



<b>Attendee Name:</b>
<b>Attendee Contact Info:</b>

## Referrals Adoption Session Validation Script – After Discharge Referrals

After Discharge Referrals includes the following workflows:

- 1. Referrals for ISP patients with Cedars HMO
- 2. Referrals for ISP patients with an external payor
- 3. Outgoing referral for ISP patient

Attendees:

Follow Ups:

Questions	Requests:	Comments
Currently today ISP is not directly scheduling into physician’s schedule. Today we call the office and they provide allowed time slot and communicate out to patients (Kelly)	It would be helpful if we could. We are not sure if the decision needs to be made outside of this workgroup.	Extending access for scheduling needs to be addressed separately.
In regards to ISP enters the referral and route it to UM workflow, Can the ISP approve the referral for DME and not route it ISP and sit in the WQ. Currently we perform these tasks with HMO model.	Can we have <i>security</i> for ISP managers to authorize, DME, skill nursing facility, acute rehab, and Home health? However, outpatient surgery needs to be still routed to UM to be reviewed. We do not want ISP managers to mark as Denied status AT ALL. If ISP managers feel that specific referrals need to be set to Denied, it needs to be routed to UM for physician review. Nurses do not have authority to deny services.	Follow up with Tapestry Team to see if we can split out specific referrals and services
Benefit Exclusions:, Can nurses still deny for medical necessity determination (for ONLY Cedars HMO?	Can system tease out medical necessity?	Kelly: This may be workflow for the team. That the referral may be denial based on medical necessity and route referral manually and use one of the Pending reasons



## Referrals Adoption Session Script – Foundational Referrals

		<p>Josi: We can look at the Pending reasons category lists and to be released.</p> <p>Dena: Tapestry have the Medical Necessity has been set up.</p>
<p>Example workflow: Torrance Memorial, HMO patient comes to Cedars and assign to a service. We don't put for follow up care, but it's part of discharge instruction and care management send information to Home care for a follow up and services to be coordinated and authorized within their network.</p>	<p>Do we have workflow for situation like this? We are not delegated group for those referrals but ISP physician is placing an order for Home Care.</p>	<p>What status should we set this as?</p> <p>Jessica – Closed</p> <p>and Reason?</p> <p>“Referral for care completed”</p>
ISP session Part 2		
EIS follow up from the first ISP session	EIS Recommendations	Comments from the Audiences
<p>If denying these referrals, would like a denial reason of Medical Necessity.</p>	<p>This is already on our list of denial reasons, so will be available to ISP</p>	<p>None</p>
<p>What status should be set for these referrals?</p>	<p>These need to remain authorized so that we can pay the claim for these services.</p>	<p>None</p>



## Referrals Adoption Session Script – Foundational Referrals

	Instead of closing, will want to use scheduling status to remove from WQ	
Send Michelle list of Team Lists we are using in routing logic for her to validate	Work in Progress	
Can there be some sort of indication that tasks/referrals haven't been completed when a patient is removed from the team list?	Work in Progress	
Can we add the referral button to the team list	Work in Progress	



## Referrals Adoption Session Script – Foundational Referrals

Questions from EIS after Session 1	ISP Response	Comments
Does ISP review SNF referrals for patients who aren't currently admitted to our hospital? Or does UM work these?	Yes,  Only for Cedars HMO patient. ISP all initial reviews prior authorization for currently in the hospital and who is going home. SNF is carve out where ISP case managers review whether they are coming from inpatient or outpatient.	Need to work with Kelly to see when DME is authorized by UM
Are there Cedars HMO patients admitted to our hospital that ISP doesn't follow?	No	
EIS follow up: Josi to schedule and walk through scenario to understand WQ structures		

Referrals for ISP patients with Cedars HMO				
Scenario Summary: Patient with Cedars HMO coverage was admitted and will be discharged soon. The physician indicates that she should go to general surgery after discharge.				
#	Workflow Step	CS-Link Tool	Validation Point	Comments
1	Physician places after discharge order for physical therapy	Order Entry	Order generating referral only happen for those with discharge (outpatient)  Josi: yes, they need to select After Visit box to place an order.	



## Referrals Adoption Session Script – Foundational Referrals

2	ISP case management staff updates incomplete referral	Referral Source WQ	<p>1. ISP case management staff will update incomplete referrals in CS-Link for the patients they are managing.</p> <p>None</p> <p>2. Referrals for patients who have Cedars HMO coverage or are on the ISP-All Patients team list will route to a separate WQ for ISP case management staff to work.</p> <p>Because ISP manages two subsets of patient (CEDARS HMO &amp; None Cedars HMO but being tracked by physician). We want to make sure to identify all patients</p> <p>Michele: How are you going to accomplish this step?</p> <p>Josi: Are you always manage by adding patients to ISP patient all team list?</p> <p>Michele: Look at IPS triage, triage rounding, team main list that are assigned to team. This steps always occur.</p> <p>Follow up from EIS: Update this validation point to review with Michele</p> <p>3. ISP case management staff will keep patients on their ISP- All Patients team list until they are done working their referrals.</p>	
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## Referrals Adoption Session Script – Foundational Referrals

			<p>Is there a way to attach constraint, before patient is being removed, can we have a check points that we can refer to make sure all the tasks have been completed before removal?</p> <p>Follow Up from EIS: EIS to touch base with Inpatient for a follow up.</p>	
3	ISP case management staff routes the referral to UM for review.	Referral Source WQ	<p>4. ISP case management staff will route referral to UM for review by manually setting Scheduling Status to “Referred by Complete”</p> <p>Do you need to keep monitoring referral while UM is working it and until UM give status, or get it off?</p> <p>Michelle: Want it to keep it until it’s completed. It’s currently getting tracked in naturalist. Would like to discuss with team regarding how we should track these orders. We would like to keep it in WQ to be transparent. Changing status scheduling status will allow referral to drop off</p>	
4	UM reviews and marks a decision in the referral.	UM Referral WQs	<p>4. Follow up from EIS: We will need to revamp the workflow so that ISP case management route to UM (pending status is automatically routed UM)</p>	
5	Receiving department PSR schedules appointment from the referral	Referral Recipient WQ or Appt Desk	<p>5. After UM marks a referral as authorized it will route directly to the receiving department WQ for scheduling.</p>	



## Referrals Adoption Session Script – Foundational Referrals

			Follow up from EIS: We will keep the referral with ISP case mgmt., until referral is Referral Completed Status.	
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Part 1 Sign-Off Points	
<ul style="list-style-type: none"> <li>ISP case management staff will update incomplete referrals in CS-Link for the patients they are managing.</li> <li>Referrals for patients who have Cedars HMO coverage or are on the ISP team lists will route to a separate WQ for ISP case management staff to work.</li> <li>ISP case management staff will keep patients on their ISP team lists until they are done working their referrals.</li> <li>Referrals for Cedars HMO patients that are worked by UM will automatically route to UM when they are in a Pending Review status. These referrals will also remain on the ISP referral WQ while in this status.</li> <li>After UM marks a final decision on a referral, it will remain in the ISP referral WQ until ISP has marked a scheduling status indicating they have completed their work.             <ul style="list-style-type: none"> <li>Should denied remain in ISP WQ? What is the next step?</li> </ul> </li> </ul>	<p><b>Validated</b></p> <ul style="list-style-type: none"> <li>After UM marks a final decision on a referral, it will remain in the ISP referral WQ until ISP has marked a scheduling status indicating they have completed their work.             <ul style="list-style-type: none"> <li>Should denied remain in ISP WQ? What is the next step?</li> <li>ISP would like to remain denial in WQ.</li> </ul> </li> </ul>

ISP referral WQ: What you will see in the WQ	
Incomplete referrals: Update missing items	
Pending referrals that ISP will work: Cedars HMO DME, HH, SNF and Non-Cedars HMO patients	
Pending referral that UM will work: Monitoring	<p>Kelly: What is the purpose of that ISP looking at what UM is doing?</p> <p>Michelle: I only need visual for what UM is completing and referrals only applicable to ISP.</p> <p>Wendi: Sometime we have to do additional authorization prior to surgery, can we see that.</p>



## Referrals Adoption Session Script – Foundational Referrals

	<p>Kelly: The referral is attached to patient therefore you can see the information.</p> <p>Josi: We can build WQ to monitor to see your patients that you are carrying for and different WQ that UM is working on (separating Child WQs).</p> <p><b>Follow UP: EIS to build out WQ to present to Kelly and ISP</b></p>
Authorized referrals that need to be scheduled	Did not discuss as sign off points
Denied referrals?	Did not discuss as sign off points

Referrals for ISP patients with an external payor – Covered in <b>Session 2</b>				
Scenario Summary: Patient with PPO coverage was admitted and will be discharged soon. The physician would like him to get a CT after discharge and places the imaging order.				
#	Workflow Step	CS-Link Tool	Validation Point	Comments
1	Physician places after discharge imaging order.	Order Entry		
2	ISP case management staff updates incomplete referral	Referral Source WQ		
3	ISP case management staff initiates the authorization with the external payor or PCP.	Referral Source WQ	<p>6. ISP case management staff will document their steps to obtain auth in the referral record.</p> <p>No Concerns</p>	
4	ISP case management staff marks a decision in the referral.	UM Referral WQs	<p>7. ISP case management staff will document the authorization details in the referral record and mark a decision.</p> <p>No Concerns</p>	
5	Receiving department PSR schedules appointment from the referral	Referral Recipient WQ or Appt Desk	8. ISP case management staff will route referral to the receiving department for scheduling by	





## Referrals Adoption Session Script – Foundational Referrals

			manually setting Scheduling Status to “Referred by Complete”  No Concerns	
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<b>Outgoing Referral - Covered in Session 2</b>				
<b>Scenario Summary:</b> Patient with PPO coverage was admitted and will be discharged soon. The physician has placed an order for physical therapy at an external location.				
1	ISP case management staff updates incomplete referral	Referral Source WQ		
2	ISP case management staff initiates the authorization with the external payor or PCP.	Referral Source WQ	9. ISP case management staff will document their steps to obtain auth for outgoing referrals.  Documentation and Tracking is same as Internal scenario.	
3	ISP case management staff marks a decision in the referral.	UM Referral WQs		
4	ISP case management assists in scheduling the outgoing referral for the patient.	Referral Recipient WQ or Appt Desk	10. ISP case management staff can assist in scheduling the patient and can document the external appointment in the scheduling form of the referral.  None	
5	ISP case management updates scheduling status to remove referral from the WQ			