy of the consult report.
5. If the patient failed to keep the appointment the case manager will notify the requesting provider who will recommend the follow up action. (Notification is made either through a requesting provider report or a print screen of the referral with the no show documented) The case manager will process the follow up action.
6. The case manager documents the no show in the Referral Tracking system according to data entry guidelines.
7. All contacts are documented in the Referral Tracking System according to data entry guidelines.

### **Receipt of all other outside services**

1. All reports for outside services are forwarded to the requesting provider for review.
2. The provider signs all reports to indicate review.
3. All outside referral reports are filed in the patient medical record.