



# Texas Health Steps

## Provider Outreach Referral Service

### Referral Form

## Introduction

The Texas Health Steps Provider Outreach Referral Service is utilized by Texas Health Steps providers who request outreach and follow-up for a Texas Health Steps patient. This outreach service is administered by the Texas Health Steps program and provides necessary outreach and follow-up with Texas Health Steps patients, such as:

- Contacting a patient to schedule a follow-up appointment.
- Contacting a patient to reschedule a missed appointment.
- Contacting a patient to assist with scheduling transportation to the appointment.
- Contacting a patient for other patient-related outreach services.

The Texas Health Steps Special Services Unit (SSU) processes each request for outreach services and attempts to respond to them in a timely and efficient manner. Each referred patient who is successfully contacted is assisted with scheduling or rescheduling an appointment, obtaining transportation services to an appointment, or other patient-related outreach services.

Texas Health Steps SSU staff educates parents and patients about the importance of keeping appointments or canceling when appropriate and engages them in a problem-solving process to help overcome barriers preventing them from keeping appointments. Once the request for outreach services has been processed by the Texas Health Steps SSU, the results are then communicated back to the referring Texas Health Steps provider.

## Completion of the Referral Form

The Texas Health Steps Provider Outreach Referral Service referral form should be used by Texas Health Steps providers for all requests for outreach and follow-up services on behalf of a Texas Health Steps patient beginning April 1, 2013. After this date, the Texas Health Steps Missed Appointment referral form should no longer be used when submitting a request to the Texas Health Steps SSU.

The following limitations and restrictions apply to the use of the Texas Health Steps Provider Outreach Referral Service and referral form:

- One referral form can be used for up to two patients per household. If there are more than two patients in the same household, an additional referral form should be used.
- Referrals should not be submitted for patients who are over 21 years of age or are insured by the Children's Health Insurance Program (CHIP).

- Texas Health Steps patients must be eligible for Medicaid services at the time of the referral.
- Referrals should be submitted as soon as possible while the Texas Health Steps patient is still eligible for Medicaid services.
- Prior to submission of the referral, the referring Texas Health Steps provider should ensure that he or she is still the patient's primary care provider (PCP). If the Texas Health Steps SSU discovers the patient is under the care of a different PCP, outreach will not be performed and the referral will be returned along with a notation in the Comments to Provider section explaining the reason for the return.
- Referrals for outreach services due to a missed appointment should not be submitted when the request being made is more than 90 days after the missed appointment date. If one is submitted, outreach will not be performed and the referral form will be returned along with a notation in the Comments to Provider section explaining the reason for the return.
- An incomplete or illegible referral form that can not be processed will be returned along with a notation in the Comments to Provider section. The referral form may be re-submitted once the appropriate corrections are made.

The referral form is in a Microsoft Word and an Adobe portable document format (PDF) format. Both versions can be printed and completed by hand or completed using a computer's keyboard and mouse and consists of the following sections:

- Provider Information
- Parent/Guardian Information
- Patient Information – form has space for two patients from the same household.
- Outreach Services Results – this space is for use by the Texas Health Steps SSU only.

### **Provider Information**

**Date** – Enter the date of the referral being submitted to the Texas Health Steps SSU; enter the date as MM/DD/YYYY.

**Provider/Clinic Name** – Enter the name of the referring Texas Health Steps provider or clinic.

**Contact Name** – Enter the name of a contact person at the Texas Health Steps provider or clinic office in the event that the Texas Health Steps SSU has any questions about the referral.

**Office Address, City, County, and Zip Code** – Enter the office address, city, county, and zip code of the referring Texas Health Steps provider or clinic.

**Phone Number** – Enter the phone number of the referring Texas Health Steps provider or clinic.

**Fax Number** – Enter the fax number of the referring Texas Health Steps provider or clinic. Note: Including the fax number allows the Texas Health Steps SSU to fax the results of the requested outreach to the Texas Health Steps provider.

**Provider Type** – Check the appropriate box to indicate whether the referring Texas Health Steps provider or clinic is a Medical, Dental, Orthodontic, or Case Management provider; if none of these apply, check Other and specify in the space to the immediate right.

### **Parent/Guardian Information**

**Parent/Guardian Name** – Enter the first and last name of the patient's parent or legal guardian.

**Phone Number** – Enter the parent or legal guardian's phone number, if available.

**Mobile Number** – Enter the parent or legal guardian's mobile number, if available.

**Address, City, County, and Zip Code** – Enter the parent or legal guardian's last known residential address, city, county, and zip code.

**Language Preference** – Check the appropriate box to indicate whether the primary language spoken by the parent or legal guardian is English or Spanish; if neither of these apply, check Other and specify in the space to the immediate right.

### **Patient Information**

**Patient Name** – Enter the first and last name of the patient being referred for outreach services.

**Date of Birth** – Enter the patient's date of birth; enter as MM/DD/YYYY.

**Medicaid ID** – Enter the patient's 9-digit Medicaid identification number.

**Appointment Type** – Check the appropriate box to indicate whether the appointment was a Texas Health Steps checkup, Texas Health Steps follow-up, a sick visit, or a lead follow-up; if none of these apply, check Other and specify in the space to the immediate right.

**Reason for Referral** – Check all appropriate boxes to indicate whether the request for outreach services is due to any of the following reasons:

- **Patient missed appointment, date** – Patient missed a Texas Health Steps appointment; enter the date of the missed appointment as MM/DD/YYYY in the space provided. If patient has missed multiple appointments, include only the most recent one.

- **Assistance needed scheduling appointment** – Patient requires assistance scheduling or rescheduling a Texas Health Steps appointment.
- **Follow-up appointment for additional lead testing** – Patient is being followed for abnormal blood lead levels, is unable to be located or contacted by the Texas Health Steps provider, and requires additional testing.
- **Provide updated patient address (*Case Management Only*)** – Case Management provider is unable to locate patient and requests an updated patient address and/or phone number.
- **Assist with transportation to appointment** – Patient does not have transportation in order to attend appointment and requires scheduling assistance with the Medical Transportation Program (MTP) or needs to make other arrangements for transportation.
- **Other, see comments** – Reason for requested outreach services is not listed or is for other patient-related reasons. Use the space in the comments section to explain.

**Comments** – Enter any information pertinent to this referral that will aid the Texas Health Steps SSU in completion of this request for outreach services. Also, document any additional information about the patient which should be noted regarding this referral.

**Outreach Services Results (This section is for Texas Health Steps SSU use only)**

Once the referral for outreach services is processed by the Texas Health Steps SSU, the outcome will be documented in this section of the form and returned to the referring Texas Health Steps provider or clinic.

All appropriate boxes will be checked to communicate as much information as possible to the Texas Health Steps provider about the results of the request for outreach services:

- **Appointment scheduled, date/time** – Patient was provided scheduling assistance and has been scheduled for an appointment with the referring Texas Health Steps provider; date and time of the appointment will be included in the space to the immediate right.
- **Patient provided education about appointment etiquette** – Patient missed a scheduled Texas Health Steps appointment and failed to cancel or reschedule in advance of the appointment. Texas Health Steps SSU staff educates the patient about the importance of keeping appointments or canceling or rescheduling when appropriate and engages in a problem-solving process to help them overcome barriers preventing them from keeping appointments.

- **Patient assisted with transportation to appointment** – Patient was provided scheduling assistance with transportation to the appointment through the Medical Transportation Program (MTP) or provided other assistance for transportation.
- **Patient will contact provider directly** – Patient was contacted by the Texas Health Steps SSU and decided to contact the Texas Health Steps provider directly.
- **No action taken; patient declined assistance** – Patient was contacted by the Texas Health Steps SSU and declined offers of assistance related to the reasons for the referral.
- **No action taken; patient no longer eligible for Medicaid** – The Texas Health Steps SSU found that the patient was no longer eligible for Medicaid services at the time of the referral.
- **Unable to locate patient; letter mailed to patient** – Patient was not able to be located or contacted by telephone or at their residence. A letter was mailed to the patient asking them to call the Texas Health Steps SSU.
- **Other** – The results of the request for outreach services is not listed and will be explained in the Comments to Provider section.
- **Comments to Provider** – The Texas Health Steps SSU will relay any patient information pertinent to the outcome of the referral.

## Submission of the Referral Form

Submit the referral form by fax to the Texas Health Steps Special Services Unit at (512) 533-3867 using the attached fax cover sheet.

For questions about the Texas Health Steps Provider Outreach Referral Service or for technical assistance with the completion and submission of the referral form, please contact your Texas Health Steps Provider Relations representative. The name and contact information of the representative in your region can be found @ <http://www.dshs.state.tx.us/thsteps/regions.shtm>.