




Binder:	<u>OSF HealthPlans HCM Department</u>		
Policy			
No./Title:	<u>HCM.CML.001 Referral Process</u>		
	Original		
Author:	<u>Edward A. Hirsch, M.D.</u>	Date:	<u>1/95</u>
Revision/Review			
Date(s):	<u>5/98; 3/01; 9/01; 10/02; 6/03; 10/03; 10/04; 10/05; 2/06; 2/07; 2/08</u>		
Approval:		Title:	Vice President and Chief Medical Officer

POLICY: Routine network referrals should not exceed three initial visits within a specified time frame of 4-6 months. Exception: Fractures (see Fracture Care Referral Policy HCM.CML.007) (see Case Management HCM.CMG.074)

PURPOSE: To promote consistency among staff, ensure appropriate referrals, and to avoid duplication of services.

PROCEDURE:

1. Referral received from PCP/OBGYN office.
2. Request can be phoned, mailed, intra-net, or faxed to OSF HealthPlans, HCM Department. If mailed or faxed, request must be complete and submitted on OSF HealthPlans' referral form.
3. System is accessed to determine eligibility.
4. System is accessed to verify specialist is in network.
5. If both Procedure 3 and Procedure 4 are met, enter information into the system within 72 hours, but not to exceed 15 calendar days.
6. If referral is received via telephone, reference number is given to caller at time of call.
7. Generate notification letter upon completion of referral in system or within 72 hours, but not to exceed 15 calendar days of receipt of referral. Notification letter will automatically be faxed to the primary care physician and specialist office. Member letter will be mailed.
8. Referrals will include consult, diagnose and treatment within the number of visits approved. All x-rays and labs done at a participating facility are included in the referral without any additional authorization. Any additional visits or treatment beyond the number of visits approved require additional authorization.
9. Notes will be added to document all actions taken to complete each and every request.