



Quality of Care Internal Referral Form

Instructions for filing a concern regarding a UHC Network Provider:

Please submit a referral online via the **QCare Web Referral Form** OR Complete the below form and send via email (refer to email instructions)

- **QCare Web Referral Form Link:** http://qcare-qoc_internal_referral_form.uhc.com/

Complete all fields. Referrals that contain incomplete information will be returned to the referring individual.

Specific to email version of this referral:

1. Email the completed Internal Referral Form word document as an attachment to uhc_qocqos_referrals@uhc.com for the following Healthplans:
 - a. E&I
 - b. M&R
 - c. C&S – all plans with the exception of the plans listed below
 UHC – Dual Special Needs Plans (DSNP): AZ (H0321 PBP 002 & 004), TN (H0251 PBP 004 & 005)
AND
 UHC Community and State (Medicaid healthplans) AZ & AZ LTC, HI LTSS, NJ MLTSS, NY MLTC, OH LTC, TN CHOICES. Refer to: [Community and State QOC Internal Referral Spreadsheet 6.12.20.xls](#)
2. Format the Subject line of email as: LOB (State) Referral. For example: C&S (NY) Referral
3. For any form-specific questions, contact either:
 - a. Kimberly F. Graham: kimberly.graham@uhc.com
 - b. Pat Perkins: patricia_a_perkins@uhc.com

REFERRING STAFF INFORMATION	
Submitted by (Name):	
Business Unit (Check box):	<input type="checkbox"/> Account Management <input type="checkbox"/> Appeals & Grievances <input type="checkbox"/> Case/Disease Management <input type="checkbox"/> Clinical Coverage Review <input type="checkbox"/> Inpatient Care Management <input type="checkbox"/> Nurseline <input type="checkbox"/> Payment Integrity <input type="checkbox"/> Readmission Team <input type="checkbox"/> Risk Management/Legal <input type="checkbox"/> UHC Pharmacy <input type="checkbox"/> Other: _____

Staff's Phone Number/Extension:	
CASE INFORMATION	
Date of Incident:	
Referring Dept. Related Case Number: e.g., Service Reference Number - SRN, or HSR case number	
MEMBER INFORMATION	
Subscriber ID:	
Patient's Name:	
Patient's Address:	
Patient's DOB:	
Health Plan/Legal Entity (Check box):	<p>UHC Employer & Individual</p> <p><input type="checkbox"/> UHC – UNET (Legacy UHC/UHIC/MAHP/NHP)</p> <p><input type="checkbox"/> UHC – MACCESS/Facets (Legacy River Valley/I28 Health Exchanges)</p> <p><input type="checkbox"/> UHC – PULSE/Polaris/Cirrus (Legacy Oxford)</p> <p><input type="checkbox"/> UHC – NICE (Legacy PacifiCare)</p> <p><input type="checkbox"/> UHC – Sierra Facets (Health Plan of Nevada/Sierra Health and Life)</p> <p><input type="checkbox"/> UHC – UMR (Including acquired entities)</p> <p><input type="checkbox"/> UHC - Other: _____</p> <p>UHC Medicare & Retirement</p> <p><input type="checkbox"/> UHC – COSMOS</p> <p><input type="checkbox"/> UHC – NICE</p> <p><input type="checkbox"/> UHC – Sierra Facets</p> <p><input type="checkbox"/> UHC – Part D only</p> <p><input type="checkbox"/> UHC - Other: _____</p> <p>UHC Community and State (Medicaid healthplans)</p> <p><input type="checkbox"/> UHC –CA, FL, HI, IN, KS, KY, LA, MD, MI, MO, MS, NC, NE, NJ, NV, NY, OH, OK, PA, RI, TN, TX, VA, WA, WI</p> <p><input type="checkbox"/> UHC – Dual Special Needs Plans (DSNP) AL, CA, CO, CT, DC, DE, FL, GA, HI, IA, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, NC, NE, NJ, NV, NY, OH, OK, PA, RI, SC, TN (H0251 PBP 002 only), TX, VA, WA, WI, WV</p> <p><input type="checkbox"/> Medicare Medicaid Eligible/Product (MME/MMP) NJ, OH, SC, TX</p>

PROVIDER INFORMATION List the participating provider(s) perceived to be involved with the QOC concern identified. If information is unknown, state that on the relevant line. If other provider information is available e.g., address or phone number, provide those details in comments box below.

Note: If the enrollee received care from providers who are not subject to the concern, do not list in this section. Instead, document other known provider names and DOS below in the narrative section.

Example: If concern is with a physician from a previous hospital stay, list the physician in this section and identify the facility and DOS in the narrative below.

Physician's First Name:	
Physician's Last Name:	
Physician's MPIN (or Tax ID/HCPP if no MPIN):	
Physician's Health Plan Market Number (5 digits):	
Hospital/Ancillary Provider's Name:	
Hospital/Ancillary Provider's MPIN:	
If no MPIN, provide TIN and City and State:	

Please explain the QOC issue that has been identified below. Include all initial and re-admission dates, diagnoses and procedures performed:

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Please check the boxes to all QOC indicators that apply.

	Indicator	Definition	Clarification / Explanation / Notes	Examples
<input type="checkbox"/>	QACC	Issue Concerning Access/ Availability to Care	Issues related to access	<ul style="list-style-type: none"> • Unable to obtain appointment • Excessive wait time to be seen • Inadequate after hour coverage
<input type="checkbox"/>	QCIS	Confidentiality, Privacy, Rights or Responsibility Issue	Issues related to confidentiality	<ul style="list-style-type: none"> • Failure to maintain confidentiality
<input type="checkbox"/>	QDCR	Issue concerning discrimination	Discrimination concerns that impact ability to access appropriate and timely care	<ul style="list-style-type: none"> • Potential discrimination regarding race, color, national origin, sex, age, or disability.
<input type="checkbox"/>	QDDX	Injury resulting from an error in diagnosis or services not provided timely	Provider: <ul style="list-style-type: none"> • did not address clinical signs and symptoms timely which did or could potentially result in a worsened condition • Unnecessary delay in providing healthcare services 	<ul style="list-style-type: none"> • Discharge from ER with abdominal pain but returned and found to have bowel obstruction or ruptured appendix • Delay in cancer diagnosis
<input type="checkbox"/>	QDTH	Unexpected / Unexplained death	Perception that death was directly related to poor medical care. * This excludes a death that occurs with a known terminal illness such as end stage disease process.	<ul style="list-style-type: none"> • Intra-operative or immediately post-operative death, i.e., within 24 hours of procedure, where anesthesia was administered

<input type="checkbox"/>	QFSA	Office/Facility site Appearance		<ul style="list-style-type: none"> • Dirty or unsafe provider site environment
<input type="checkbox"/>	QMED	Possible medication, blood or blood product error	Excludes adverse reaction/side effects to medications administered correctly and prescribed with no known drug allergy	<ul style="list-style-type: none"> • Any medication that was wrongly prescribed or administered, regardless of whether injury has occurred or not.
<input type="checkbox"/>	QNEB	Medical treatment is not evidence based	Inappropriate or inadequate treatment rendered to the member	<ul style="list-style-type: none"> • Failure to provide appropriate treatment for diagnosis
<input type="checkbox"/>	QPSA (E&I only)	Attitude, Policies or Communication	Issues concerning provider communication	<ul style="list-style-type: none"> • Delay or failure to communicate, or breakdown in communication, with member and/or family or between providers
<input type="checkbox"/>	QRAD	Unplanned readmission to hospital	Unplanned readmission	<ul style="list-style-type: none"> • Avoidable readmission to hospital with same or similar diagnosis • Avoidable return to ER with same chief complaint • Premature discharge to lower level of care
<input type="checkbox"/>	QREF	Complaint About a Referral Process or Notification Process	Issues regarding referral process	<ul style="list-style-type: none"> • Delay in referral – provider (lack of provider referral submission) • Delay in referral – PMG/IPA or plan administrative delay • Inappropriate referral to wrong healthcare provider
<input type="checkbox"/>	QSPE	Avoidable surgical or clinical procedural error / complication	Complication after medical or surgical treatment that should have been avoidable under usual circumstances for member's medical condition	<ul style="list-style-type: none"> • Surgery performed on the wrong body part • Wrong surgical procedure performed • Retention of a foreign object in a patient after surgery or other procedure • Avoidable complication occurred during the procedure, e.g., injury to another organ or tissue.
<input type="checkbox"/>	QTTX	Avoidable and unexpected trauma during facility stay		<ul style="list-style-type: none"> • Falls resulting in trauma or fractures • Burns caused by cautery
<input type="checkbox"/>	QURS	Unexpected Return to Surgery		<ul style="list-style-type: none"> • Unplanned return to surgery
<input type="checkbox"/>	ZOTHER	Risk management of provider abuse, misconduct, drug/alcohol use	Provider behavior was perceived as being abusive, or a sexual nature or possible use of drugs or alcohol.	<ul style="list-style-type: none"> • Verbal abuse • Physical abuse • Sexual misconduct • Provider impairment due to drug/alcohol use • Other provider behavior health issues