

PROVIDER Update

CONTRACTUAL | NOVEMBER 30, 2018 | UPDATE 18-868 | 2 PAGES

Prison Health Care Electronic Service Request Form

New electronic request for service form replaces the manual, paper specialty referral and review process

On July 30, 2018, the California Department of Corrections and Rehabilitation (CDCR)/California Correctional Health Care Services (CCHCS) implemented an electronic request for service (eRFS) process, which replaces the manual, paper specialty referral and review process. The eRFS is a rules-based PowerForm within the Electronic Health Record System (EHRS) that follows defined workflows and replaces the manual CDCR 7243 Physician Request for Services (RFS) form.

NEW FIELD SUMMARY

The following are five sections within the new eRFS form. Refer to page 2 for a sample of the form.

#	Field	Descriptions
1	HEADER LEVEL INFORMATION	Top right includes the institution information.
		Patient information to include name and demographics, including CDCR #. This area also may include the institution attending and referring providers.
2	PRIMARY_UM RN REVIEW	Information in this section includes the first-level nurse review, the utilization management (UM) tracking number and appointment type being requested. The signature of the nurse who reviewed the RFS is in the left-hand column of this section.
3	2ND/3RD LEVEL REVIEW	Information in this section includes the RFS order details, primary diagnosis, ordering provider, priority and requested end date/time. This section may also include scheduling instructions and other comments. The signature of the physician reviewer(s) is in the left-hand column of this section.
4	PROBLEM LIST	Information may be populated when the Problem List Reviewed indicator indicates "Yes". This section includes other diagnosis codes and/or conditions that were reviewed as part of the patient history.
5	OFFSITE/CONSULTANT NOTE	This section is available for completion by the network provider. The form may include the date of service, consultant printed name and consultant signature, which are required fields.

THIS UPDATE APPLIES TO:

- Physicians
- Hospitals
- Ancillary Providers

LINE OF BUSINESS:

- Prison Health Care Provider Network

PROVIDER SERVICES

prisonnetworksupport@healthnet.com
1-877-899-0561
www.healthnet.com


PROVIDER COMMUNICATIONS

provider.communications@healthnet.com
fax 1-800-937-6086

ADDITIONAL INFORMATION

If you have questions regarding the information contained in this update, contact the Prison Health Care Provider Network (PHCPN) Provider Services Center by email at prisonnetworksupport@healthnet.com within 60 days or by telephone at 1-877-899-0561.

PHYSICIAN REQUEST FOR SERVICES (RFS) FORM SAMPLE

	CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES	SCC - Sierra Conservation Center 5100 O'Byrnes Ferry Road P.O. Box 497 Jamestown, CA 95327-
Patient: TEST, RFS	DOB/Age/Sex: Male	CDCR #:
Encounter Date: 3/13/2018		PID #:
Attending:		Referring:

Request for Service

Request for Services (RFS) Entered On: 4/12/2018 12:44 PDT
Performed On: 4/12/2018 12:43 PDT

Primary_UM RN Review
UM Nurse Review : Criteria Met
UM Tracking Number : CIW-2018-239484372895
Appointment Type : Offsite
RFS PCP Visit Note/Order : Request for Service Order
 Request for Cardiology - Ordered
 -- 04/12/18 00:01:00 PDT, Routine, Electrocardiogram Stress, type my reason for this test to be done, Ambulatory, No, Standard Precautions, 04/27/18 23:59:00 PDT - 4/12/2018 12:43 PDT

2nd/3rd Level Review
CME/Designee Decision : Approved
RFS PCP Visit Note/Order : Request for Service Order
 Request for Cardiology - Ordered
 -- 04/12/18 00:01:00 PDT, Routine, Electrocardiogram Stress, type my reason for this test to be done, Ambulatory, No, Standard Precautions, 04/27/18 23:59:00 PDT
 Supervising Physician TEST - 4/12/2018 12:45 PDT
 (As Of: 4/12/2018 12:45:57 PDT)

Diagnoses (Active)

Aortic valve vegetation	<i>Date</i> : 4/10/2018 ; <i>Diagnosis Type</i> : Discharge ; <i>Confirmation</i> : Confirmed ; <i>Clinical Dx</i> : Aortic valve vegetation ; <i>Classification</i> : Medical ; <i>Clinical Service</i> : Non-Specified ; <i>Code</i> : ICD-10-CM ; <i>Probability</i> : 0 ; <i>Diagnosis Code</i> : I33.0
Chest pain	<i>Date</i> : 4/12/2018 ; <i>Diagnosis Type</i> : Discharge ; <i>Confirmation</i> : Confirmed ; <i>Clinical Dx</i> : Chest pain ; <i>Classification</i> : Medical ; <i>Clinical Service</i> : Non-Specified ; <i>Code</i> : ICD-10-CM ; <i>Probability</i> : 0 ; <i>Diagnosis Code</i> : R07.9
H/O aortic valve repair	<i>Date</i> : 4/10/2018 ; <i>Diagnosis Type</i> : Discharge ; <i>Confirmation</i> : Confirmed ; <i>Clinical Dx</i> : H/O aortic valve repair ; <i>Classification</i> : Medical ; <i>Clinical Service</i> : Non-Specified ; <i>Code</i> : ICD-10-CM ; <i>Probability</i> : 0 ; <i>Diagnosis Code</i> : Z98.89
IVDU (intravenous drug user)	<i>Date</i> : 4/10/2018 ; <i>Diagnosis Type</i> : Discharge ; <i>Confirmation</i> : Confirmed ; <i>Clinical Dx</i> : IVDU (intravenous drug user) ;

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: _____ Print Date/Time: 10/25/2018 14:26 CDT

WARNING: This report contains confidential, proprietary, and/or legally privileged information intended for the recipient only.

SCC - Sierra Conservation Center

Patient: TEST, RFS	DOB/Age/Sex: / Male	CDCR:
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Request for Service

MVA (motor vehicle accident)	<i>Classification</i> : Medical ; <i>Clinical Service</i> : Non-Specified ; <i>Code</i> : ICD-10-CM ; <i>Probability</i> : 0 ; <i>Diagnosis Code</i> : F19.90 <i>Date</i> : 4/10/2018 ; <i>Diagnosis Type</i> : Discharge ; <i>Confirmation</i> : Confirmed ; <i>Clinical Dx</i> : MVA (motor vehicle accident) ;
Right leg numbness	<i>Classification</i> : Medical ; <i>Clinical Service</i> : Non-Specified ; <i>Code</i> : ICD-10-CM ; <i>Probability</i> : 0 ; <i>Diagnosis Code</i> : R20.8 <i>Date</i> : 4/10/2018 ; <i>Diagnosis Type</i> : Discharge ; <i>Confirmation</i> : Confirmed ; <i>Clinical Dx</i> : Right leg numbness ;
Sepsis (RFS)	<i>Classification</i> : Medical ; <i>Clinical Service</i> : Non-Specified ; <i>Code</i> : ICD-10-CM ; <i>Probability</i> : 0 ; <i>Diagnosis Code</i> : A41.9 <i>Date</i> : 4/10/2018 ; <i>Diagnosis Type</i> : Discharge ; <i>Confirmation</i> : Confirmed ; <i>Clinical Dx</i> : Sepsis (RFS) ;

Offsite/Consultant Note
 Thank you for providing care to our patient. : In the interest of patient continuity, could you please provide preliminary instructions for future care while your final consultation/report is being generated?
Any Medication Changes : X _____
 x _____
 xx _____

Requested Diagnostic Imaging and/or Lab Testing :
 X _____
 x _____
 xx _____

Other Specialty Services Requested/Required :
 X _____
 x _____
 xx _____

Consultant Signature : X _____
 Supervising Physician TEST - 4/12/2018 12:45 PDT

Legend: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab

Report Request ID: _____ Print Date/Time: 10/25/2018 14:26 CDT

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