

<u>Partners in Recovery</u>	<b>Provider Referral Packet Requests</b>
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**PROCEDURE DOCUMENT**

CMC or Department Name: <u>Partners in Recovery</u> Direct Care Clinics	
CMC or Department Procedure Name and Number: Provider Referral Packet Requests	
Date of Inception:	<u>1/20/2009</u>
Previous Approval Date:	N/A
Current Approval Date:	
Operational Scope:	<input checked="" type="checkbox"/> Clinical <input type="checkbox"/> QI <input type="checkbox"/> Network <input type="checkbox"/> Customer Service <input type="checkbox"/> Claims <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other

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**Purpose:**

This procedure reviews the steps for processing Provider Referral Packets and the disclosure of protected health information to an external provider agency when requested for a service referral.

**Procedures:**

I. Processing Provider Referral Packets (*See Attached Provider Referral Packet Flowchart*)

A. Referral packet requests will be processed within 72 hours of the date that the direct services clinic receives notification that the referral has been accepted by the provider agency.

1. The Partners in Recovery clinical team member initiates the referral as follows:
  - a) Complete Part I and II of the Partners in Recovery Referral Request, Attachment A, with the recipient's information and type of service being requested; and
  - b) Include a completed and signed *Consent to Release Protected Health Information (PHI)* form if there is substance abuse, HIV or communicable disease information contained within the medical record. Please refer to the policy *Authorization to Use and Disclose Protected Health Information (PHI)*, PR.1709.01.DCC.UPC regarding disclosures of PHI.
  - c) If requesting a referral for a rehabilitation provider, complete Attachment B of the Partners in Recovery Referral Request form.
2. The Partners in Recovery clinical team faxes the Partners in Recovery Referral Request, Attachment A, Attachment B (if applicable), and the *Consent to Release Protected Health Information (PHI)*, if applicable, to the provider agency.
3. The provider agency reviews the request and determines if the referral request will be accepted or declined.
4. If the request is **declined**, the provider agency takes the following actions:
  - a) On the Partners in Recovery Referral Request, Attachment A, mark the "Decline" check box, record the date declined, and indicate the reason for declining the referral;
  - b) Fax the Partners in Recovery Referral Request, Attachment A, to the clinical director within one business day of the request.
6. If the request is **approved**, the provider agency takes the following actions:
  - a. Mark the "Accept" check box on the Partners in Recovery Referral Request, Attachment A;
  - b. Complete the SMI Packet Checklist, Attachment C, in order to identify the medical record documentation that is needed for the referral packet;
  - c. Fax the Partners in Recovery Referral Request, Attachment A, and the SMI Packet Checklist, Attachment C, to the clinical director within one business day.

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Partners in Recovery Direct Care Clinics

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7. The clinical director reviews the fax to determine if the request has been accepted or declined.
8. If the request is declined, the clinical director or designee makes a referral to another provider agency, as outlined above.
9. If the referral request is accepted, the clinical team member forwards the referral packet request paperwork which includes the SMI Packet Checklist – Attachment C and the Partners in Recovery Referral Request, Attachment A, to the Medical Record Office Assistant (OA).
10. Upon receipt of the packet request, the OA records the “Date Received” on the Partners in Recovery Referral Request, Attachment A, form.
11. Before the packet may be created, the Medical Record OA reviews the referral request paperwork for proper completion. The following documentation is required:
  - a) The Partners in Recovery Referral Request, Attachment A, must contain the following:
    - i. The Referral “Accepted” box must be checked.
    - b) If the Partners in Recovery Referral Request, Attachment A, indicates that a *Consent to Release Protected Health Information (PHI)* is required and was submitted with the Attachment A form to the provider, the completed and signed *Consent to Release Protected Health Information (PHI)* must be present or filed in the recipient’s medical record.
    - c) A completed SMI Packet Checklist - Attachment C must accompany the packet request.
  12. If any required items are missing or incomplete, or the referral was declined, the Medical Record OA will return the paperwork to the clinical team for resolution
    - a) If the *Consent to Release Protected Health Information (PHI)* is missing, or the *Consent to Release Protected Health Information (PHI)* is present, but does not specifically state that substance abuse/HIV/AIDS or communicable disease information may be disclosed, the OA notifies the clinical team member for resolution of the issue.
    - b) The clinical team is responsible to obtain the necessary *Consent to Release Protected Health Information (PHI)* from the recipient, or to redact any sensitive information that the recipient has not authorized to be disclosed to the provider agency.
13. If all of the required documentation listed in Item 11 is complete, the OA will copy the medical record items indicated on the SMI Packet Checklist – Attachment C.
14. After making the packet, the OA reviews the Partners in Recovery Referral Request, Attachment A, to determine how the request will be delivered (*Personal Delivery versus Mail Delivery*).
15. If the packet is going to be hand delivered by the CM, the OA prepares a Pick-Up Receipt (Attachment E) and attaches it to the referral packet. The CM is notified that the referral packet is ready for distribution.
16. If the request is going to be mailed to the provider agency, the OA prepares the mailing envelope and places the packet in the outgoing USPS mail area.
17. The OA logs the request in ClaimTrak as follows:
 

**Instructions to Log Packet Requests in ClaimTrak:**

  - a. Select the recipient in ClaimTrak F10
  - b. Click on PHI Disclosure (last tab to the right)
  - c. Click on Edit
  - d. Click on Add Disclosure (it will be in light gray)
  - e. Enter requested information as follows:

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**Date** – Date the Provider Packet Request was completed.  
**Recipient** – The name of the provider agency requesting the packet.  
**Address** – The complete address of the provider agency requesting the packet.  
**Staff person making entry** – Select your name from the drop down menu.  
**Description of PHI** – Specific information to be disclosed, i.e. SMI referral packet.

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**Reason** – This is the comment section. Enter the date and an indication of the status of the request, i.e. “06-14-08 received SMI packet request paperwork from \_\_\_\_\_”(CM). 06-15-08 returned SMI packet request to the CM due to missing AUD. 06-16-08 received AUD from the CM and packet request completed by \_\_\_\_\_ (OA) and mailed to the provider agency (or returned to the CM).

18. The OA completes the “Date Completed” and “Packet Completed By” section of the ~~Partners in Recovery~~ Referral Request, Attachment A, to document that the packet request has been completed.
19. The OA files the, ~~Partners in Recovery~~ Referral Request, Attachment A, Attachment B (if applicable), the SMI Packet Checklist – Attachment C, and the *Consent to Release protected Health Information (PHI)*, if applicable, under the Service Referral tab of the recipient’s medical record.
20. For referral requests that are hand delivered by the Case Manager, the OA files the signed Pick-Up Receipt under the Service Referral tab, when it is returned from the Case Manager.
21. Upon receipt of the referral packet, the provider agency completes Part III of the PM Form 3.3.1 and reviews the documentation to ensure that all required elements on the SMI Packet Checklist, Attachment C, are present. If any items are missing, the agency completes the SMI Packet Checklist Follow-up for Missing Information form – Attachment D and faxes the form along with the PM Form 3.3.1 to the clinical director. The CD will follow up with the Medical Record OA to ensure that the balance of information is provided to the provider agency. The OA files the completed PM Form 3.3.1 with the rest of the referral information under the Service Referral tab in the recipient’s medical record.

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II. SMI Service Referral Tracking Log

- A. *The SMI Service Referral Tracking Log* shall be submitted semimonthly (twice per month) to the Adult Services PNO Oversight Department. The tracking log shall denote all of the following:
  1. Name of *Behavioral Health Recipient*;
  2. Name of *Direct Care Clinic*;
  3. The *Service Need Identified* (Attachment A, Part II);
  4. The *Date of Identified Need*, i.e., the date the clinical team identified the need as appropriate;
  5. The *Name of Provider Agency*, (Attachment A, Part I);
  6. The *Date Services Scheduled* (the date the intake appointment was established);
  7. The *Date Services Started* (the date of the intake appointment); and
  8. The *Barriers to Timely Service Delivery*, e.g., no provider service delivery slots currently available, no provider service capacity for an identified need, etc.

*Attachments:*

~~Partners in Recovery~~ Referral Request – Attachment A and B  
 SMI Packet Checklist – Attachment C  
 SMI Packet Checklist (Follow-Up for Missing Information) – Attachment D

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*Pick-Up Receipt – Attachment E*

*Consent to Release Protected Health Information (PHI) – English Version*

*Consent to Release Protected Health Information (PHI) – Spanish Version*

*ADHS/DBHS REFERRAL FOR BEHAVIORAL HEALTH SERVICES – PM Form 3.3.1*

*SMI Service Referral Tracking Log*

*Provider Referral Packet Flowchart*

Partners in Recovery Direct Care Clinics

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