# Referrals Homepage Setup

NOTE: This Guide is for Command Center Administrators only.

Each office using Great Lakes Health Connect Referrals Application will be able to personalize a **Homepage**, which is similar to a fax sheet that is filled out by the referring office when making a *referral*. Because this page is personalized, it ultimately eliminates pain points on both sides of the referral process. To access the Homepage, select on the Referral icon, then open the Referrals **Worklist** and follow the 2 step process listed below (found between the **Search** and **Print Worklist** tabs).
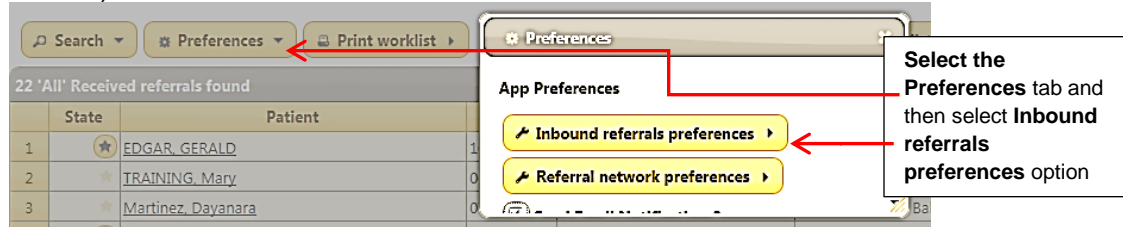

Note: This Homepage is unique to each Specialty office to help eliminate the pain points on both sides of the referring process. It is important to think through the Instructions. Also everything on this page can be easily modified by the office to ensure all the information is updated for the referring offices.
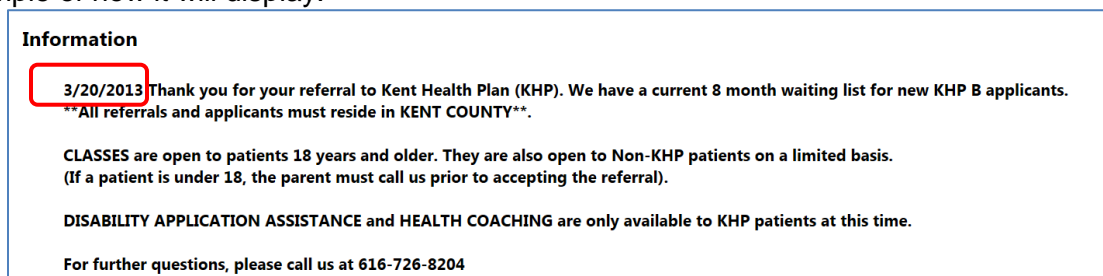
Referral Instructions

Note - **It is important to enter <u>the current date</u> if making any updates.** Although offices know that the Instructions can be changed at any time, it is human nature to stop reading the Instructions after the 3rd or 4th time!

Note: You can also add space between key points by selecting the Return or Enter key (see below).
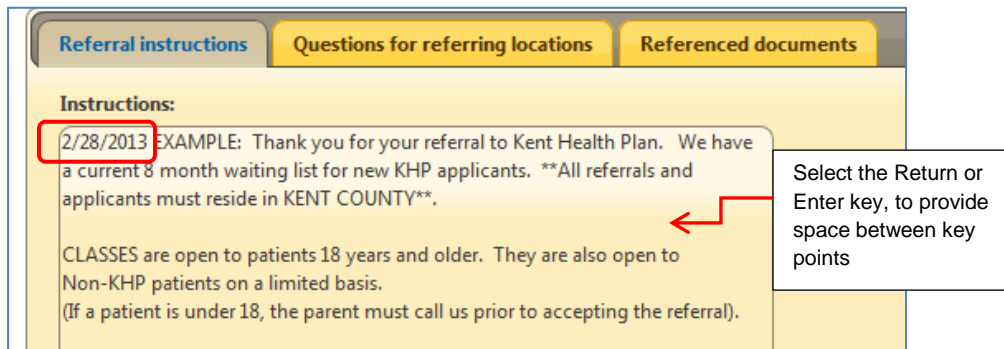
Example of how it will display.

Key Components to be included in the Instruction Section:

1. Add the Date as the first part of the Instructions
2. Include your office hours
3. Include your office phone number (in case of questions)
4. Either include if you service the Medicaid population (Either here or in the Question section)

Adding a company logo (optional)

Note: Images are not technically inserted into an HTML page. They are linked to HTML pages. The <img> tag creates a holding space for the referenced image.

If your site has a logo on its webpage, you also have the ability to add your logo on the Instruction section using HTML protocol. It is recommended that you contact your GLHC Implementation Consultant after you save your entry to confirm that the logo or web link appear as desired. Or, you may also call GLHC Support at 844-454-2443 to review your Homepage.
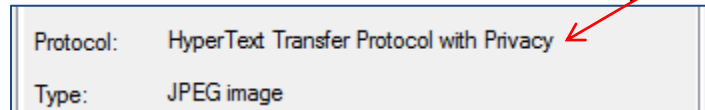
To determine if you can use a logo from your website:
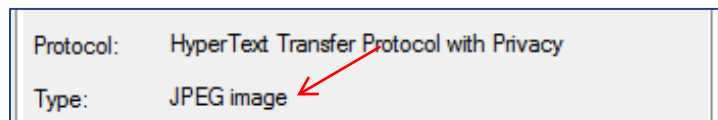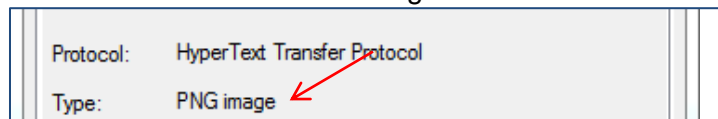
1. Right click on the image and select "Properties"
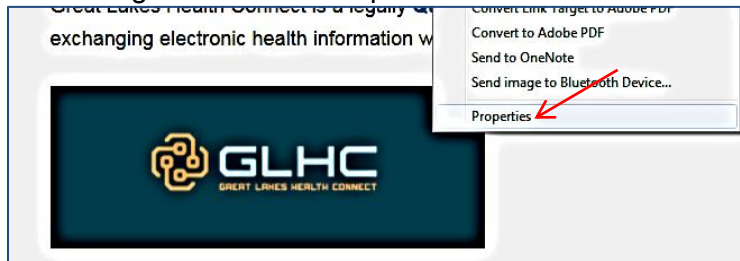
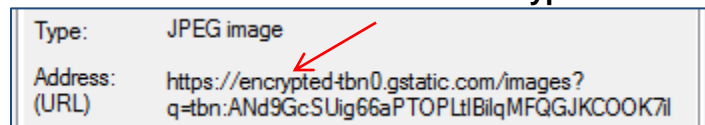2. Assure that that the following criteria is met:

   a. **Protocol**: Must **NOT** include the words: "**with Privacy**"
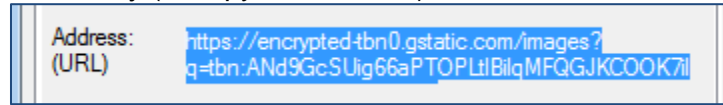

   b. **Type**: Must be a PNG or JPEG image

   c. **Address**: Must **NOT** include the words "**Encrypted**"

d. **Address**: NOTE: The entire address may not display.
To obtain the entire address for your logo, click within the address and then select and hold the "Control" or "CTRL" key and the "A" key on your keyboard (to selecting all of the address). Then select and hold the "Control" or "CTRL" key and the "C" key (to copy the address).

> Address: https://encrypted-tbn0.gstatic.com/images?
> (URL)   q=tbn:ANd9GcSUig66aPTOPLtlBilqMFQGJKCOOK7il

e. **Dimensions**: Note the **width** and **height** of the image. This will assist you in maintaining the appropriate dimensions if you need to increase or decrease the size of your logo on the Homepage:

> Size: 3899 bytes
> Dimensions: 300 x 111 pixels

To add your logo:
Type the following statement into Instruction section **and change the sections in red**:

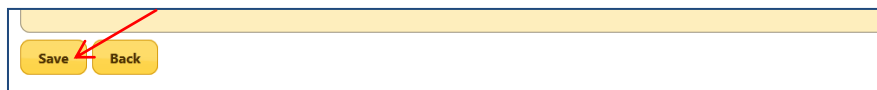<img src=Paste the link here alt="Type in your company name here" style="width:###px;height:###px">

Example:
<img src=http://mihin.org/wp-content/uploads/2014/06/GLHC-300x111.png alt="GLHC" style="width:375px;height:139px">

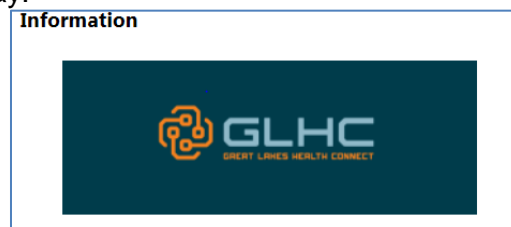> **Key:** Do not add a space after **<img src=**
> Add a space before **alt="**
> Do not add a space after **alt="**
> Add a space before **width="**
> Add a space before **height="**
> Do not add a space before **">**

Note: the parts in red must be changed for your specific organization or it will not display.

Select "**Save**".

> Save   Back

Example of how it will display:

> **Information**
>
>

Adding a company's website link (optional)

Type the following statement into Instruction section and change the sections in red using HTML protocol:

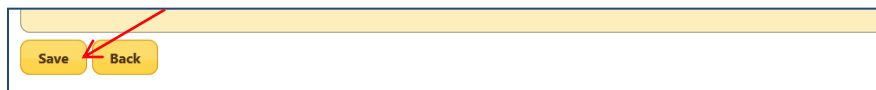TYPE IN THE NAME OF YOUR COMPANY

Key: Do not add a space after **<a href="**
Do not add a space before **" target="_blank">**
Do not add a space after ****

Note: the parts in red <u>must</u> be changed for your specific organization or it will not display as desired.

See example below:
  Great Lakes Health Connect

Select **Save.**

Example of how it will display.

You may also use this format to add other links to sections of your website as in the example below:

Questions for Referring Locations
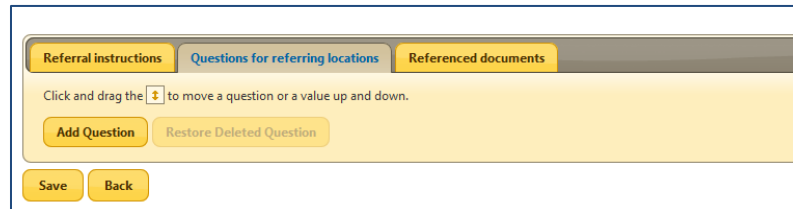
Questions can be set up in order to get the required information necessary for making a referral. Also questions can be made mandatory for the referring office to answer to insure all the necessary information is provided prior to making the referral. (See last page for examples)

You are able to add more than 10 questions. Just keep in mind that the more you add, the more the sending office has to answer.
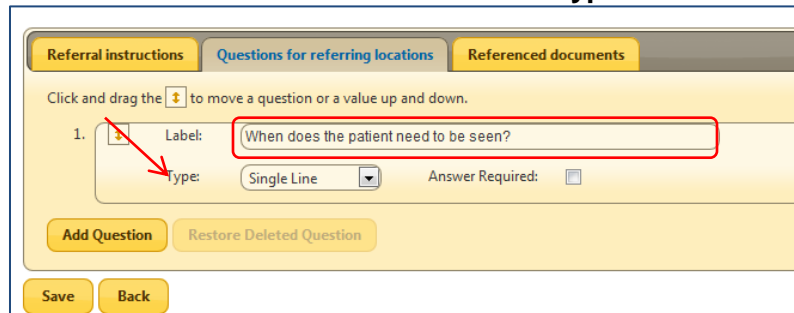
Note: For Behavioral Health providers, it is strongly recommended that the first question address that the sending office has the "RELEASE OF INFORMATION" either attached to the referral in order to protect patient rights as well as both offices if they are audited.

Adding Questions
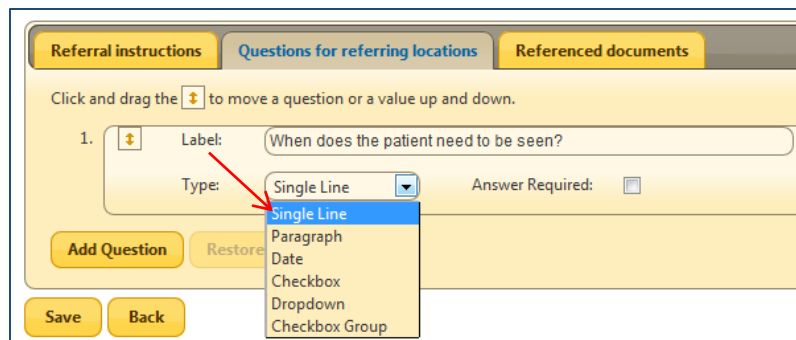
1. Select "Add Question"

2. Enter your question in the **Label** section and select the **Type** of answer:

Answers can be created in several response formats including: *Single Line (for brief answers); Paragraph (for detailed answers/information); Date; Checkbox* (if checked: Answer will display as "yes". If unchecked, answer will display as "no".); *Dropdown* (user will only be able to select one answer); *Checkbox Group* (user will be able to select more than one answer).

Single Line Response

Provides a one line text field for brief answer/response:

Questions to be Answered:

Please enter a single line answer here (Required answer) *

Paragraph Response

Provides a larger text field for detailed

If desired, enter in a longer answer (area will scroll down as needed)

Date Response

Provides a calendar (i.e. date of injury, mother's due date, etc.)

Click on the box to see a calendar. You may also type in a date.   02/06/2013

February 2013

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

(the user can either type in the date or select the date from a calendar)

Checkbox Response

If checked, the response/answer will display as "**yes**". If unchecked, answer will display as "**no**".

Checking the box displays a "yes" for the answer. Unchecked displays "no"

Dropdown Response

Provides various answers, but only allows the user to choose one answer.

Only choose one answer   -- Select --

-- Select --
Answer #1
Answer #2
Answer #3

Checkbox Group Response

Provides various answers, AND allows the user to choose multiple answers.

Please choose more than one answer

☐ Answer #1
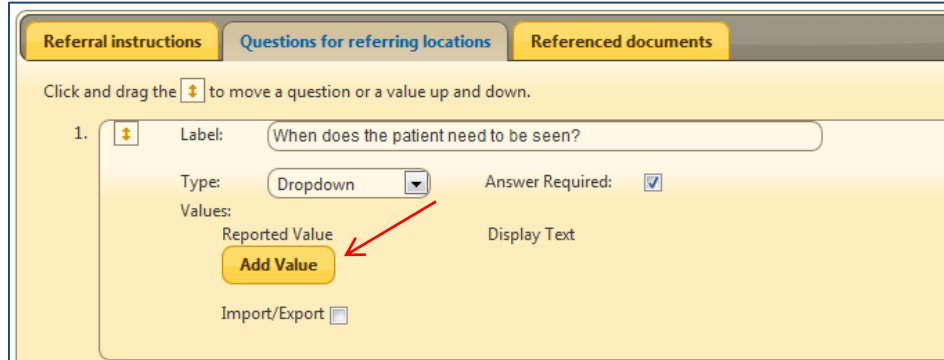
☐ Answer #2

☐ Answer #3

Adding Answers

For Dropdown and Checkbox Group questions, you will need to add answers or responses for the user to choose from.

1. To add answers, select "**Add Value**".

2. Enter a Reported Value and a Displayed text
   a) **Reported value**: Displays answers in the **received** referral. These values can be brief (see example below)
   b) **Display Text**: Displays answers for the office **requesting** a referral.

Note: The Reported Value and Display Text do not need to match. (The sending office will need to know a phone number, fax number, the names of physicians at satellite offices, etc. Since your staff already knows this information, the answer can exclude extra information).

3. Select **Add Value** or **Add Question** to add additional questions and answers.

Redundant Questions

Since it is a GLHC standard that all sending offices must provide demographic information to you within each referral, the following demographic questions should be avoided: Patient Name, DOB, Address, Phone Number, Insurance, etc.

Patient Name *	
Date of Brith *	
	mm/dd/yyyy
Address *	
Phone Number *	
Type of Insurance *	

Also, you do not need to create a question regarding the Reason for a Referral or Chief Complaint. This will also be provided within the Referral and is part of the GLHC Standards that an office must provide the reason:

Reason for Referral:	

Required Answers

You have the option to select whether the answer should be "**Required**". If checked, the user must select an answer or they will not be able to complete the referral.

Referral instructions	Questions for referring locations	Referenced documents

Click and drag the ↕ to move a question or a value up and down.

1. ↕ Label: (When does the patient need to be seen?)

Type: Single Line ▼   Answer Required: ☑

IMPORTANT: Before making a question required, determine if there are any circumstances when a person wouldn't need to answer the question. Typical questions that should never be required are those beginning with "If". See examples below:

- **If there was an injury, provider the original date of injury.** *This forces me to enter a date even if there was no injury.*
- **If patient has been treated elsewhere please provide name and address.** *What if the patient hasn't been treated elsewhere? I still have to give a name and address*
- **If the patient has Medicaid, indicate which type.** *What if the patient doesn't have Medicaid?*
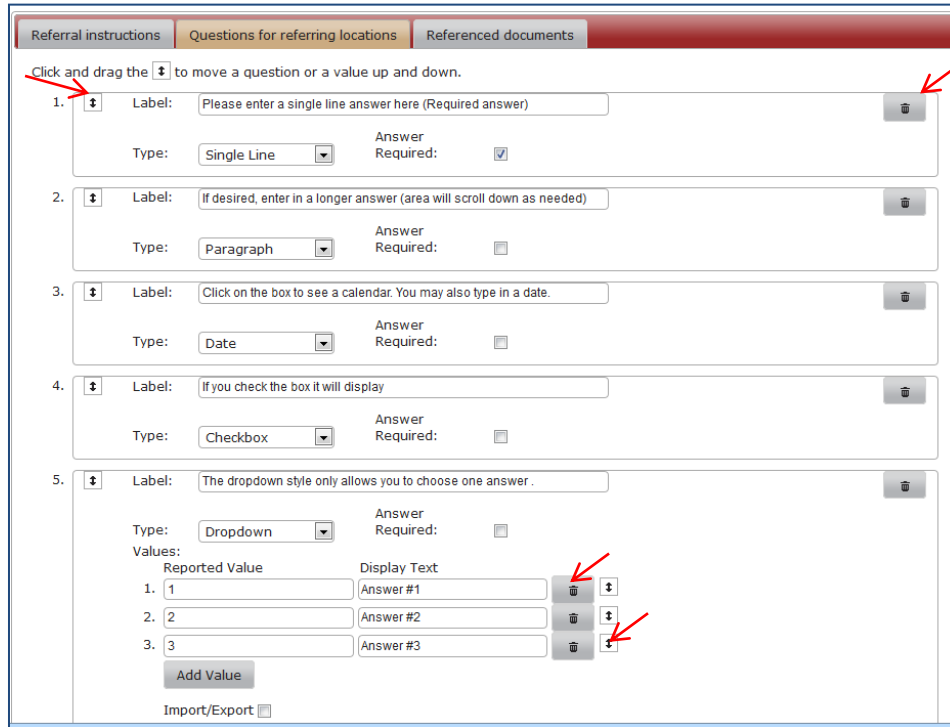
Also, ask yourself, "Would the answer to this question apply to all cases as in the example below regarding Worker's Compensation:

1. **Please provide Claim/Authorization # and billing address, phone and fax for Worker's Comp/Auto Carrier** *What if it's not a worker's comp case? I now have to either say "does not apply" or enter something.*

Reordering your Questions and Answers

In an effort to increase usability, drag-and-drop functionality <u>and</u> deletion has been added into **the Questions** for referring locations editing window.

1. To change the order of your questions, simply click and drag to reorder entire question, click and drag a specific question to the desired location (the answers will move as well).
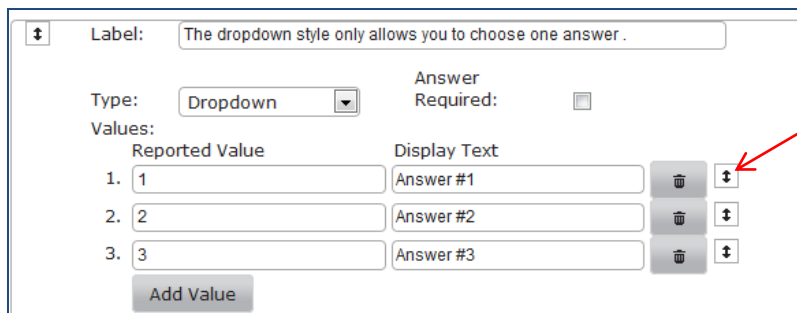

2. To change the order of your answers, simply click and drag to reorder the answer, click and drag a specific answer to the desired location.
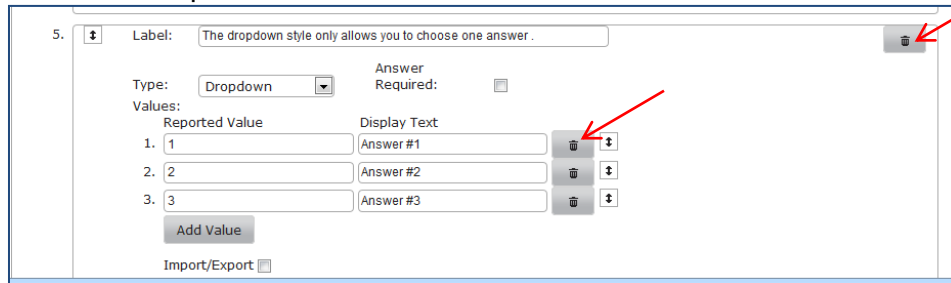
Deleting your Questions or Answers

To change the order of your questions, simply click on the garbage can to delete entire questions or answers to questions.
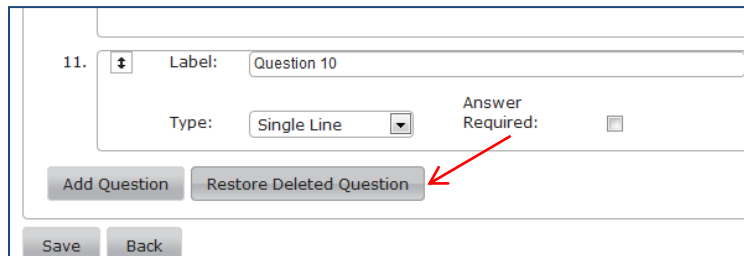
Note: If you delete a question, you will have the opportunity to restore the <u>question</u> before saving.

Note: If you restore the question, it will be restored <u>as THE LAST QUESTION</u>. You will therefore need to move it to the desired sequence before saving the Questions.
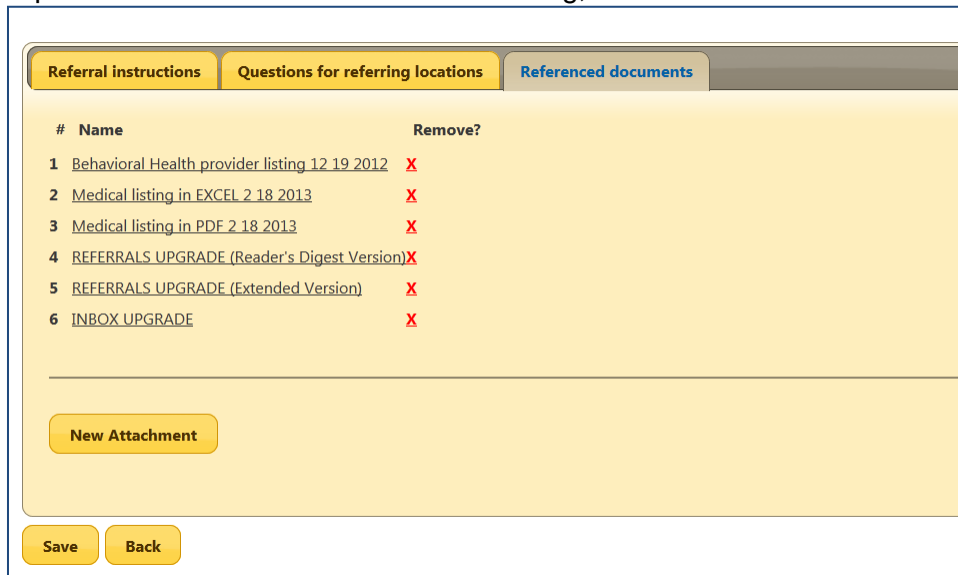
Note: You can only restore QUESTIONS, not answers! So, be sure you want to delete an answer before selecting it. Otherwise, **DO NOT SAVE** your changes.

Referenced Documents:

Necessary documents can be attached as additional instructions for the referring office or that can be given to the patient prior to their appointment. This can also help reduce the cost of mailing documents. **Note: PDF documents are preferred.**

Commonly attached documents include:

- Maps to the office location
- Referral Guides- often include what test results, labs, or reports the Specialty office wants attached to the referral what day of the week a physician will be at a specific location
- Patient Health Questionnaire- to be given to the patient prior to appointment
- Patient Preparation or Instructional Guides for testing, etc.

Referral instructions	Questions for referring locations	Referenced documents

#	Name	Remove?
1	Behavioral Health provider listing 12 19 2012	X
2	Medical listing in EXCEL 2 18 2013	X
3	Medical listing in PDF 2 18 2013	X
4	REFERRALS UPGRADE (Reader's Digest Version)	X
5	REFERRALS UPGRADE (Extended Version)	X
6	INBOX UPGRADE	X

New Attachment

Save   **Back**

Select **Save.**
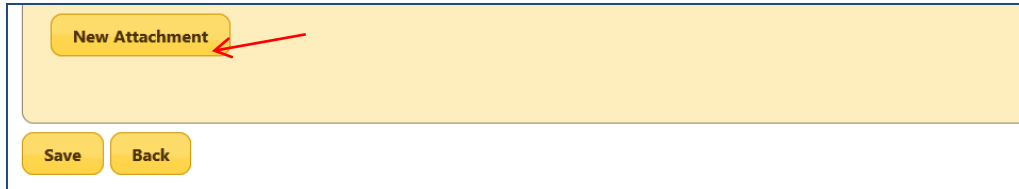
Save   **Back**
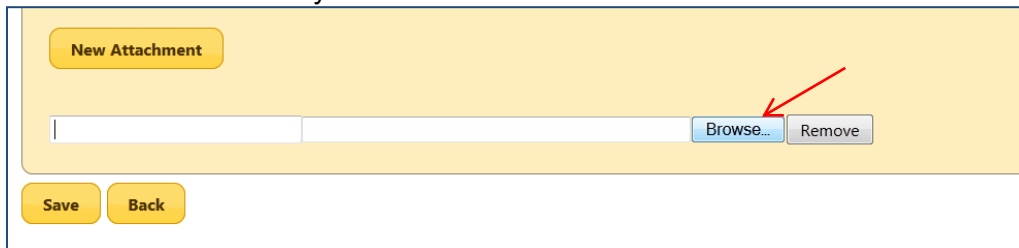
Adding and Deleting Attachments (*Referenced Documents*):

To add an attachment
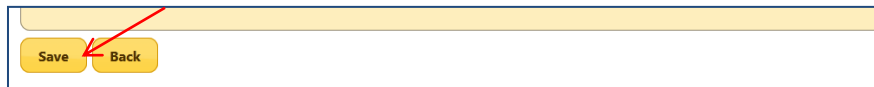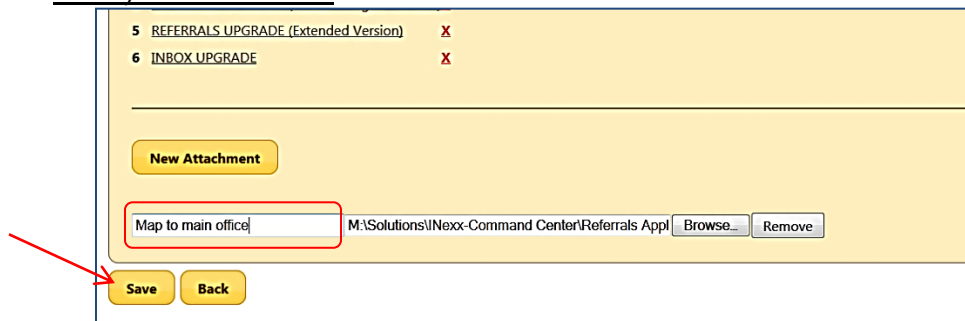
Click on the "**New Attachment**" button:

Select "**Browse**" and search for you desired document
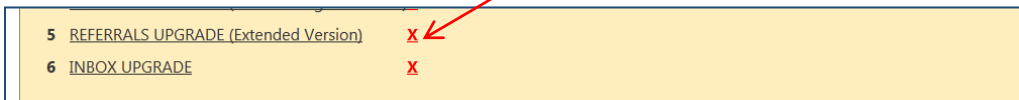
Be sure to label your attachment and the select "**Save**".

To delete an attachment

Click on the red "X" next to the desired document.

Note: You are unable to sort attachments. Therefore if you delete a middle document (i.e. #3), you must delete and re-attach the rest of the attachments (i.e. #'s 4, 5 and 6) if you wish to have them in a specified order.

Note: It is best to delete attachments, select "Save" and then add additional attachments.

Examples:

The following are <u>examples</u> of commonly asked questions and answers that could be used if appropriate.

- **If the patient has Medicaid, please indicate which type as we can only accept the following plans at this time** *(Provide a list of plans in a dropdown format)*

- **When does the patient need to be seen?** *(Format answers in a **DROPDOWN** format. Available options below)*
  Key question for the BCBS PGIP program
  - ○ Urgent: Within XX hours (please create the referral, but also call us at ###-###-####)
  - ○ 1-2 weeks
  - ○ 3-4 weeks
  - ○ First available

- **Type of care** *(Provide answers in a **DROPDOWN** format. Available options below)*
  Key question for the BCBS PGIP program
  - ○ Coordinating Behavioral and Medical Health treatment.
  - ○ Consult only
  - ○ Transferring care of treatment
  - ○ Second opinion

- **The following documents related to the referral are attached** (Provide answers in a **CHECKBOX** GROUP format)
  - ○ *A list of documents will be listed and are able to be checked off*
  - ○ *Also, provide the option of sending documents by fax. Include the following statement:*
    "include GLHC REFERRAL on the face sheet".

- **Special needs of the patient:** (Provide answers in a **CHECKBOX GROUP** format)
  - ○ None
  - ○ Blind or visually impaired
  - ○ Cognitively impaired
  - ○ Deaf or Hard of Hearing
  - ○ Needs interpreter (enter language in Comments section above)
  - ○ Wheelchair user
  - ○ Other (enter in Comments section above)

- **The patient was instructed to bring their photo ID, insurance card, and all their medication bottles**. *(Provide answers in a **DROPDOWN** format. Available options below)*
  - ○ Yes
  - ○ No, the patient left prior to creating referral

- **Location Preference** *(To be used if your office has more than one site)* *(Provide answers in a **DROPDOWN** format. Available options below)*
  - ○ Address and City of Primary Location
  - ○ Address and City of Secondary Location (Also include exceptions available Physicians or Days)