Responding to referrals via QuickCase

Introduction

Hospitals and health systems use **CarePort Discharge** to transition patients to other levels of care. When these organizations send you a referral, you will receive a patient-specific referral code and PIN via fax. You can also choose to receive an email notification as well.

Your response matters

It is critical that you respond to referrals electronically via the **QuickCase** portal — and **not** by phone. Calling to respond to referrals can create certain issues, like:

Disrupting the acute workflow
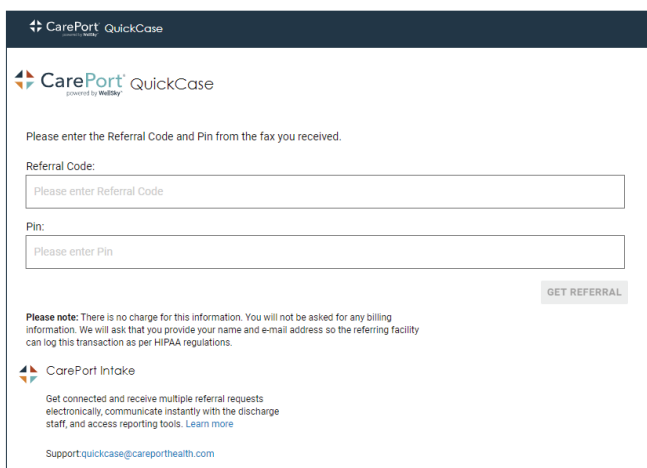
Inaccurate data and acute reporting

Hindering transparency and communication

The following instructions can help you respond and appropriately market your organization to patients and their care teams.

How does it work?

1. Open a browser window, enter careporthealth.com/quickcase in the address bar, and press the **[Enter]** key. The **QuickCase Portal** will be displayed.

2. Enter the one-time referral code and PIN and click **GET REFERAL**.

> **Note:** This referral code and PIN combination will be sent via fax or email (if the user has added email notifications).

Figure 1: CarePort QuickCase Portal
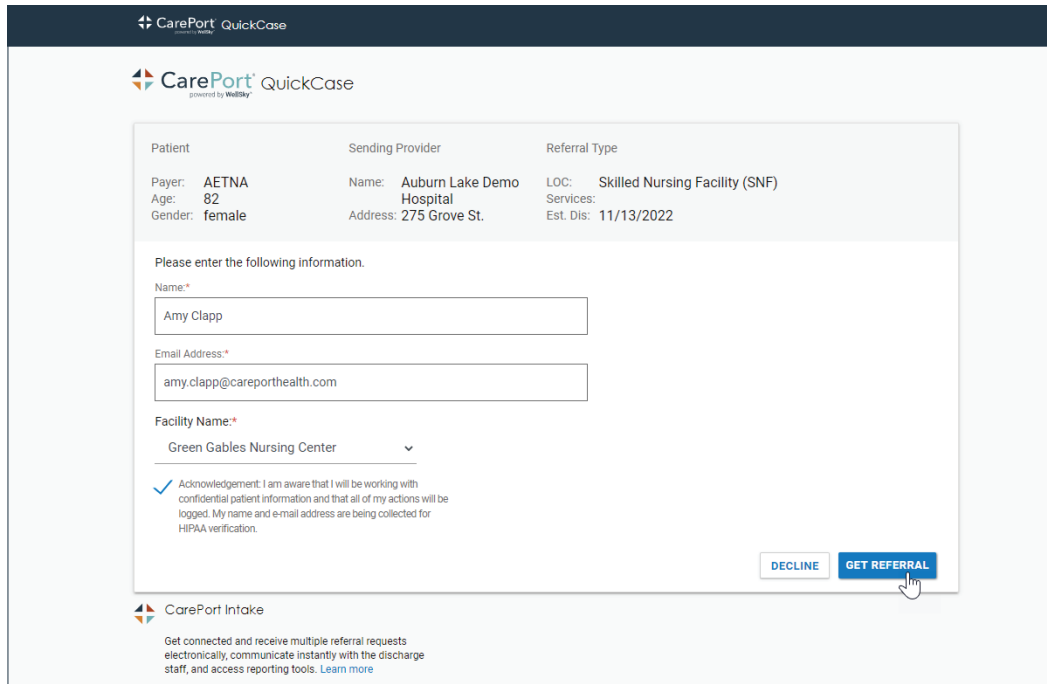
Figure 2: QuickCase Fax

3. Enter the name and email address, and select the appropriate facility from the drop-down menu.

4. Select the check box to the left of **Acknowledgment** and click the **GET REFERRAL** button.

5. Once the **Verification** section is complete, click the **GET REFERRAL** button or **DECLINE**.

How do I view the referral?

1. Click the Referral tab.

2. Click **VIEW REFERRAL** to view referral documents.

3. Click **ACCEPT** or **DECLINE**. When declining, select a reason for the decline from the drop-down menu.
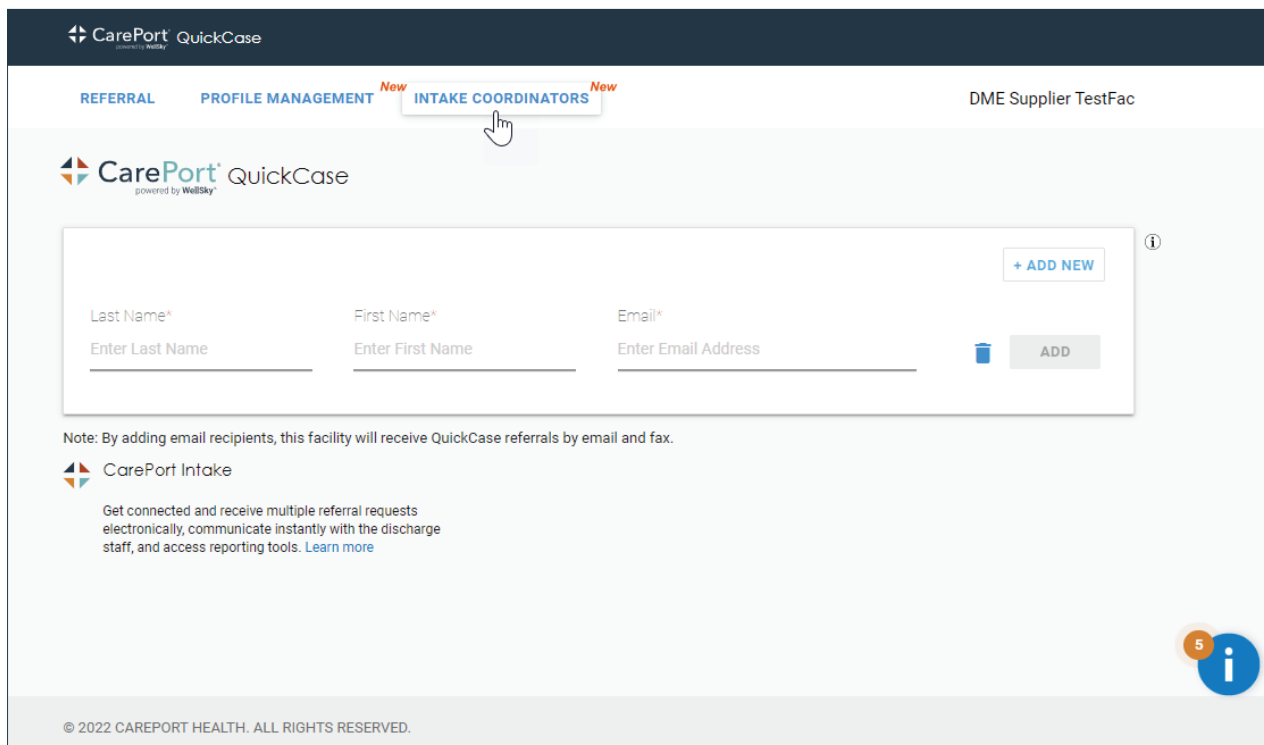
How do I receive email notifications?

Note: You will first receive a one-page fax from your referral partner to gain access to the email option. If you choose to receive emails, you will then receive an email notification for new referrals and referral updates.

1. Follow the first five steps from previous page.

2. Click the **INTAKE COORDINATOR** tab.

3. Enter the email address of your organization's intake coordinator.

Support patient choice with QuickCase

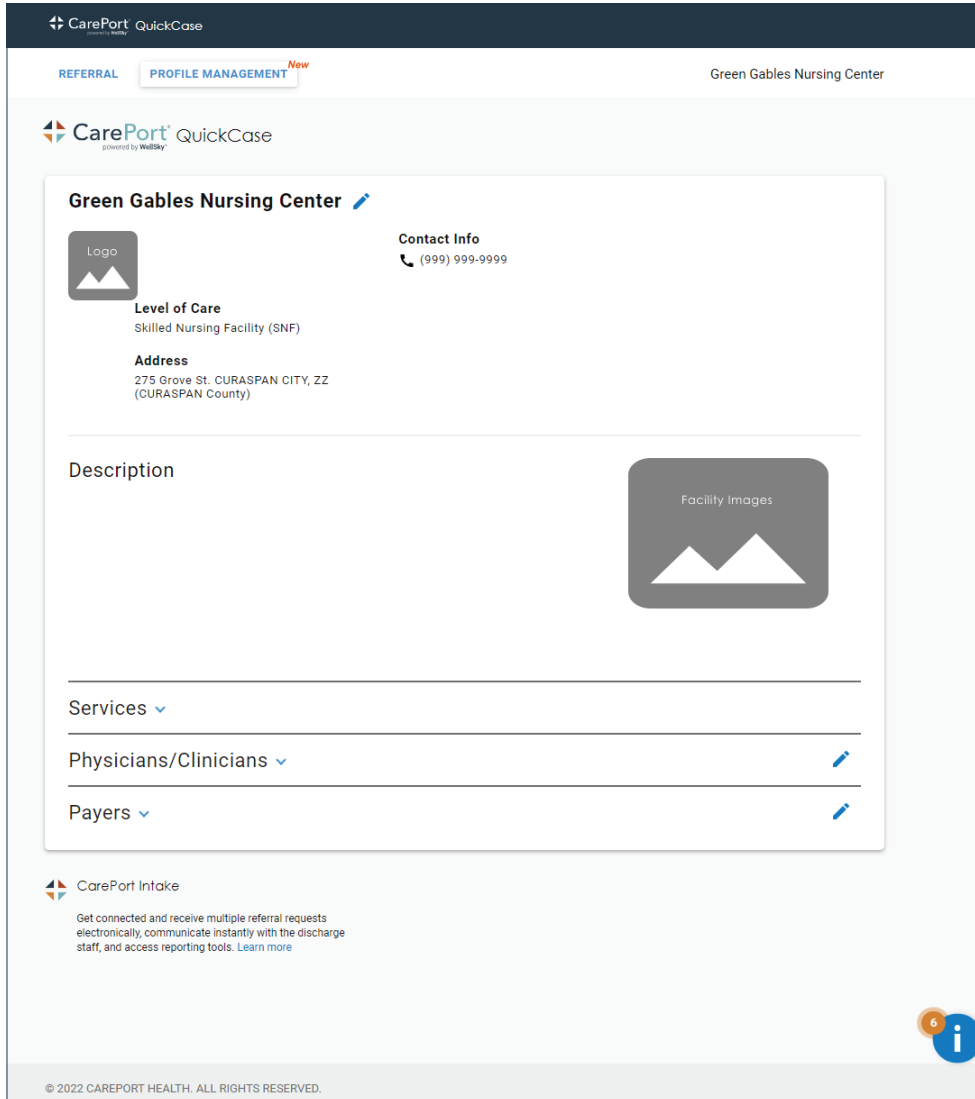As a post-acute care provider, you can help patients make more-informed decisions by keeping your provider profile up to date. This allows patients and their care teams to have the most accurate picture of the services you provide.

How do I update my profile?

1. Complete the five steps from the first page to access the **QuickCase** portal.

2. Click the **PROFILE MANAGEMENT** tab.

3. Select the pencil icon next to any subsection and make your edits.

4. When you are done, click Save.

Connect to the CarePort network

If you decide you need an easier, more efficient workflow for managing referrals, you can connect to the network with **CarePort Intake** at any time. Simply email us at careport@careporthealth.com to learn more.

Explanation of decline reasons

Known with other agency/facility: Patient currently has services with another known provider.

No bed available: No beds available to meet the patient's needs.

Limited staffing: Provider declines referral request due to facility staff shortage.

Limited equipment resources: Provider declines referral request due to limited facility equipment.

Hospital cancellation: Referring hospital cancelled the referral.

Patient too complex: Declining provider cannot meet the patient's needs.

Patient/family declined or refused care: Patient's family has declined or refused care.

No following physician: No physician/LIP following the care of the patient post discharge.

Does not meet admission criteria: Patient does not meet declining provider's admission criteria.

Level of functioning too high: Patient does not qualify for the level(s) of care at the declining provider.

Level of functioning too low: Incorrect level of care for patient.

Concern about transition to next level of care: Declining provider has concerns of premature patient transition.

No secure units available: No "locked" units with continuous supervision available to address patient's needs.

Noncompliant with agency/facility policy: Patient does not meet the declining provider's policies.

No home health order: No physician/LIP order to support home health care.

Payer not accepted: Declining provider does not accept patient's payer.

No payer source: Patient does not have insurance.

Insurance denial: Pre-authorization was denied for the level of care.

Issue with cost of care: Patient has an issue with the cost of care.

Issue with cost of medications: Patient has an issue with cost(s) of the medications.

Bad debt/owes facility money: Patient owes money (bad debt) to the declining provider.

Out of service area: Patient falls out of the declining provider's service area.

Discharged to another facility: Discharged patient to another provider in the CarePort network.

Behavioral/mental health concerns: Behavioral/mental health concerns for this patient.

Not homebound: Does not need home services.

Patient has expired: Patient has passed away.

COVID-19: You'll be able to select the best option for COVID-19 declination.