REFERRAL PROCEDURES

Definitions: Referrals are required when the primary care physician (PCP) cannot provide medically necessary services.

Purpose: To assure that access to medical care services is provided appropriately to members in a manner that ensures continuity of care through the most efficient use of benefit coverage and resources.

Procedure: The primary care physician serves as the medical case manager. He/She is responsible for making referrals and coordinating medically necessary services required by the member, both inside and outside the provider network.

Ancillary, X-Rays, Specialty Physician Consults

The PCP will complete the following:

1. Discuss the need for referral/consult with the member.
2. Authorize the referral or obtain authorization from the plan provider Utilization Management Committee/Department*, when required.
3. Refer the member to the appropriate specialist or facility. (*The PCP, office staff or member may arrange the referral appointment.)*
4. Document the referral in the member's medical record, and attach any authorization paperwork.
5. Send all documents pertaining to the diagnosis (lab results, x-rays, last progress notes, etc.) with the referral. Discuss the case, as necessary, with the referral provider.
6. Receive reports and feedback from the referral provider regarding the consultation and treatment. (*The referral provider or the referral facility must send a written report to the PCP within five (5) working days of the visit.)*
7. Discuss the results of the referral and any plan for further treatment, if needed, and coordination of that care with the member.
8. Referral will be tracked by the PCP's office for follow-up through a log or computerized tracking process. The log or tracking mechanism should include, but not be limited to, the following:

    - Date of referral or request for authorization
    - Patient Name and Identification Number (Example: DOB, Medical Record #, Social Security #)
    - Name of Appropriate Specialist or Facility
    - Reason/Diagnosis
    - Date of Authorization Approval/Denial/or Deferral
    - Date of Appointment
    - Date of Report Received
    - PCP office will follow up with members on all referrals that have not been used

9. The specialist/laboratory must perform only those services/tests/procedures, which have been authorized.

    - All additional tests, procedures, treatments, etc., must have prior authorization. Services performed without authorization may not be reimbursed to the service provider.
    - The specialist will not seek reimbursement from the patient for services referred and performed, but not authorized.

Hospital Admissions/Procedures

1. Hospital inpatient care may be pre-planned and pre-authorized, or may be urgent.
2. The PCP is responsible for obtaining required pre-authorizations for inpatient care from the plan provider.
3. The PCP must notify the plan provider of an emergency admission the next business day.
4. While the member is hospitalized, the PCP must coordinate care as contained in the policies and procedures of the plan provider.

*Refer to the Plan Provider Manual for listing of services requiring prior authorization.

Signature of Provider

Signature of Referral Staff

Referral Tracking Log

Dr.: ______________________________ **Month:** ______________________________

Referral Date	Member Name	Health Plan	Type of Referral*	Reason for Referral/DX	Service Requested	Date Rec'd from UR	Status of Referral**	Date Patient Notified	Date Appt. Scheduled	Date Consult Report Rec'd	Date of Follow Up if Report not Received

* Type of Referral: Urgent, Emergent, or Routine

** Status of Referral: Approved, Modified, Deferred, Denied

SAMPLE ONLY

Referral Tracking Log

Dr.: John Smith, MD **Month:** April 2013

Referral Date	Member Name	Health Plan	Type of Referral*	Reason for Referral/DX	Service Requested	Date Rec'd from UR	Status of Referral**	Date Patient Notified	Date Appt. Scheduled	Date Consult Report Rec'd	Date of Follow Up if Report not Received
4/1/13	Jane Doe	ABC	Routine	Pap Smear	OB/GYN	4/3/13	Approved	4/3/13	4/8/13	4/12/13	
4/3/13	John Doe	ABC	Routine	Stress Test	Cardiology	4/5/13	Approved	4/5/13	4/10/13		5/14/13
	A system must be in place to track receipt of consult reports										

* Type of Referral: Urgent, Emergent, or Routine

** Status of Referral: Approved, Modified, Deferred, Denied