

INFORMATION BULLETIN

Hand Program Providers

January 26, 2012

Requesting Referrals through the Portal

#2012 - 12

This bulletin is regarding issues with requesting referrals through the portal.

Provider Requested Referrals

An issue was identified early in the portal implementation where providers are unable to submit reports or invoices until the Claim Owner responds to the referral request. WorkSafeBC is investigating several process and software solutions to this issue. The majority of Claim Owners are responding correctly to the requests in a reasonable time frame.

Until there is a more permanent solution, providers should do the following:

1) Accepted Claims

- If there has been no response to the request for a referral within 1 week of submission for an **accepted** claim, contact the Claim Owner and request that they accept the request.
- You can find the Claim Owner by contacting the Call Inquiry Center at:

604-231-8888 or toll free at 1-888-967-5377 (press 0)
- If there is no response to our request one week after contacting the Claim Owner either in person or by voice mail, contact Sharon Cameron (Quality Assurance Supervisor) in Health Care Services.

2) Pending Claims

- The Provider can choose to send the referral request at the time of the initial appointment or can wait for the claim to be accepted before sending in the request for referral.
- The Claim Owner should **not** respond to the request on a pending claim until a claims decision has been made. At the time of decision, they should reject the request if the claim is not accepted.
- There can be a long delay in making a decision on an ASTD claim. The Provider may chose to treat the worker privately until the claim decision has been made.

What information should be provided on the Provider Requested Referral

As you know, in order to process the request you need to enter something into the two text boxes titled Treatment Goals and Treatment Outcome. It would be helpful to the Claim Owner if you included some basic information about the referral such as

- Appointment date if appointment has been scheduled
- Whether the worker has been referred post operatively or immediately post injury
- Whether the worker has been referred by the Surgeon or family physician
- Whether the request is for treatment or consultation for splinting or post operative care.
- Whether the worker will be attending treatment at another clinic.
- If the worker is being readmitted following a second surgery

The clinical information can be included in the Assessment Report.

Thank you.