Open Referrals Training

University of Miami
Clinical Enterprise
Technologies
Acknowledgments
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CHAPTER 1

Open Referrals Training
Objectives

After completing this lesson, you will:

- Know and understand the concepts of referrals and the Open Referral module in the IDX system.
- Be able to create and edit referral entries in the IDX Open Referrals module from various applications.
- Be able to link referrals to Scheduling Appointments, BAR invoices and VM Visits.
- Be able to view referrals data in the IDX system.
- Know the integration between Open Referrals and other IDX modules

Prerequisites

- Registration
- System Concepts/Patient Inquiry or Integration Overview

Corequisite

- Scheduling

Additional Training - depending upon job description

- Front Desk
- Charge entry

Access

1. Scheduling, VM/HPA, BAR, and TES
2. Function 44 or Action Codes within the Scheduling, VM/HPA, BAR and TES applications
The Goal and Benefits of Open Referrals

This lesson details how to use IDX in managing patient referrals with the ultimate goal of having the correct referral(s) linked to claims so that the payors will pay the claims upon receipt.

The benefits of Open Referrals are:

1. Patient Satisfaction is increased. Referral information is obtained at the beginning of the process. They are only asked for the information once. Since the claims will have the appropriate authorizations, patients and others will not be billed in error.

2. The process of getting a claim to the payor is more efficient. The authorizations are entered in the system only once at the time they are first obtained. Ideally, this is when the Appointment is being scheduled or the Visit is being created. There are fewer claim rejections which result in less corrective work for the back office.

3. Accounts Receivable are reduced. Since the claim has the correct authorization when it is initially sent to the payor, there are fewer rejections because of lack of authorization numbers. UMMG will get paid for the services rendered faster.

Use this document in conjunction with the Enterprise Process Workflows.

Referral Concepts

Some health insurers require that a patient receive the insurer’s authorization for a service prior to receiving the service in order for the insurer to pay for the service.

The authorization is usually not needed when a primary care physician provides the service, but is needed when the primary care, or other provider, refers the patient to another provider or facility for consultations, treatment, diagnostic testing or inpatient stays. In these cases, the patient needs a Referral for the referred service. If the referral is not received prior to the referred service being performed, the insurer is not obligated to pay for the service. So it is important that authorization be received for all patient services requiring authorization prior to the doctor seeing the patient or the patient having diagnostic tests or treatments or being admitted for an inpatient stay. Most insurers require authorizations for some, if not all, services that are not provided by a patient’s primary care physician.
Referral Criteria

Each referral is specific for a number of items. A referral can be authorized for one or more visits or treatments. Examples: A referral can be for one consult visit or for multiple chemotherapy treatments.

The following table defines the criteria necessary for each referral. If any one criteria changes, a new referral must be issued...

TABLE 1. Referral Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>The person to whom the service will be given</td>
</tr>
<tr>
<td>Referring From Physician</td>
<td>The physician from whom the referral came</td>
</tr>
<tr>
<td>Referring To Physician</td>
<td>The physician/department/facility to perform the service</td>
</tr>
<tr>
<td>Service</td>
<td>The specific service to be performed</td>
</tr>
<tr>
<td>Number of Treatments</td>
<td>The number of treatments or visits the patient is authorized to receive</td>
</tr>
<tr>
<td>Date Range</td>
<td>The dates for which the referral is valid</td>
</tr>
<tr>
<td>Insurer</td>
<td>The specific insurer who is authorizing the service and who will pay for the service if all the criteria of the referral are met.</td>
</tr>
<tr>
<td>Authorization Number</td>
<td>The insurer’s number for authorization of the service</td>
</tr>
</tbody>
</table>

The following table describes the four types of referrals. They are listed in the order of the most common occurrence to the least common occurrence. Internal/External Referring Physician Table.

TABLE 2. Internal/External Referring Physician Table

<table>
<thead>
<tr>
<th>Referring From Physician</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal to Internal</td>
<td>A UMMG physician is referring the patient to another UMMG provider or service</td>
</tr>
<tr>
<td>External to Internal</td>
<td>A non-UMMG physician, also called a community physician, is referring the patient to a UMMG provider or service</td>
</tr>
</tbody>
</table>
TABLE 2. Internal/External Referring Physician Table

<table>
<thead>
<tr>
<th>Referring From Physician</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal to External</td>
<td>A UMMC physician is referring the patient to a non-UMMG physician or service.</td>
</tr>
<tr>
<td>External to External</td>
<td>A non-UMMG physician is referring the patient to a non-UMMG physician or service. These are the only types of referrals that are not entered in the IDX system.</td>
</tr>
</tbody>
</table>
Introduction to Open Referrals in the IDX System

The IDX application to record and control referrals is called Open Referrals because the referrals entered into it are not limited to a patient’s primary insurance.

The only referrals that the system requires are referrals for HMO FSCs. An example is Humana.

Open Referrals allows users to create referrals on an as needed basis for any insurer. An example is Workers Compensation insurers. Usually an authorization is needed from these insurers to provide services.

Open Referrals automatically prompts users for referral information during the scheduling process for HMO category FSCs and provides tools to help the staff obtain authorizations for appointments and visits that require authorizations that haven’t been received yet. Built into the system is a ‘referral required’ list that specifies the insurers and services for which they require referrals and authorizations.

Function 44, Open Referrals, in the Scheduling, BAR and VM/HPA applications, allows users to create and edit referrals outside of the scheduling process. Access is also available through Action Codes in various applications. Referrals are kept in a separate database and are linked to other applications for billing purposes.

Example: The patient, Sue Jones, was referred to a dermatologist at UMMG by her primary care physician, Dr. Smith, for a consult. Ms. Jones calls to schedule an appointment and mentions that she has a referral. In addition to registering the patient, the referral needs to be entered in the IDX system.

The figure on the next page shows a referral issued by a primary care physician for a patient. The referral is to a specialist, a dermatologist. The referral must be entered in the computer in order for the dermatologist to be paid by the patient’s insurer.
FIGURE 1. Referral Process

Primary Care Physician: Dr. Smith
Patient: Sue Jones
Dermatologist
Enter Referral On-Line
IDX Open Referral Concepts

Referral

The main concepts of a referral are that one physician, frequently a patient’s Primary Care Physician (PCP), wants the patient to see another physician or have one or more visits or treatments for a specific purpose during a specific range of dates. HMO’s and some other types of payors require that they give authorization for the appointment(s), visit(s), or treatment(s). The authorization is usually called an Authorization number. It is sometimes referred to as the Referral number, the External Referral number, the Certification number, the Reference number or the Notification number.

Authorization Number

The Authorization number is the number provided by the payor. It is the number that the payor provides to indicate that they approve the service to be performed. Payors have different names for their approval numbers. Five different names are:

- Authorization Number
- Referral Number
- Reference Number
- Notification Number
- Certification Number

All the names mean the same thing. If the correct number is entered in the UMMC Referral number, the payor will pay the claim when it is first presente.

The UMMC Referral Number

Every Referral in the IDX system has a UMMC Referral number. This number is generated by the IDX system. It is used for tracking referrals in the IDX system. It is not the insurer’s authorization number. It is also referred to as the IDX System Referral number.
IDX Open Referral Concepts

Linking Referrals

In order for the referral authorization number to appear on the claim, the referral needs to be ‘linked’ to a Scheduling Appointment. By doing this, the referral will automatically be ‘linked’ to a TES encounter and the resulting BAR invoice and/or a VM Visit and will appear on the hospital insurance form.

Editing Referrals

There is functionality to add or change authorization numbers after the referral has been created and linked. This is necessary because referrals are frequently created before the authorization number is obtained from the insurer. In fact in some cases, the system creates the referral record in the database.

With Open Referrals, users identify the referring from and to providers, identify payor authorization number and type of service to be provided under a particular referral, specify the number of treatments/visits that have been approved under a referral, and identify specific procedure codes that have been included or excluded.

Referral Tracking

The IDX system tracks the number of times a referral has been billed. In the BAR application, the number of remaining referrals is decremented each time the referral is linked to an invoice. For example, if 10 treatments are authorized and the referral has been linked to four invoices, the number of treatments left would be six.

In VM/HPA the system counts the number of referral visits/treatments that have been entered in VM/HPA Charge Entry. Both the original authorized number of visits/treatments and the number of visits/treatments that have been counted (billed) are shown so that the user can calculate the number of visits/treatments remaining.

The system also tracks and displays the number of appointments that have been linked to the referral that have not been arrived yet. In the example, if there were two future appointments to which the referral has been linked, then, if those appointments are not cancelled, there are four treatments left on the referral.

A patient may have several referrals ‘open’ at the same time. For example, a patient may be receiving a series of treatments for a skin condition from a dermatologist for 3 months (one referral) and having a consultation with an orthopedic doctor for
a sprained ankle (another referral). If a patient needs additional treatment after the expiration of the time period or the number of treatments or visit, the referral has to be extended or another one obtained in order to have the insurer pay for the service.

The Enterprise Referral Patient Flow

From the patient’s perspective, there are seven steps in the referral flow. It is the patient’s responsibility to obtain the referral. If the patient does not have the referral when scheduling and appointment or visit, then staff may have to assist.

Because referrals are frequently for services performed in more than one area of the enterprise, staff members may have to obtain complete and accurate referral information from the patient or the patient’s referring provider.

The top boxes and pictures in the chart on the next page display the referral process from the patient’s point of view.

The rest of the chart shows the actions that need to be taken in the IDX system to ensure that the referral’s Authorization number is put on the claim. Without the proper authorization number on the claim, the payor will not pay for services performed.

The key points of the IDX portion of the figure are that referrals and authorizations are received and entered in the system at the earliest possible time---when patient makes the scheduling appointment or when the hospital visit is created. When this happens, the referral’s authorization number is automatically put on the claim with no additional user activities. It is very efficient and can save many hours of unnecessary work. An additional benefit is that users throughout the enterprise can view the referral information.
FIGURE 2. Referral Patient Flow

PATIENT REFERRAL FLOW

- Patient calls to schedule an appointment
- A referral is created
- An appointment is made
- Patient arrives and service rendered
- Patient checks out and pays Copay
- Charges are entered
- Claim mailed with correct authorization information

If a new patient:
- Mini Reg
- Full Reg
- Medical Insurance

New and Established Patient

If the patient has a new referral, enter it in the Open Referral database

OPEN REFERRAL DATABASE
- Phy Auth #
- Hosp Auth #

A Visit is created with Linked Open Referral data

SCHED An Appointment is created with the linked Open Referral data

FRONT DESK
Patient checks out and pays Copay.

Physician charges are reconciled with Front Desk payments

BAR A claim is prepared with Referral Auth # on it

VM/HPA Application

If the patient has a new referral, enter it in the Open Referral database

VISIT IN VM/HPA ONLY.
(No Sched Appointment)

LINK REFERRAL

If a new patient:
- Full Reg
- Medical Insurance

Create an Admission Visit and add Plan to it

Utilization Review with Linked Open Referral data

VM/HPA After Lag Days and Hold Bills satisfied, an HPA claim is prepared with Referral Auth # on it
Open Referral Concept Definitions

<table>
<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>An entry in the IDX Referral database. Each entry may contain an authorization for one or more physician visits, for one or more hospital visits, and for one or two chemo drugs.</td>
</tr>
<tr>
<td>Internal Physician</td>
<td>A physician who is part of the UMMG organization</td>
</tr>
<tr>
<td>External Physician</td>
<td>A physician who is not part of the UMMG organization. Also referred to as a Community physician.</td>
</tr>
<tr>
<td>Referring To</td>
<td>The provider, billing area or division to whom the patient is being referred.</td>
</tr>
<tr>
<td>Referring From</td>
<td>The person who is requesting the service. This is often the patient’s primary care provider (PCP).</td>
</tr>
<tr>
<td>Referral Types</td>
<td>The types of service a patient is being referred for. Examples of Referral Types include Consults, Outpatient Services, Inpatient, Outpatient Surgery and Diagnostics.</td>
</tr>
<tr>
<td>Referral Status</td>
<td>The status of the referral at the present time. Examples of status are approved, pending, rejected and duplicate.</td>
</tr>
<tr>
<td>Service Facility</td>
<td>The place where the service designated in the referral will be performed.</td>
</tr>
<tr>
<td>Referral Valid Dates</td>
<td>Referrals are date specific. Each referral has a beginning and ending date. Insurers will not pay for service on a referral if the date of service is not within the valid dates of the referral.</td>
</tr>
<tr>
<td>Number of visits</td>
<td>Each Referral has a specific number of visits for which it is valid. Insurers will not pay for service on a referral if the number of authorized visits has been used.</td>
</tr>
<tr>
<td>Adjudication</td>
<td>As charges are entered in either the BAR, TES or HPA applications, the system checks each line item against the referrals that are linked to the invoice, encounter or visit. This process is called adjudication.</td>
</tr>
</tbody>
</table>
Function 44 Add/Edit Referral Screens

The following are the screens in Function 44, Open Referrals. Function 44 is present in the BAR, Sched and VM/HPA application. Additionally, it is accessed via Action Codes in other functions of those applications. This function is used for creating new referrals in the IDX system and for editing existing Referrals.

The only fields that cannot be edited are:

- FSC
- Ref to Phys Int or Ext? (Internal or External)
- Referral Type
- Data on the History screen.

*Note:* If these fields need to be edited, the Referral Status should be changed to *Delete* and a new Referral should be created.

Add/Edit Referrals - 1st Screen (UMRW.A)

This screen captures information on where the Referral is coming from, the authorization numbers provided by the insurer and the type of service requested by the referring physician.

*FIGURE 3. Add/Edit Referrals - 1st Screen (UMRW.A)*
### TABLE 4. Add/Edit Referrals-1st screen (UMRW.A)

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Patient name. Access via any valid patient name lookup</td>
</tr>
<tr>
<td>FSC</td>
<td>FSC for the referral. If the patient has been previously registered, the FSC will appear here. It may be changed by the user if the Referral is for another FSC (Ex: Alternate Insurance Coverage). This field can be changed when adding the referral but not when editing it. <em>If it needs to be edited, the Referral Status should be changed to Delete and a new Referral created.</em></td>
</tr>
<tr>
<td>UMMG Referral #</td>
<td>Enter ? to select an existing referral. Enter G to generate this number for a new referral. This number is also referred to as the IDX Referral number. It is NOT the health plan’s authorization number and does not go on the claim.</td>
</tr>
<tr>
<td>Date Ordered</td>
<td>The date the referral has been ordered or created. If unknown, use the date the referral is created in the IDX system. (Enter “T” for this).</td>
</tr>
</tbody>
</table>
| Referring From UMMG Physician | Identifies the Referring From provider. This is a lookup field to the Provider dictionary (Dict 3).  
  • If a UMMG provider, enter the provider. The provider’s first 3 letters of the last name, the provider’s mnemonic, the provider’s IDX number or the provider’s UPIN number may be entered.  
  • Enter EXT for external physician if not a UMMG provider. The next field is for the entry of the Referring From physician’s name. |
| Referring From Non-UMMG Physician | If the External Provider is a Community doctor, enter the name in this field. This is a lookup to the Referring Physician dictionary. The provider’s first 3 letters of the last name, the provider’s mnemonic, the provider’s IDX number or the provider’s UPIN number may be entered. Leave this field blank if the Community doctor is not in the dictionary. Enter the Community doctor’s name in the next field. |
### TABLE 4. Add/Edit Referrals-1st screen ((UMRW.A) (cont.))

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referring From Free Text Phys</td>
<td>If the Referring Provider has not been entered in either of the previous two fields, enter the name here. This is a free text field.</td>
</tr>
</tbody>
</table>
| Referring From Free Text ID # | Enter the Referring Provider’s identification number in this field.  
Ex: UPIN number. This number will go on the claim form.  |
| Auth #                 | The authorization number provided by either the primary care physician (PCP) or insurer for the physician’s service.  
This number will be used on the HCFA 1500. It will also be used on the UB92 if the next field, Covers Hosp? is answered Y.  
The Auth # is not a required field when the Referral is created, however it is required before the Referral Status can be changed to Approved. |
| Covers Hosp?           | Y = The Auth # in the previous is valid for the hospital service.  
N = The Auth # in the previous field is not valid for the hospital service. |
| Hosp. Auth.            | This field is only available for data entry if the answer to the previous field, Covers Hosp? is N and the Svc Facility is UMHC or ABLEH.  
Enter the Hospital authorization number in this field. This number will be printed on the UB92. |
| CTU 1                  | For use only for chemotherapy drugs used on the Chemotherapy Unit (CPU) in UMHC.  
Enter the authorization number for the first chemotherapy drug. |
| CTU2                   | For use only for chemotherapy drugs used on the Chemotherapy Unit (CPU) in UMHC.  
Enter the authorization number for the second chemotherapy drug. |
### TABLE 4. Add/Edit Referrals-1st screen ((UMRW.A) (cont.))

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Svc. Facility</td>
<td>The location where the referral service is to be performed. This is a dictionary lookup field.</td>
</tr>
<tr>
<td></td>
<td>Ex: ABLEH, UMHC, PAC, UMH</td>
</tr>
<tr>
<td></td>
<td>For each entry in the dictionary there is logic in the system to determine if all the required fields in the referral have been appropriately filled in. When they have, the system will automatically change the status of the referral to Approved.</td>
</tr>
<tr>
<td>Ref To Phys Int or Ext?</td>
<td>Identifies whether the Refferred To provider is an Internal (within UMMG organization) or an External provider (outside the UMMG organization).</td>
</tr>
<tr>
<td></td>
<td>INT= the Referring To provider or service is a UMMG provider</td>
</tr>
<tr>
<td></td>
<td>EXT= the Referring To provider or service is not a UMMG provider</td>
</tr>
<tr>
<td></td>
<td><em>This field should not be edited. If it needs to be edited, the Referral Status should be changed to Delete and a new Referral created.</em></td>
</tr>
<tr>
<td>Referral Type</td>
<td>Broad description of the type of service to be provided. This is a dictionary lookup field.</td>
</tr>
<tr>
<td></td>
<td>To know which Referral Type to enter on a Referral, refer to the Policy and Procedure manual</td>
</tr>
<tr>
<td></td>
<td>Enter a ? or the partial name, name, number or mnemonic.</td>
</tr>
<tr>
<td></td>
<td><em>This field can not be edited. If it needs to be edited, the Referral Status should be changed to Delete and a new Referral created.</em></td>
</tr>
<tr>
<td>Referral Status</td>
<td>Describes the current status of the referral. This is a dictionary lookup field.</td>
</tr>
<tr>
<td>Define Proc.</td>
<td>Y = Referral relates to specific procedures. Go to the screen where they are defined.</td>
</tr>
<tr>
<td></td>
<td>N or Blank - Referral does not relate to specific procedures.</td>
</tr>
<tr>
<td>Diagnosis 1</td>
<td>The first diagnosis for which the patient is being referred to the specialist.</td>
</tr>
<tr>
<td>Diagnosis 2</td>
<td>The second diagnosis for which the patient is being referred to the specialist.</td>
</tr>
</tbody>
</table>
The next screen that displays when entering a new referral depends upon the Referring To provider.

- If the Referring To provider is an Internal provider (within the UMMG organization), the UMR9.INT screen will display with fields to capture the necessary data.
- If the Referring To provider is an External provider (a Community provider), the UMR9.SP screen will display with the fields to capture the necessary data.

### TABLE 4. Add/Edit Referrals-1st screen ((UMRW.A) (cont.)

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
<td>Three lines for entry of free text information related to the referral. If 3 lines are not sufficient, use the last one to indicate that comments are continued on the Comment Screen and enter the remaining comments on the Comment Screen of the Referral.</td>
</tr>
<tr>
<td>PCP</td>
<td>If a PCP was entered in Registration, it will display in this field.</td>
</tr>
</tbody>
</table>
Following a picture of the screen is a list of the Action Codes for the Add/Edit Referrals Screen 1 that users will be allowed to use. The R-Referring To Action Code is listed first because it is the only to view the Referring To provider information after the referral has been filed. The other Action Codes are list in alphabetical order.

**Add/Edit Referrals Action Code Table - Screen 1 ((UMRW.A))**

<table>
<thead>
<tr>
<th>Action Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R-Referring To</strong></td>
<td>To view or edit&lt;br&gt;• Referring To provider/department/service information&lt;br&gt;• Valid referral From and To dates&lt;br&gt;• Maximum number of treatments&lt;br&gt;• Remaining Visits for BAR (physician) visits/treatments. The number of VM/HPA (hospital) counted visits does not display on this screen&lt;br&gt;• Estimated First Treatment Date</td>
</tr>
<tr>
<td><strong>A-Audit Trail</strong></td>
<td>To view the audit trail for this referral</td>
</tr>
<tr>
<td><strong>S-Status History</strong></td>
<td>A history of the changes to the status of this referral</td>
</tr>
</tbody>
</table>
FIGURE 4. Add/Edit Referrals - To an Internal Provider (UMR9.INT)

To view and edit this screen, use Action Code R-Referring To from the first Add/Edit Referral screen (UMRW.A)

TABLE 6. Add/Edit Referrals - To an Internal Provider (UMR9.INT)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>Patient Name defaults in from Referral Add/Edit screen</td>
</tr>
<tr>
<td>Referral</td>
<td>The UMMG Referral number. It is not the number that goes on the claim.</td>
</tr>
</tbody>
</table>
| UMMG Physician | If provider is known, enter the UMMG provider the patient has been referred to.  
                      | If not, arrow down to the Billing Area field.                                |
|                | This is a dictionary field.                                                 |
| Billing Area   | If the previous field was left blank and if the patient was referred to a specific Billing Area rather than a specific provider, enter the Billing Area here.  
                      | If not, arrow down to the Division field.                                    |
|                | This is a dictionary field.                                                 |
To view and edit this screen, use Action Code R-Referring To from the first Add/Edit Referral screen (UMRW.A)

**TABLE 6. Add/Edit Referrals-To an Internal Provider (UMR9.INT) (cont.)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division</td>
<td>If the previous two fields were left blank, enter the Division the patient was referred to here. If data was entered in either of the previous two fields, leave this field blank. This is a dictionary field.</td>
</tr>
<tr>
<td>Valid From Date</td>
<td>Enter the date the referral is valid from. If the date is not known, enter today’s date (enter a T).</td>
</tr>
<tr>
<td>Valid To Date</td>
<td>Enter the date the referral expires. If the date is not known, leave blank.</td>
</tr>
<tr>
<td>Estimated First Treatment Date</td>
<td>If an appointment has been made for this referral, enter the first appointment date here. If no appointment has been made for this referral, Enter the date the referral is valid from. If the date is not known, enter today’s date (enter a T).</td>
</tr>
<tr>
<td>Max Number of Visits</td>
<td>Enter the number of treatments/visits authorized. If the number of visits/treatments is not specified with the authorization, enter 1. If the authorization has not been received, enter 0.</td>
</tr>
<tr>
<td>Remaining Visits</td>
<td>Every time a BAR invoice is created and is linked to this referral, the number displayed in this field will be decremented. Initially this number will be equal to the Max Number of Visits. Zero indicates that there are no visits remaining on the referral. This field is not relevant to the number of VM/HPA visits remaining on the referral.</td>
</tr>
</tbody>
</table>
Open Referrals - Referring To External Physician Screen (UMR9.SP)

This screen captures information relating to a patient being referred to an External (Community) provider.

**FIGURE 5. Add/Edit Referrals - To an External Provider (UMR9.SP)**

To view and edit this screen, use *Action Code R-Referring To* from the first Add/Edit Referral screen (UMRW.A)

**TABLE 7. Open Referrals-Referring to External Provider (UMR9.SP)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>Patient Name defaults in from Referral Add/Edit screen</td>
</tr>
<tr>
<td>Referral</td>
<td>The UMMG Referral number. It is not the number that goes on the claim.</td>
</tr>
<tr>
<td>Non-UMMG Physician</td>
<td>Enter the Community provider the patient is being referred to. This is a dictionary field. The provider’s first 3 letters of the last name, the provider’s mnemonic, the provider’s IDX number or the provider’s UPIN number may be entered. Leave the field blank if the provider is not in the dictionary.</td>
</tr>
</tbody>
</table>
To view and edit this screen, use **Action Code R-Referring To** from the first *Add/Edit Referral* screen (UMRW.A)

**TABLE 7. Open Referrals-Referring to External Provider (UMR9.SP)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Text Physician</td>
<td>If the previous field was left blank, enter the External provider’s name here. If a provider was entered in the previous field, leave this field blank.</td>
</tr>
<tr>
<td>Reason for External Request</td>
<td>Enter the reason why the patient is being referred to a non-UMMG provider or facility. This is a dictionary field. Select the most appropriate reason.</td>
</tr>
<tr>
<td>Valid From Date</td>
<td>Enter the date the referral is valid from. If the date is not known, enter today’s date (enter a T).</td>
</tr>
<tr>
<td>Valid To Date</td>
<td>Enter the date the referral expires. If the date is not known, leave blank.</td>
</tr>
<tr>
<td>Max Number of Visits</td>
<td>Enter the number of treatments/visits authorized. If the number of visits/treatments is not specified with the authorization, enter 1. If the authorization has not been received, enter 0.</td>
</tr>
<tr>
<td>Remaining Visits</td>
<td>Every time a BAR invoice is created and is linked to this referral, the number displayed in this field will be decremented. Initially this number will be equal to the Max Number of Visits. Zero indicates that there are no visits remaining on the referral. This field is not relevant to the number of VM/HPA visits remaining on the referral.</td>
</tr>
</tbody>
</table>
Function 44 Add/Edit Referral Screens

Open Referrals - Referral Comments Screen (UMRW.COM)

This screen captures comments relating to the referral that are not entered on the first Referral screen in the Comments field. This is an free text IDX word processing screen. Since comments are not needed for most referrals, this screen is not part of the automatic sequence of the Add/Edit Referral screens. To access this screen from the Add/Edit Referrals screen, use the Page Down key until the this screen displays.

FIGURE 6. Referral Comments Screen (UMRW.COM)

Open Referrals - Referral Audit Trail Screen (UMRW.AUD)

This screen displays an audit trail for the Referral. It cannot be edited. To access this screen from the Add/Edit Referrals screen, use the Page Down key until the this screen displays.

FIGURE 7. Referral Audit Trail Screen (UMRW.AUD)
Open Referrals Training

Open Referrals - Authorized Procedure Screen (UMRW.PRO)

If the referral is valid only for specific procedures or if a referral excludes specific procedures, the procedures are captured in this screen.

Since most referrals are not for specific procedures, this screen is not part of the automatic sequence of the Add/Edit Referral screens.

This screen is usually accessed from the “Define Proc” field in the first Referral screen ((UMRW.A). This screen can also be accessed from the Add/Edit Referrals screen, press F7 then P. Then select 4-PRO. Alternatively, use the Page Down key until the this screen displays.

If no procedures have been specified on the referral, then this screen should be left blank.

Procedure codes can be entered to include or exclude

- a single procedure code
- a range of procedure codes
- a predefined group of procedure codes

When a procedure is entered on an invoice that has a referral with procedures specified, the system adjudicates it to see if the procedure is authorized.

The Authorized Procedure screen and field descriptions are on the next page.
Function 44 Add/Edit Referral Screens

**FIGURE 8. Add/Edit Referrals-Procedure Code Screen (UMRW.PRO)**

![Procedure Code Screen](image)

**TABLE 8. Open Referrals-Authorized Procedure Screen (UMRW.PRO)**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
</table>
| Select By    | The type of selection for this entry. Valid entries are:  
  - Single = one CPT code  
  - Range = consecutive CPT codes  
  - Group = a package of specific CPT codes. Ex: Cardio Invasive Med GI Procedure Ovulation Induction |
| Display By   | Valid only with the Range option  
  1 = Display CPT code number on this screen  
  2 = Display CPT code description on this screen |
| CPT Start #  | Entry a valid CPT code for the Single option  
  Enter the beginning CPT code for the Range option  
  Enter the Group name. This is a dictionary lookup field. |
Press Enter to return to the first Add/Edit Referral screen for completion of the referral.
To File a New or Edited Referral

To File the new or edited referral, press *F10*. After filing the Referral one or more messages may appear.

Referral Filing Messages

After a Referral is filed, a message displays that the Referral has been filed and the messages includes the generated UMMG Referral number. The message may also include information if the Rule Bank was used.

![IDXtend Managed Care Application](image)

When a Referral meets the criteria of a Rule, the Rule Bank places that Referral in a specified Referral Manager Queue for a designated person to review and/or work to obtain the necessary authorization information. The rules in the Rule bank are:

**TABLE 9. Open Referral Rule Bank Rules**

<table>
<thead>
<tr>
<th>Rule</th>
<th>Logic</th>
<th>Referral Manager Queue</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Referral Location = OTH</td>
<td>Priority 1</td>
</tr>
<tr>
<td></td>
<td>Status = Pending</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Estimated 1st Treatment Date is between T-1 and T+1</td>
<td></td>
</tr>
</tbody>
</table>
Open Referrals Training

Hold Bills

If a VM/HPA Visit has a linked referral that does not have the necessary authorization and other components, a Referral Hold Bill will be put on the Visit so that it will not be billed until the referral data is complete.

Referral Filing Warning Messages Examples

1. After the system files the Referral, it may display a warning message. The warning message alerts the user that something was entered that is not customary. It is up to the user to determine if the data entered is correct for the specific Referral. Follow the Policies and Procedures when these messages appear.

   FIGURE 9. Referral Filing Warning Message Date Message

   ![Referral Filing Warning Message Date Message](image_url)

   This example message warns the user that the date entered in the Ordered Date field is before the date entered in the Valid From Date. This occurs when the authorization is obtained prior to the Referral being entered in the IDX system.

2. After filing a Referral, if the system detects that the new or edited referral may be a duplicate of one that is already in the system, it displays a bottom form

<table>
<thead>
<tr>
<th>Rule</th>
<th>Logic</th>
<th>Referral Manager Queue</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Referral Location = OTH Status = Pending Estimated 1st Treatment Date is between T+2 and T+5</td>
<td>Priority 2</td>
</tr>
<tr>
<td>3</td>
<td>Referral Location = OTH Status = Pending Estimated 1st Treatment Date between is greater than T+5</td>
<td>Priority 3</td>
</tr>
</tbody>
</table>
message box. Duplicate checking is based on existing Referrals for the patient that are for the same FSC and Provider with Referral Effective Dates near the dates of Referral being entered.

**FIGURE 10. Referral Filing Possible Duplicate Referral Message (HMRK.A)**

To view the Referral(s) that the system thinks might be duplicates on a screen with options for doing the research to determine if the new or edited referral is truly a duplicate, press the *Enter* key to accept the default answer *Y*.

To not view the possible duplicate(s), change the *Y* to an *N* and press *Enter*.

Below is the Referral Possible duplicate screen with the options for researching.

**FIGURE 11. Open Referrals Possible Duplicate Checking Screen (HMRQ.A)**
The cursor returns to the last question in the Possible duplicates form. Enter Y to delete the Referral being added or edited. Enter N to keep both Referrals on the system.

**FIGURE 12. Open Referrals Possible Duplicate Checking Screen (UMRW.A)**

---

**Referral Status Rule Bank - Automatic Status Change Messages**

When a Referral is added or edited, the system will perform a check on certain data elements in the Referral. Based on the values in the Referral data elements, it will assign an appropriate Status to the Referral. If Rule Bank determines that a Referral’s Status should be changed to Approved, the following message displays to the user.

**FIGURE 13. Referral Rule Bank Status Changed to Approved Screen**

---

**Referral Filed Message**

After a Referral is added to the system or is edited and the user files it using the F10 key, a message displays indicating the Referral was filed and displaying the assigned UMMG Referral number. The message stays on the screen until the user presses the Enter key or clicks on the OK button. This gives the user time to write the UMMG Referral number on a paper document if that is part of the referral entry process.
FIGURE 14. Referral Filed Message Screen
Open Referral Integration

The process for entering referral data in the IDX system is designed for the referral and its authorization data to be entered once and then linked in the appropriate applications for its ultimate destination on the claim form.

The following describes the integration process:

**TABLE 10. Open Referral Integration Process**

<table>
<thead>
<tr>
<th>Process Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Create a Referral in the IDX system with the referral authorization information from the payor or the patient’s primary care provider. This is accomplished in Function 44, Add/Edit Referrals in BAR, Scheduling or VM/HPA or through Action Codes in the applications to get the user to that functionality without going back to the Function Menu.</td>
</tr>
<tr>
<td>2</td>
<td>Schedule an appointment. Use the Scheduling application to schedule appointments</td>
</tr>
<tr>
<td>3</td>
<td>Link the Referral to the Appointment. There are multiple ways to link the Referral and they are described below. The best place to link the Referral to the Appointment is in the process of scheduling the appointment. From within the Scheduling application the recommended steps are 1. In Function 1, register a new patient or access an existing patient. 2. If patient has a referral for the appointment, press F9, Action Code Y to Add/Edit Referral (step 1 in this process flow) to see if it is already in the system or to add it if it is not. 3. Link the Referral in one of the ways described below.</td>
</tr>
</tbody>
</table>
TABLE 10. Open Referral Integration Process (cont.)

<table>
<thead>
<tr>
<th>Process Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Use the Appointment number to create the invoice in the Front Desk payment entry function if there are patient payments at the time service. By doing this, the appointment is automatically linked to the invoice. If a Referral was already linked to the Appointment, there is no additional manual steps needed to get the authorization number on the claim.</td>
</tr>
<tr>
<td>6</td>
<td>Perform a Utilization Review If a referral is linked to a Visit, the referral data is automatically defaulted into the Utilization Review module. If the referral Authorization number field is edited on the Utilization Review screen, the system automatically updates the Referral with the new Authorization number.</td>
</tr>
</tbody>
</table>
The following pages describe the detail of each of these integration points.

<table>
<thead>
<tr>
<th>Process Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Enter the charges for the services performed. The critical step here is to make sure that the Appointment is linked to the charge, or when there is no appointment linked to the charge, that the referral is linked to the Visit. When the Appointment is linked to the charge, the Referral is automatically linked to the charge (if the Referral was previously linked to the Appointment). Physician billing charges are entered in the TES function of BAR and hospital charges are entered in the Charge Entry function of VM/HPA. If the appointment had not been linked in Front Desk or no payments were collected, then the user must link the Appointment to the charges in TES or in VM/HPA Charge Entry. In some cases, there will be no Appointment to link to the charge. In these cases, the Referral must be linked to the charge in TES for physician billing and in Charge Entry in VM/HPA for hospital billing. Surgical procedures are an example of this. After each line item is entered, the system adjudicates the line item against the linked Referral.</td>
</tr>
<tr>
<td>8</td>
<td>Print the claim with the authorization number. The authorization number is put on the claim form only if the Referral has been linked to the charges on the claim.</td>
</tr>
</tbody>
</table>

TABLE 10. Open Referral Integration Process (cont.)
Scheduling Integration

Scheduling - Add/Edit Referrals (the equivalent of F44)

Function 1, Action Code Y- Referral Add/Edit. To enter a referral when scheduling an appointment. The Action code should be invoked just after the patient has been entered.

FIGURE 15. Scheduling - Schedule Appointment - Action Code Y (USAC.ONE)

Scheduling - Referral Required Linking Screen

1. When entering a new appointment in Function 1, a Referral Linking Screen form displays when the system determines that a referral is required. The screen appears based on the patient’s primary FSC, the Referral Required rules in the system and the criteria entered in the Scheduling Appointment screen.
After the appropriate Referral is linked in the Referral Linking screen shown below, the Referral data is automatically defaulted in the ADF and the Referral Required Linking screen is no longer displayed.

**FIGURE 16. Scheduling - Schedule Appointment - Link Referral (USAC,ONE)**

When this bottom form displays, the user must enter either an UMMG Referral number or a ? to select an existing Referral or a Missing Referral Reason.

If no UMMG Referral number is entered the Missing Referral Reason field automatically displays for entry of the missing referral reason. If the user tries to file (F10) or exit the screen without entering one of these two data elements, the following message displays:

Follow Policies and Procedures for entering data in the Copay field.

**FIGURE 17. Sched - Schedule Appointment - Referral Error Message**
Scheduling - Referral Linked Message

After a Referral has been selected in the Referral Required Linking screen a message displays with the number of treatments left on the referral for BAR invoices.

FIGURE 18. Sched Appointment - Referral Linked Message

Scheduling - Exceeding Referral Limits Warning Message

After a Referral has been linked to an Appointment, the following warning message may appear. Follow Policies and Procedures when this message appears.

FIGURE 19. Sched Appointment - Referral Exceeding Limits Warning

Scheduling - Referral Linking and Editing on the ADF

After a Referral has been linked or a Missing Referral Reason has been entered in the Referral Required Linking screen, the referral data on the ADF can be edited. When either the linked UMMG Referral number or the Missing Referral Reason is edited on the ADF, the system updates the VM/HPA Visit if there is one linked to the Sched appointment.

There are more steps than just updating the referral information on the ADF if it is linked to a VM/HPA Visit.
In addition to the Referral information, the copay that was entered or calculated in the bottom form will default into the Copay fields on the following screens.

**FIGURE 20. Sched ADF - Missing Referral (UUVQ.VQ1)**

**FIGURE 21. Sched ADF - Valid Referral Data (UUVQ.VQ1)**
Scheduling - Viewing Referral data on the Recap Display

The Valid and Missing Referral data is displayed in the Recap Screen. Any Referral information that is incorrect can be corrected after the appointment is filed.

FIGURE 22. Sched Recap Screen - Referral Data
Scheduling-Referrals From the Patient Appointment Screen (Function 2)

- Use Action Code V to view and change the Referral data in the ADF.
- Use Action Code Y to access the Referral Add/Edit functionality (equivalent to Function 44 - Open Referrals).
  - To Add a Referral, Action Code 1
  - To Edit a Referral, select the Referral, then press F10.
- Use Action Code Z to access VM/HPA.
  - Use Action Code RA to access the Referral Add/Edit functionality (Function 44 - Open Referrals)
  - Use Action Code IV to access the Plans screen, and then use Action Code R-Referrals/Authorization. From this screen you link the Referral by using Action Code C-HMO Copays/Referrals or Action Code R-Link/View Referral.

FIGURE 23. Sched - Patient Appointments - Referral Action Codes (USTP.PT)
Scheduling Integration

Appointment Scheduling - Linked Appointments

Open Referrals tracks the number of times Referrals are linked to Appointments and the number of invoices that are linked to a Referral.

It displays this information in the Expanded View (Action Code E-Expand/Contract) of the Referral Selector screen.

FIGURE 24. Scheduling Referral Selector Screen

TABLE 11. Scheduling Referral Selector Screen fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>The number of authorized visit/treatments for this referral</td>
</tr>
<tr>
<td>Pending</td>
<td>The number of Appointments that have been scheduled but not arrived</td>
</tr>
<tr>
<td>Estimated Available</td>
<td>A calculation: Appointments - Pending - the number of BAR invoices linked to this Referral The reason for the word ‘Estimated’ is that there could be additional Appointments that have an Arrived status but have not had any charges entered yet.</td>
</tr>
<tr>
<td>HPA Increment</td>
<td>Discussed in the VM/HPA Integration section of this manual</td>
</tr>
</tbody>
</table>
Front Desk Integration

Front Desk - Linking the Scheduling Appointment

If an Appointment has been made for the payments being entered in the Front Desk module, the user should enter the Scheduling Appointment number in the Front Desk screen. Access to Front Desk is in Scheduling Function 1, Action Code O/

The easiest way to accomplish this linking is to select the appointment when prompted by the system or to enter the Appointment number, preceded by a V, in the Patient Name field (see the figure below)

After pressing Enter, all the data from the Appointment defaults into the header part of the Front Desk screen. If or whenever a Referral is linked to the Appointment, the Referral’s authorization number will be printed on the claim form.

By entering the Appointment number in the Front Desk screen the user is automatically linking the UMMG Referral to the TES Encounter that Front Desk automatically creates and/or the VM/HPA Visit. The benefits of this action is that the referral linking is complete for all the charges associated with the TES Encounter or VM/HPA Visit. The UMMG Referral number will automatically populate the Appointment number in the Front Desk Screen.

FIGURE 25. Front Desk - Patient Name Field Entry (UFCO,A)
A sample Front Desk patient payment screen is shown on the next page.

If the Appointment was selected from the selector or entered at the patient name prompt, the Appointment number defaults into the Front Desk screen.

If the Appointment number is blank, the user should enter it or enter a ? to select the appointment number.

**FIGURE 26. Scheduling Front Desk (USAC.ONE)**

If a copay was entered or calculated in the Scheduling bottom form, the copay amount will be displayed in the Today’s Amount field in this screen.
Utilization Review Integration

There are two screens that display referral data that is linked to the Visit of the Utilization Review.

1. The first UR screen. When a Y is entered in the Show Authorization box, all UMMG linked Referral numbers are displayed.

FIGURE 27. Utilization Review - 1st Screen (U6UR.D1)

FIGURE 28. Utilization Review - Linked Referral Screen (I6UA.A)
The 3rd screen of the Utilization Review displays the Approval and Authorization Codes.

**FIGURE 29. Utilization Review - Authorization Numbers (U6UR.D3)**
**TES Integration**

**TES (BAR Function 1000) - Add/Edit Referral**

BAR Function 1000, Activity 1, TES Encounter/Transaction Entry, provides the ability to link a Referral when entering charges in TES.

The important Open Referrals field on this screen is the Visit # field. The Visit # field on this screen is the Sched Appointment number.

It is vital that the correct Scheduling Appointment number is enter in the Visit # field in this screen. By entering the correct appointment number here, the referral will be linked to the BAR invoice and will be put on the claim.

When no Scheduling Appointment number is available for this field, enter a ? in the UMMG Ref# field to display the Referrals for the patient. Select the appropriate one for the TES encounter. An example of this is when a Sched Appointment is not available is for surgical procedures.

**FIGURE 30. TES Encounter/Transaction Entry (UTT1.A)**
**VM/HPA Integration**

If a VM/HPA Visit is linked to a Scheduling Appointment and a Referral is linked to the appointment, the Referral is automatically linked to the Visit. The Scheduling ADF screen is shown below.

**FIGURE 31. VM/HPA Referral Integration - Sched ADF (UUQ.VQ1)**

VM/HPA Action Code IV, Action Code R, then Action Code C shown below displays that the Referral is also linked to the Visit, or it will show the Missing Referral Reason.

**FIGURE 32. VM/HPA Integration - Action Code IV, Action Code C (ICR0.A)**
If a Missing Referral Reason is stored in the appointment, the Missing Referral Reason is automatically stored in the Visit.

To add or edit Referrals in VM/HPA,

1. Function 1 - Patient Actions
2. Action Code RA - Add/Edit Referrals. This is the equivalent of Function 44, Add/Edit Referrals. Refer to the Function 44 section of this manual for instructions.

To link Referrals to Visits

1. Function 1 - Patient Actions
2. Action Code IV - Ins. Verification
3. Action Code R - Referrals/Authorizations
4. Action Code C - HMO Copays/Referrals

**FIGURE 33. VM/HPA Referral Integration - Action Code IV**

5. Action Code C-Choose Referral/Copay, shown on the next page, displays all the Referrals currently linked to a Visit. It also displays the Scheduling Appointment number linked to each referral on the Visit.

6. Referrals can be added and deleted from the Visit on this screen. All actions taken on this screen will automatically update the Appointment ADF Referral information. NOTE: If the Referral data is updated on the ADF, the fields in the VM/HPA Visit Referral information will not be updated.
7. To determine the number of hospital treatments remaining on the Referral, subtract the number of treatments counted from the number of treatments authorized.

**FIGURE 34. VM/HPA Ref. Action Code IV C-Choose Referral/Copay (ICR0.A)**
VM/HPA Choose Referral/Copay Screen Fields

The top part of the screen displays the Visit information.

**TABLE 12. VM/HPA Choose Referral/Copay Screen fields**

<table>
<thead>
<tr>
<th>Field</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>The UMMG Referral number that is linked to the visit.</td>
</tr>
<tr>
<td>Copay</td>
<td>The Copay</td>
</tr>
<tr>
<td>Appt #</td>
<td>The Scheduling Appointment number that is linked to the Visit.</td>
</tr>
<tr>
<td>Treatments</td>
<td>The number of Visit or Treatments Authorized.</td>
</tr>
<tr>
<td>Auth #</td>
<td>The number of times charges have been entered in VM/HPA Charge Entry for this Referral/</td>
</tr>
<tr>
<td>Treatments</td>
<td>The number of times charges have been entered in VM/HPA Charge Entry for this Referral/</td>
</tr>
<tr>
<td>Counted</td>
<td>The number of times charges have been entered in VM/HPA Charge Entry for this Referral/</td>
</tr>
<tr>
<td>Days Auth #</td>
<td>The Authorization Number from the Utilization Review</td>
</tr>
<tr>
<td>Days Actual LOC</td>
<td>From the Utilization Review screen</td>
</tr>
</tbody>
</table>

VM/HPA Visit/Treatment Counting

Open Referrals counts the number of times charges have been entered on Visits that are linked to each Referral. The system displays the count in the Referral Selector screen in both the Expanded and non-Expanded view. The Expanded view is shown below because that view shows the number of Appointments that have been linked to the Referral, the number of Appointments that are still in a Pending Status and the estimated number of Appointments Available.
FIGURE 35. VM/HPA Referral Selector Screen
**Adding/Editing a Referral on an Appointment or Visit or Deleting a Referral**

The following table describes some of the instances that require the addition of a new Referral to the system, editing an existing one or deleting an incorrect one. Detail steps are described for each of the entries in the table. 1

<table>
<thead>
<tr>
<th>Situation</th>
<th>Topic Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>No UMMG Referral exists for the required criteria.</td>
<td>Add a Referral</td>
</tr>
<tr>
<td></td>
<td>See “Add a Referral” on page 54</td>
</tr>
<tr>
<td>Adding and Editing a Referral from the Referral Selector Screen.</td>
<td>See “Add and Edit a Referral from the Referral Selector Screen” on page 55</td>
</tr>
<tr>
<td>A referral has just been obtained for an Appointment or Visit that has a Missing Referral Reason.</td>
<td>See “Replace a Missing Referral Reason with a valid Referral link” on page 55</td>
</tr>
<tr>
<td>The Authorization number has to be added to an existing Referral</td>
<td>See “Add an Authorization number to a Referral” on page 55</td>
</tr>
<tr>
<td>Appointment and linked Visit have incorrect UMMG Referral linked to them</td>
<td>See “Correct the linkage of a UMMG Referral number to a Scheduling Appointment that is not linked to a VM/HPA visit or one that is linked to a VM/HPA Visit and the UMMG Referral # field is blank or if the UMMG Referral # field is not blank and there is no VM/HPA visit linked to the Appointment” on page 56</td>
</tr>
<tr>
<td>Visit has incorrect UMMG Referral linked to it and there is no Appointment linked to the visit (ex: Surgery)</td>
<td>See “F10 to select the referral” on page 60</td>
</tr>
</tbody>
</table>
Adding/Editing a Referral on an Appointment or Visit or Deleting a Referral

### TABLE 13. Referral Adding/Editing/Deleting situations (cont.)

<table>
<thead>
<tr>
<th>Situation</th>
<th>Topic Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointment has incorrect Referral linked to it and there is no Visit linked to it</td>
<td>See “Correct the linkage of a UMMG Referral number to a Scheduling Appointment that is not linked to a VM/HPA visit or one that is linked to a VM/HPA Visit and the UMMG Referral # field is blank or if the UMMG Referral # field is not blank and there is no VM/HPA visit linked to the Appointment” on page 56</td>
</tr>
<tr>
<td>Editing the Referral on the ADF</td>
<td>See “Edit the Referral fields in the Scheduling ADF” on page 64</td>
</tr>
<tr>
<td>Editing the Referral fields in TES</td>
<td>The recommended way to unlink the referral from the Tes Encounter or to link another referral to the Encounter is:</td>
</tr>
<tr>
<td></td>
<td>• In Scheduling if no VM/HPA Visit is linked to the Appointment (See “Correct the linkage of a UMMG Referral number to a Scheduling Appointment that is not linked to a VM/HPA visit or one that is linked to a VM/HPA Visit and the UMMG Referral # field is blank or if the UMMG Referral # field is not blank and there is no VM/HPA Visit linked to the Appointment” on page 56)</td>
</tr>
<tr>
<td></td>
<td>• In VM/HPA if a visit is linked to the Appointment (See “F10 to select the Referral)</td>
</tr>
<tr>
<td>Editing the Authorization number in Utilization Review (UR)</td>
<td>If the Authorization number is edited in the UR screen, it will update the Authorization number in the IDX Referral</td>
</tr>
</tbody>
</table>
-Add a Referral

When no UMMG Referral exists for the required criteria, a new Referral needs to be created.

In addition to creating a Referral for a New Patient Visit, new Referrals may need to be created when the expiration date or the number of treatments on an existing Referral have expired or the number of treatments/visits have been used.

Sometimes the insurer will authorize the extension of an existing Referral. In this case, the existing Referral needs to be edited and a comment added specifying who gave permission to extend the dates or treatments/visits on the Referral.

There are two ways that Referrals are added to the system.

1. Users create Referrals using the Add/Edit Referral functionality. A Referral can be created from Function 44-Open Referrals in many applications and also from an Action Code present in many screens. These have been defined in the Integration section of this manual.

2. The system creates the shell of a Referral when a Visit is created in Visit Management.

The next page describes how to add a Referral from the Referral Selector Screen.

---

**TABLE 13. Referral Adding/Editing/Deleting situations (cont.)**

<table>
<thead>
<tr>
<th>Situation</th>
<th>Topic Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Editing information in a UMMG Referral field that can or should not be edited. The fields are: FSC, Ref to Phys Int or Ext, Referral Type</td>
<td>See “Delete a Referral” on page 65.</td>
</tr>
<tr>
<td>Deleting a Referral because it was created in error.</td>
<td>See “Delete a Referral” on page 65.</td>
</tr>
</tbody>
</table>
Add and Edit a Referral from the Referral Selector Screen

Action Code 1-Add/Edit Referral is used to add or edit a referral. Refer to the table below for screen specifications on accessing the adding and editing functionality.

FIGURE 36. Referral Selector Screen (HMRQ.A)

<table>
<thead>
<tr>
<th>Action Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Add a Referral</td>
</tr>
<tr>
<td>1. Action Code 1</td>
</tr>
<tr>
<td>To Edit a Referral</td>
</tr>
<tr>
<td>1. Select the Referral</td>
</tr>
<tr>
<td>2. F10</td>
</tr>
</tbody>
</table>

Replace a Missing Referral Reason with a valid Referral link

When a valid UMMG Referral should replace a Missing Referral Reason on an Appointment and/or a Visit, the information may be updated in either the ADF or in VM/HPA, Action Code IV, then Action Code R, and then Action Code C. When either the Appointment or the Visit is updated, the other is updated.

Add an Authorization number to a Referral

Using one of the access methods described above, use the Add/Edit Referral functionality to select the Referral and add or modify the Authorization number. No further modifications have to be made to the system if the proper Appointments and Visits are linked to the Referral.
Correct the Linkage of a UMMG Referral Number to a Scheduling Appointment that is not linked to a VM/HPA visit or one that is linked to a VM/HPA Visit and the UMMG Referral # field is blank or if the UMMG Referral # is not blank and there is no VM/HPA visit linked to the Appointment.

If the ADF UMMG Referral # field is blank, the correction to that field can be done in the Scheduling application. If the ADF field is not blank and there is no Visit linked to the Appointment, the correction to that field can also be done in the Scheduling application.

3. Scheduling
4. Function 2, Patient Appointments
5. Action code Z-Visit Actions to determine if there is a VM/HPA Visit linked to the Appointment.

FIGURE 37. Scheduling-Patient Appointment Screen (USTP.PT)

If the message on the next screen appears, there is no Visit linked to the Appointment.
6. If there was a VM/HPA Visit linked to the Appointment, instead of the above message, the Visit Management Action Code screen would display, showing the Visit, the linked Appointment and UMMG Referral numbers. Refer to the next section for how to change the Referral that is already linked to a Visit. See “F10 to select the Referral” on page 60.

FIGURE 39. Visit mangement Action Screen (IVMB.A)
7. Returning to the screen display which shows there are no Visits linked to the Appointment. The message disappears from the screen and the Patient Accounting screen.

8. Since there is no Visit linked to the Appointment, a UMMG Referral # can be linked to the Appointment or a different Referral can be linked to the Appointment in the ADF.

9. The Patient Appointment Screen displays with Action Codes.

10. If the Referral does not exist in the Referral database, it can be added with Action Code Y-Referral Add/Edit

11. Select Action Code E-Edit

FIGURE 40. Scheduling- Patient Appointment Screen (USTP.PT)

If the ADF screen displays with the Referral field able to be edited.

Use the mouse to click on the UMMG Referral # field.

The Referral fields can be edited.
Adding/Editing a Referral on an Appointment or Visit or Deleting a Referral

The UMMG Referral # field will either be blank or it will have a UMMG Referral # displayed. If it has a number in it, it means that the Appointment is linked to the UMMG Referral # displayed.

If the UMMG Referral # field is blank, there is no UMMG Referral linked to the Appointment. If the Missing Referral Reason field is filled in, it means that a Referral is required but has not yet been linked to the Appointment.

If the UMMG Referral # field has a number in it, the Auth # may or may not be filled in. If the Auth # is blank, it means that the Referral has been linked to the Appointment but the Authorization number has not been obtained yet. If the wrong Referral was linked, enter a ? in the UMMG Referral # field and select the correct Referral.
FIGURE 42. Referral Selector Screen (HMRQ-A)

F10 to select the Referral.

The Following message displays and the new Referral number is linked to the Appointment.

FIGURE 43. Referral Linked Message

Click Ok, the Edit Appointment Screen redisplay with the new linked Referral data.
Adding/Editing a Referral on an Appointment or Visit or Deleting a Referral

FIGURE 44. Scheduling-Edit Appointment Screen

Note that this Referral does not have an Authorization number yet. The Auth # cannot be edited on this screen. It can be edited in Function 44 or one of the other ways to access Add/Edit Referrals.

-Correct the linkage of a UMMG Referral Number to a VM/HPA Visit if there is no Appointment linked to the visit or if there is an Appointment linked to the Visit and the UMMG Referral # field has a Referral linked to it already.

If a Visit is linked to a Referral and not to and Appointment, the correction should be made in VM/HPA to accomplish the task in the least possible steps.

12. VM/HPA
13. Function 1- Patient Actions
15. Action Code R - Referrals/Authorizations
16. Action Code C - HMO Copays/Referrals
When the Referral Number is changed, the system will change the Referral number on the ADF of the appointment indicated on the screen above.

If the incorrect UMMG Referral number is replaced by the correct UMMG Referral # on the ADF, it does not remove the original UMMG Referral # from the Visit. This has to be done manually. The screen on the next page shows two referrals linked to one appointment. This is because originally Referral 1290 was linked to the Appointment and Visit. Then the ADF Referral field was changed to 1726. That Referral did not replace 1290 on the Visit, it just added the second Referral to the Visit.
Adding/Editing a Referral on an Appointment or Visit or Deleting a Referral

**FIGURE 46. Referral- Correcting Link in VM/HPA (ICR0.A).**

To remove (unlink) the first referral from the Visit:

17. Place the cursor on the Referral number to be deleted. The number will then have a black background as shown above.

18. Press the F1 key then the Enter key to delete all the data in the Referral field. This will remove the data from the line.

19. Ensure that the correct Appointment number is filled in on each line of the remaining Referrals on the screen. To check, you can enter a ? mark in the Appt # field and a selector list of the patient’s appointment will be displayed. Select the correct one.

20. Press the F10 key to file. When the screen is filed the data from the remaining Referrals linked to the Visit will move up one line.

21. Answer YES to the pop-op box that appears to have the system modify the ADF. If an Appointment is not linked to the Visit, this box will not pop-up.

The Authorization number that is out on the Hospital claim is the Authorization number form the first Referral on this screen.
- **Edit the Referrals field in the Scheduling ADF**

The ADF may only be edited if the Appointment date is not more than 7 days in the past. The Referral fields on the ADF should only be edited:

22. when there is no Visit linked to the Appointment or
23. there is a Missing Referral Reason in the ADF

- **Fields of the UMMG Referral that cannot be edited**

  - FSC
  - Ref to Int or Ext? (internal or External)
  - Referral Type
  - Data on the History screen.

If the Fields need to be edited, the referral Status should be changed to Delete and a new Referral should be created.

**Delete a Referral**

Refer to the Policies and Procedures for when to Delete a Referral.

To delete a Referral,

1. Edit the Referral
2. Change its Status to Delete.
Referral Adjudication Integration

As referrals are linked to BAR Invoices, TES Encounters or VM/HPA Visits, a number of steps take place to ensure that the services provided fall within the scope of services authorized under a particular referral. As charges are entered, each line item is checked against the Referral the Invoice, Encounter or Visit is linked to. This process is called Adjudication.

In addition to having services adjudicated, once an Invoice or Encounter is filed in the BAR application, the number of approved visits or treatments decrement. When charges are entered in VM/HPA, the number of counted Visits is increased.

Referral Types are linked to numerous HMO Coverage Categories. HMO Coverage Categories are linked to Procedure Codes.

- Examples of HMO Coverage Categories are: Office Visits, Radiology, Laboratory, Inpatient.
- Examples of Referral Types are: Consultation Only, Diagnostic, Inpatient, Outpatient Services.

The first area where a charge is adjudicated is against the Authorized Procedures. A procedure code is rejected when either of the following occur: The procedure code was not part of the range of codes identified on Authorized Procedure screen OR the procedure code’s HMO Coverage Category is not linked to the Referral Type identified on the Referring From screen.

If no services are identified in that area, then charges are adjudicated against the Referral Type identified on the first screen in the Add/Edit Referral screen.

On the next page is a flow chart of how services are adjudicated against referrals in Charge Entry.
FIGURE 47. Adjudication Charge Entry Flow Chart

- Does the referral have authorized procedure(s)/group(s) defined in the Authorized Procedures Screen?
  - Yes
  - No

- Does the referral have EXCLUDE LIST in the Authorized Procedures Screen?
  - Yes
  - No

- Does referral have INCLUDE LIST in the Authorized Procedures Screen?
  - Yes
  - No

- Does procedure match the EXCLUDE LIST in the Authorized Procedures Screen?
  - Yes
  - No

- Does procedure match the INCLUDE LIST in the Authorized Procedures Screen?
  - Yes
  - No

- PROCEDURE REJECTED
- PROCEDURE APPROVED
- Do other checks (date, max#, etc.)

- NO
- YES
Below is a snapshot of what occurs to each line item when the encounter is linked to a referral. An example has been provided of an “Approved” charge. These statuses are only for informational purposes. An approved status does not guarantee payment by the payor. A rejected status will not prevent the item from appearing on the claim.

**FIGURE 48. Adjudication - TES Encounter/Transaction Entry (UTT1.A)**

The charge was verified against the HMO Coverage Category of Office visit which is linked to the Referral Type “Consultation Only”. Therefore the procedure code was Approved.

**FIGURE 49. Adjudication - TES Approved Pop-Up screen**
Scenario 1

You are a scheduler and Ringo Saturn has just called in to request an appointment with Dr. Livingstone. You ask Ringo if he has a referral and he says “Yes”. Your task is to make sure that the referral is entered in the IDX system and linked to the appointment you are about to schedule. Ringo would like an appointment as soon as possible.

You ask Ringo to tell you what is on the referral. He tells you the following information:

1. His doctor, Dr. Erin Marcus, who is a UMMG physician, has referred him to Dr. Alan Livingstone who also works at UMHC for one visit for a consultation.
2. The referral is valid for 3 months starting today. The Authorization number is 3356720.
3. Ringo has Avmed insurance.
4. He has never seen Dr. Livingstone before.

Your task is to enter the referral and authorization data and to link the referral to the appointment.

Solution

Use the Y-Referral Add/Edit Action Code in Scheduling Function 1 (Schedule Appointment).

Access

1. Scheduling
2. Function 1, Schedule Appointments
3. Access patient Ringo Saturn. If he has not been entered in the system, register him.
5. Enter a ? in the UMMG Referral # field in the first screen to see if a referral has already been entered with the criteria above. Even though he has told you that he has never seen Dr. Livingstone before, you must make sure that someone else has not already entered the referral which you think is a new one.
6. All the Referrals for Ringo display.

FIGURE 51. Referrals Selector (HMRQ.A)

7. F7Q to return to the Add/Edit Referral screen (the top screen on this page) to type G in the UMMG Referral # field to generate a new UMMG referral since one does not already exist.

8. Enter the referral information in the Referrals-Add/Edit screens.
9. After you enter the type of referral (Internal or External), you will be brought to the appropriate screen to enter the Internal or External information.

10. When you complete the data entry for this screen, press Enter to return to the first screen to complete the Referral data entry.
11. When all the Referral data entry has been completed, press F10 to file the referral.

12. Enter the appointment criteria. Once the Appointment Type is entered, a Referral Bottom form will appear requesting Referral information for the appointment.

13. Enter a ? in the Referral field to view the Referrals that have been entered for Ringo.

**FIGURE 54. Sched - Referral Linking screen ((UUCM.A))**

14. Since you just entered the referral for the appointment, you know it will appear on the selector list.
15. Select the Referral. Press F10 to link the Referral to the Appointment. You are returned to the Scheduling screen. The following message appears.

**FIGURE 56. Scheduling - Referral Treatments Remaining Message**

16. Find a slot for the appointment.

17. When the ADF screen displays, you will see the UMMG Referral number and Authorization number fields filled in with the Referral data you entered.
18. Complete the ADF.
19. Press F10 to file the appointment.
20. The Recap screen displays the Referral data for you to review with Ringo before filing the appointment.

FIGURE 58. Scheduling - Recap screen showing Referral data

21. You have completed entering a referral and linking it to an appointment.
Scenario 2

Before ending his conversation with you, Ringo Saturn tells you that he has a cyst on his finger and would like a hand specialist to look at it. Again, you ask if he has a referral. He does not, however he would still like to schedule an appointment with Dr. Baker. He says that right after this call, he will call his primary care physician to obtain a Referral for the appointment.

Solution

Your task is schedule the appointment for Ringo indicating that a referral is missing.

Access

1. Scheduling
2. Function 1, Schedule Appointments
3. At the Patient prompt, select Ringo Saturn.
4. Enter the appointment criteria. Once the Appointment Type is entered, a Referral Bottom form will appear requesting Referral information for the appointment.
5. Press enter ? in the Referral field to ensure that there is no Referral for Dr. Baker.
6. Press F7Q to exit the selector screen.
7. Press Enter to have the Missing Referral Reason field display.
8. Enter the Missing Referral Reason or a ? to select the appropriate Missing Referral Reason.
9. Press F10 to file the Missing Referral Reason. You are returned to the Scheduling screen.

10. Find a slot for the appointment.

11. When the ADF screen displays, you will see the Missing Referral Reason filled in.

FIGURE 60. Scheduling - ADF with Missing Referral Reason
12. Complete the ADF.
13. Press F10 to file the appointment.
14. The Recap screen displays the Missing Referral Reason for you to review with Ringo before filing the appointment.

**FIGURE 61. Scheduling - Appointment Recap - Missing Referral Reason**

15. You have completed scheduling an appointment with a Missing Referral Reason.
Scenario 3

A week after making his appointments, Ringo Saturn's new PCP calls to give you the Referral information for his missing referral for Dr. Baker's appointment.

His new primary care provider, Dr. Dobie Gillis, is not part of UMMG. Dr. Gillis's UPIN number is D12345. The authorization number is 5544009 and is valid for 3 months from today for 3 visits. The hospital authorization number is H446577.

Solution

Your task is to enter the Referral information into the IDX system and link it to the Appointment and Visit. Also verify that the Referral information is linked to the Scheduling application.

1. VM/HPA
2. Function 1, Patient Actions
3. At the Patient prompt, select Ringo Saturn.
5. Enter a ? at the UMMG Referral number prompt to see if there is an existing referral for Dr. Baker from Dr. Gillis.

FIGURE 62. VM/HPA - Action Code RA - Add/Edit Referrals (UMRW.A)

6. A selector screen displays.
7. Use the Filter command or the arrows or the page up/down keys to determine if there is an existing Referral to Dr. Baker from Dr. Gillis with the criteria indicated.

Since there is no existing Referral for the criteria specified, one has to be created.

8. F7Q and type a G in the UMMG Referral number field to generate a new Referral.

9. Complete with the information Ringo gives you.
10. After all the data has been entered, press F10 to file the Referral.

11. The following message displays indicating that the Rule Bank has applied a new Status to the Referral.
12. The following message displays indicating the UMMG number for the Referral.

FIGURE 67. VM/HPA - Action Code RA - Referral Filed Message

13. Now Link the Referral to the Visit and the Appointment.
15. Select the Visit

FIGURE 68. VM/HPA - IV Select Visit screen
16. The IV - Ins. Verification screen displays.

FIGURE 69. VM/HPA - IV - Ins. Verification Screen

17. Action Code R- Referrals/Auths then Action Code C - Choose Referral/Copay

18. The Referral/Copay screen displays with the Appointment that was linked to the Appointment when the Visit was created.

FIGURE 70. VM/HPA - IV - C - Choose Referral/Copay Screen (ICR0.A)
19. Enter a ? at the Referral prompt and a selector of all Referrals for the patient displays. Select the correct Referral for the Visit.

FIGURE 71. VM/HPA - IV - C - Referral Selector Screen (HMRQ.A)

Press F10 to link the Referral to the Visit

20. A message displays with the number of treatments remaining.

FIGURE 72. VM/HPA - IV - C - Treatments Remaining Screen

21. Click OK or press Enter.

The Choose Referral/Copay screen redisplay showing the linked Referral and Appointment.
22. F10 to file.

23. The following message appears indicating that the Referral has also been linked to the Appointment

FIGURE 74. VM/HPA - IV - C Referral Linked to Appointment Message

24. Click the OK box or press Enter to continue.

25. F10 at the IV - Ins. Verification screen to return to the Action Code prompt after answering the Final Verification question, according to Policies and Procedures.
26. Verify that the Referral has been linked to the Appointment.

27. Scheduling

28. Function 2 - Patient Appointments.

29. Action Code V - View ADF
Exercises:

1. Why are referrals necessary?
1. What are the IDX applications and modules that access Open Referrals?
1. What Function is used to Add/Edit Referrals?
2. Define the difference between an Internal and an External Referral.
3. What are the three ways to specify CPT codes that are either included or excluded in a referral?
4. When will referral Appointments decrement?
5. When will referral Visits count?
6. What is the process of adjudication
7. Which IDX modules and applications are integrated with Open Referrals?
8. How are Referrals linked in VM/HPA?
CHAPTER 2  

Open Referrals Inquiry
Objectives

After completing this lesson, you will

- Know what displays on the Referral Inquiry screens in Function 49.
- Know how to find information on the Referral Inquiry screens.

Introduction

The purpose of the Referral Inquiry Action Code in Patient Inquiry is to view a patient’s referrals and the Appointments and Visits they are linked to.

Prerequisites

Registration

System Concepts/Patient Inquiry or Integration Overview

Access

1. One of the Following IDX Applications:
   - Scheduling
   - VM/HPA
   - MCA
2. Function 49 - Patient Inquiry
Select Action Code R-Referrals
Patient Inquiry-Action Code R-Referrals Screen 1

All information about a Referral can be viewed from this screen. The information is either on this screen, three other screens accessed by using the Page Down key or by using the Action Codes on this screen.

FIGURE 2. Action Code R fields - Screen 1 (HMRQ.A)

The fields on the screen are described below. The three other screens and the Action Codes on this screen that will be used follow this table.

TABLE 1. Patient Inquiry - Action Code R Screen 1 (HMRQ.A)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member</td>
<td>Patient name and address</td>
</tr>
<tr>
<td>MRN</td>
<td>Organization MRN</td>
</tr>
<tr>
<td>FSC</td>
<td>Patient’s Registration FSC List</td>
</tr>
<tr>
<td></td>
<td>Repeating information for each Referral</td>
</tr>
<tr>
<td>Referral</td>
<td>UMMG Referral number</td>
</tr>
</tbody>
</table>
TABLE 1. Patient Inquiry - Action Code R Screen 1 (HMRQ.A) (cont.)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Referral Type and Referred to designation:</td>
</tr>
<tr>
<td></td>
<td>I - Internal</td>
</tr>
<tr>
<td></td>
<td>E - External</td>
</tr>
<tr>
<td>Referred to</td>
<td>Physician who will be providing the service</td>
</tr>
<tr>
<td>From</td>
<td>Date from which the referral is valid</td>
</tr>
<tr>
<td>To</td>
<td>Date to which the referral is valid</td>
</tr>
<tr>
<td>Au</td>
<td>Number of authorized visits/treatments</td>
</tr>
<tr>
<td>Rem</td>
<td>Remaining visits/treatments for physician services (BAR)</td>
</tr>
<tr>
<td>Sta</td>
<td>Referral Status</td>
</tr>
<tr>
<td>Ext: Num.</td>
<td>Authorization number given by insurer</td>
</tr>
<tr>
<td>HPA Increment</td>
<td>Number of hospital visits that a linked to this referral that have VM/HPA charges entered.</td>
</tr>
</tbody>
</table>

**Patient Inquiry-Action Code R-Referrals Screen 2**

This is the Referral Comments screen.

Patient Inquiry-Action Code R-Referrals Screen 3

This screen displays the Edit History and Status Changes of the Referral.

FIGURE 4. Patient Inquiry - Action Code R Screen 3 (UMRW.AUD)

Patient Inquiry-Action Code R-Referrals Screen 4

This screen displays the Authorized Procedures for the Referral.

FIGURE 5. Patient Inquiry - Action Code R Screen 4 (UMRW.PRO)
Patient Inquiry-Referrals-Action Code D-View Detail

This Action Code is used for Viewing the data in the Referral


![Screen 1](image1.png)


![Screen 2](image2.png)
FIGURE 8. Patient Inquiry - Referrals - Action Code D Screen 3 (UMRW.AUD)

![Screen 3](image)


![Screen 4](image)
Patient Inquiry-Referrals-Action Code E-Expand

Action Code E is a toggle switch. Initially the Referral Selector screen is displayed in contracted form. To expand, use Action Code E.

To revert back to the contracted display, use Action Code O again.


The additional fields that this screen show are:


<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referred By</td>
<td>The physician who referred the patient. The city, state and zip code are displayed if the physician is not a UMMG physician.</td>
</tr>
<tr>
<td>Total Appointments</td>
<td>The number of appointments that are linked to the Referral</td>
</tr>
<tr>
<td>Appointments Pending</td>
<td>The number of appointments in a Pending or Rescheduled status</td>
</tr>
<tr>
<td>Estimated Available</td>
<td>The number of new appointments that the system calculates can be linked to the Referral.</td>
</tr>
<tr>
<td>Ext Num</td>
<td>The Authorization number from the insurer.</td>
</tr>
</tbody>
</table>
**Patient Inquiry-Referrals-Action Code F-Filter**

This Action Code is used when the patient has a lot of Referrals and the user wants to access a certain Referral or group of Referrals quickly.

**Patient Inquiry-Referrals-Action Code L-Linked Claims, Invoices**

The first line of detail data is the Referral information. It has a number 3 in front of it because the 3rd Referral from the Referral Selector screen was selected.

The subsequent lines of data are the linked BAR claims and invoices. The linked invoices are prefaced with a screen sequence number.


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**Patient Inquiry-Referrals-Action Code O**

Action Code O is a toggle switch. The Referral Selector screen displays initially in reverse chronological order. Action Code O reverses the order, making the oldest referral the first instead of the last.

**Patient Inquiry-Referrals-Action Code Q-? Filter**

Action Code Q provides advanced Referral filtering capability. Special training is needed for this.
Patient Inquiry-Referrals-Action Code S-Linked Sched Appts

Action Code S displays all the Scheduling Appointments that are linked to the Referral.

The first line of detail data is the Referral information. It has a number 6 in front of it because the 6th Referral from the Referral Selector screen was selected.

The subsequent lines of data are the linked Scheduling Appointments. The linked Appointments are prefaced with a screen sequence number.

FIGURE 13. Patient Inquiry - Referrals - Action Code S (HMRQ.A)
Patient Inquiry-Referral-Action Code T-Referral Audit Inquiry

The Referral Audit screen shows all the data entered and edited in the Referral. When a field was edited, it shows the old and new values. The Page Down key may have to be used to see all the entries.

Patient Inquiry-Referrals-Action Code V-
Associated Visits

Action Code V displays all the VM/HPA Visits that are linked to the Referral.

The first line of detail data is the Referral information. It has a number 3 in front of it because the 3rd Referral from the Referral Selector screen was selected.

The subsequent lines of data are the linked Visits. The linked Visits are prefaced with a screen sequence number.

FIGURE 15. Patient Inquiry - Referrals - Action Code V ((HMRQ.A)
Exercises:

1. From what Function is Referral Inquiry accessed?
2. From what Action Code is Referral Inquiry accessed?
3. Your instructor will give you two UMMG Referral numbers. Provide the information requested in the table below.

**TABLE 3. Referral Inquiry AI Action Code - Exercise Table**

<table>
<thead>
<tr>
<th>Question</th>
<th>Referral 1</th>
<th>Referral 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referring From Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referring To Physician</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valid Dates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appointment numbers linked to the Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visit numbers linked to the Referral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorization number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Authorization number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last date the Referral was edited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are procedure codes specified for the Referral?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>