

## Responding to Referrals via naviHealth QuickCase

Many hospitals and health systems use nH Discharge to transition patients to other levels of care. When these organizations send you a referral, you will receive a one-page fax ("QuickCase") with a patient-specific referral code and PIN.

### Your Response Matters!

It is **critical** that you respond to QuickCase referrals electronically via the portal — and **not** via the phone. Calling to respond to referrals creates problems:

- Disrupts the hospital's workflow
- Creates issues with data and hospital reporting
- Hinders transparency and communication within the hospital

These instructions & subsequent declination definitions will help you respond appropriately.

### How Does it Work?

#### ① Step One

Go to [www.navihealth.com/navihealth-customer-center/](http://www.navihealth.com/navihealth-customer-center/) and select *Get Referral* or search online for "naviHealth QuickCase."

#### ② Step Two

Follow the step-by-step instructions Enter the one-time referral code and PIN, then verify your name, address and facility name.

#### ③ Step Three

Click **View Referral** to download and review the referral packet.

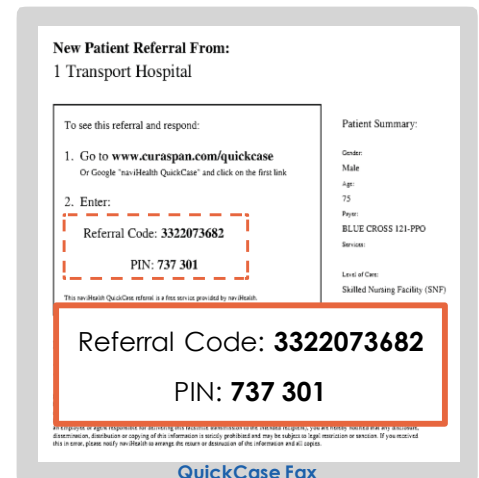
**The following steps are important!**

#### ④ Step Four

Click **Accept Referral** or **Decline Referral**.

#### ⑤ Step Five

**If declining a referral**, please select a reason for declination. A *list of decline reasons* can be found at the end of this document.



**New Patient Referral From:**  
1 Transport Hospital

To see this referral and respond:

- Go to [www.curaspan.com/quickcase](http://www.curaspan.com/quickcase)  
Or Google "naviHealth QuickCase" and click on the first link
- Enter:  
Referral Code: **3322073682**  
PIN: **737 301**

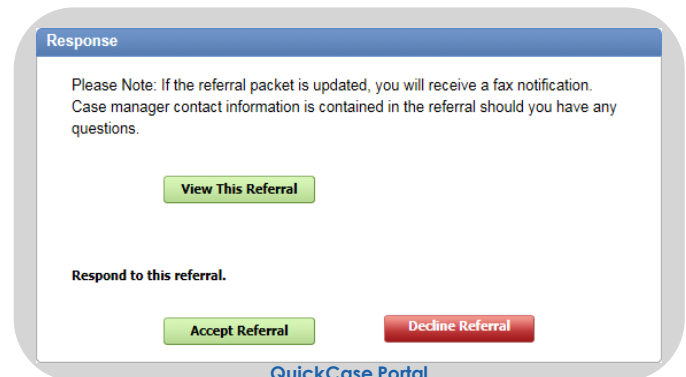
This naviHealth QuickCase referral is a free service provided by naviHealth.

**Referral Code: 3322073682**  
**PIN: 737 301**

Please Note: It is the user's responsibility for ensuring the accuracy of information received. naviHealth does not warrant the accuracy, completeness, timeliness or availability of this information in any form, published or not, and may be subject to change without notice. If you received this in error, please notify naviHealth to arrange the return or destruction of the information and all copies.

**QuickCase Fax**

**Patient Summary:**  
Gender: Male  
Age: 75  
Payer: BLUE CROSS I21-PPO  
Service:  
Level of Care: Skilled Nursing Facility (SNF)



**Response**

Please Note: If the referral packet is updated, you will receive a fax notification. Case manager contact information is contained in the referral should you have any questions.

**View This Referral**

**Respond to this referral.**

**Accept Referral** **Decline Referral**

**QuickCase Portal**

**Your role is critical to the hospital's success with this workflow!**

## Connect to the naviHealth Network, Anytime

If you decide you need an easier, more efficient workflow for managing referrals than with our fax-based solution, you can connect to the naviHealth network with nH Intake at anytime.

Simply email us at [ndminfo@navihealth.com](mailto:ndminfo@navihealth.com) to learn more.

## Available Decline Reasons for naviHealth QuickCase

- **Known with Other Agency/Facility:** The patient currently has services with another known healthcare provider.
- **No Bed Available:** No beds that meet the patient's needs are currently available.
- **Patient Too Complex:** The declining healthcare provider cannot meet the needs of this patient.
- **Does Not Meet Admission Criteria:** The patient does not meet the declining healthcare provider's admission criteria.
- **Level of Functioning Too High:** The patient does not qualify for the level(s) of care provided at the declining healthcare provider.
- **Level of Functioning Too Low:** This is not the right level of care for the patient.
- **Concern about Transition to next Level of Care:** The declining healthcare provider has concerns that the patient would be transitioned too early.
- **Noncompliant with agency/facility policy:** The patient does not meet the declining healthcare provider's policies.
- **Payer Not Accepted:** The declining healthcare provider does not accept the referred patient's payer.
- **No Payer Source:** The patient does not have any insurance.
- **Insurance Denial:** Pre-authorization was denied for the level of care.
- **Issue with Cost of Care:** The patient has an issue with the cost of care.
- **Limited Staffing/Equipment Resources:** The declining healthcare provider has limited staffing/equipment for the referred patient.
- **Issue with Cost of Medications:** The patient has an issue with cost(s) of the medications.
- **Bad Debt/Owes Facility Money:** The patient is known to have bad debt/owes the declining healthcare provider money.
- **Out of Service Area:** This patient falls out of the declining healthcare provider's service area.
- **Discharged to another facility:** This patient has been discharged to another healthcare provider in the naviHealth network.
- **Behavioral/Mental Health concerns:** There are behavioral/mental health concerns for this patient.
- **Not Homebound:** The patient does not need home services.