

# CAROLINA FAMILY HEALTH CENTERS, INC.

## PROCEDURE

---

**TITLE:** CLN-200.02 Referral Tracking

---

**EFFECTIVE DATE:** September 2012

---

**SECTION:** Clinical

**REFERENCE POLICY:** CLN-200 Care Coordination and Transitions

---

**RESPONSIBLE CHIEF OF STAFF:** Chief Medical Officer

**RESPONSIBLE COMMITTEE:** Medical CIT

---

**REVIEWED:** 4/13, 12/13, 5/14, 9/14, 4/16, 4/17, 1/15/19, 11/30/2020, 01/04/2021, 02/6/2024, 03/04/2025

---

### I. PURPOSE

The purpose of this procedure is to outline the process for ordering, tracking, and following up on specialty referrals.

### II. PROCEDURE ORDERING AND TRACKING

A referral to specialty care is ordered by the provider or his/her designee in the electronic health records (EHR) system. The provider notates the clinical question to be answered by the specialist, the type of referral (e.g., consultation or single visit), the priority (routine and urgent), the reason for the visit, and any other comments to help facilitate the referral. He/she verifies that the order is set to external referral (for external referrals) for the order to drop to the referral work queue. The referral includes other relevant clinical information through the submission of a copy of the patient's recent progress note, test results, and/or patient summary to the specialty office.

The order is captured in the referral work queue of the EHR system. The Referral Associate determines the need for insurance prior approval, and if necessary, it is completed. He/she processes the referral request to see a specialist and obtains an appointment with the specialist. He/she informs the patient in person, by telephone, via MyChart, or by mail of the referral appointment. This notification includes the provider/practice's name, address, date, and time of the appointment.

In the event a patient is unable to be contacted to schedule an appointment with the specialist, either by the specialty office or the Referral Associate, the Referral Associate makes and documents two attempts via phone or MyChart to contact the patient. If unsuccessful, a letter is mailed to the patient (SA205 Referral Unable to Contact Letter). The letter notifies the patient that CFHC, Inc. staff have been unable to reach him/her to schedule his/her appointment with the specialist. The letter supplies the provider/practice's name, address, and phone number for the patient to contact and directions to schedule his/her appointment if appropriate. For Urgent

and ASAP specialty referrals, an in-basket message is sent to the provider through the referral activity, alerting them that the referral has been closed due to being unable to reach the patient.

Urgent referrals are initiated the day the referral is made and before the patient leaves the office. The medical provider or his/her designee calls a Referral Associate at Ext. 811 to process the referral immediately.

If the referral appointment is made by someone other than the Referral Associate (e.g., an Integrated Behavioral Health Clinician), the staff member documents the details of the appointment (who, what, where, and when) in the referral.

The Front Office Associates are responsible for making all internal referrals. The appointment is linked to the referral at the time the appointment is scheduled. Staff must document the internal referral in their progress note for the referral to be tracked.

The referral staff uses the following designations to track the referral status:

**Authorized** – This is used when the appointment is scheduled or the order is given to the patient to schedule the appointment

**Canceled** – The referral was canceled (i.e., patient deceased, the patient did not keep the appointment, duplicate appointment, provider canceled, etc.)

**Closed** – The referral appointment was made, and the consult note was received, or no further actions are available.

**New request** – System generated when a referral is made by the provider

**Open**– Waiting for approval by insurance or not enough referral information

The Referral Associates monitor the referral work queue for any authorized (or scheduled) appointments. Any appointments that are 10 days past due are identified, and staff fax a request for the note to the specialist. or access the hospital systems for the specialist's note. Once received by the medical records staff, the report is attached to the order and returned to the medical provider for review. The Referral Associates can then close the referral. Documents found in Care Everywhere that are ordered by a CFHC, Inc. provider are copied and documented using the enter/edit functionality and sent to the provider for review. The referral can then be closed with the status reason of Results in Care Everywhere.

If the patient does not keep the appointment for Urgent or ASAP specialty referrals, the Referral Associate sends the provider a message using the In Basket Msg button in the referral activity. The Referral Associate closes the referral and sends the patient a letter. The letter notifies the patient that our records show that the patient did not keep his/her appointment and that the patient needs to contact his/her provider or make an appointment to discuss rescheduling the appointment. A templated letter is available in the EHR to assist staff (SA205 Referral/Lab/Imaging DNS).

### **EXCEPTIONS**

Some specialty referrals are made without obtaining the specialty report. Records from mental health and substance use providers are not obtainable unless the patient gives written consent to release the records. The Integrated Behavioral Health staff have the patient sign releases for records upon follow-up with them. Some referrals require additional orders to be signed for a patient to continue receiving services (i.e., physical therapy, occupational therapy). These documents have to go into 'Other Orders' in the EHR system to allow providers to sign them. Instead of replicating this work, we have elected to close the referral when the initial appointment is scheduled. In addition, due to the number of referrals made, limitations in staffing, and the difficulty in tracking referrals where the patient is responsible for making their appointments, CFHC, Inc. has prioritized referral tracking and closures. The following referrals can be closed based on the directive notated below.

<b>Outgoing Referral Type</b>	<b>Directive</b>	<b>Status/Close Reason</b>
<b>Nutrition</b>	Closed once appointment made	Status = 'Closed' Close reason = "Processed, no need to include report"
<b>Home Health</b>	Closed once appointment made	" "
<b>Physical Therapy</b>	Closed once appointment made	" "
<b>Phy Med/Rehab</b>	Closed once appointment made	" "
<b>OT Therapy</b>	Closed once appointment made	" "
<b>Speech Therapy</b>	Closed once appointment made	" "
<b>Personal Care Services</b>	Closed once appointment made	" "
<b>Hospice</b>	Closed once appointment made	" "
<b>Meals on Wheels</b>	Closed once appointment made	" "
<b>Prosthetist</b>	Closed once appointment made	" "

<b>Psychiatry</b>	Closed once appointment made	“ ”
<b>Oral Surgery (including pediatric)</b>	Look for a report in Epic, but can close after 6 months	“ ”
<b>Endodontics (including pediatric)</b>	Look for a report in Epic, but can close after 6 months	“ ”
<b>Prosthodontics (including pediatric)</b>	Look for a report in Epic, but can close after 6 months	“ ”
<b>Periodontology (including pediatric)</b>	Look for a report in Epic, but can close after 6 months	“ ”
<b>Dental (including pediatric)</b>	Look for a report in Epic, but can close after 6 months	“ ”
<b>Orthodontics (including pediatric)</b>	Look for a report in Epic, but can close after 6 months	“ ”

### **FOLLOW UP**

Once the order is returned to the provider, he/she reviews the specialist note, updates the medication list and problem list as necessary, and determines what, if any, follow-up action is needed. Follow-up actions are documented in the patient's chart.

### **AUDITING**

The Compliance Department performs monthly audits to ensure specialty referrals are being tracked and that follow-up is occurring. Audits are shared with the Chief Medical Officer and the Medical Continuing Improvement Team.

## **III. DEFINITIONS**

**Routine orders:** Orders are to be scheduled within two weeks of receipt.

**Urgent Orders:** Orders are to be scheduled within 24-48 hours of receipt.