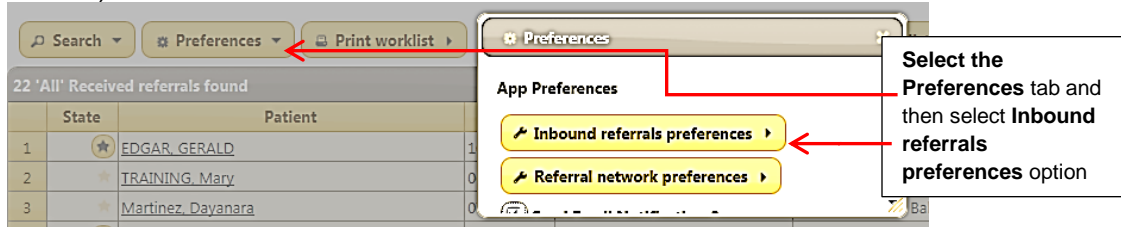


NOTE: This Guide is for Command Center Administrators only.

Each office using Great Lakes Health Connect Referrals Application will be able to personalize a **Homepage**, which is similar to a fax sheet that is filled out by the referring office when making a *referral*. Because this page is personalized, it ultimately eliminates pain points on both sides of the referral process. To access the Homepage, select on the Referral icon, then open the Referrals **Worklist** and follow the 2 step process listed below (found between the **Search** and **Print Worklist** tabs).

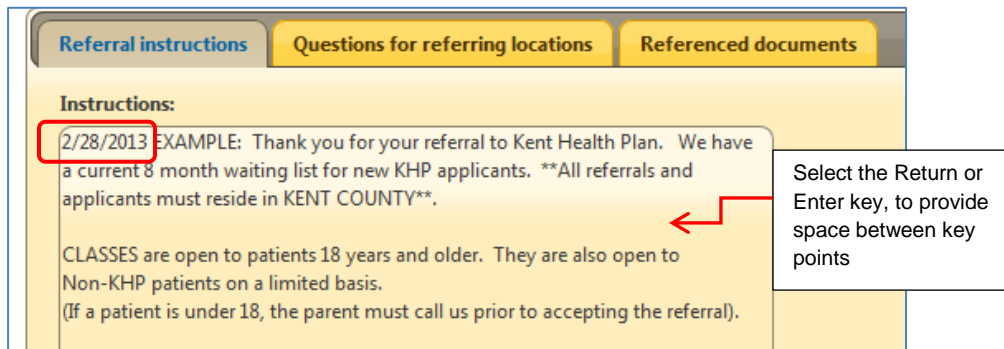


Note: This Homepage is unique to each Specialty office to help eliminate the pain points on both sides of the referring process. It is important to think through the Instructions. Also everything on this page can be easily modified by the office to ensure all the information is updated for the referring offices.

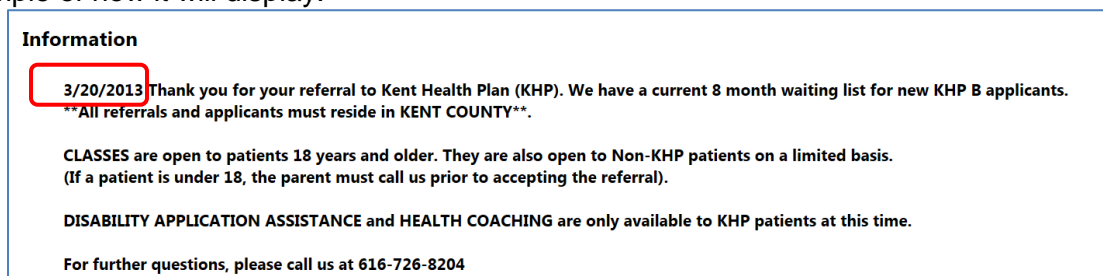
Referral Instructions

***Note - It is important to enter the current date if making any updates.** Although offices know that the Instructions can be changed at any time, it is human nature to stop reading the Instructions after the 3rd or 4th time!

Note: You can also add space between key points by selecting the Return or Enter key (see below).



Example of how it will display.



Key Components to be included in the Instruction Section:

1. Add the Date as the first part of the Instructions
2. Include your office hours
3. Include your office phone number (in case of questions)
4. Either include if you service the Medicaid population (Either here or in the Question section)

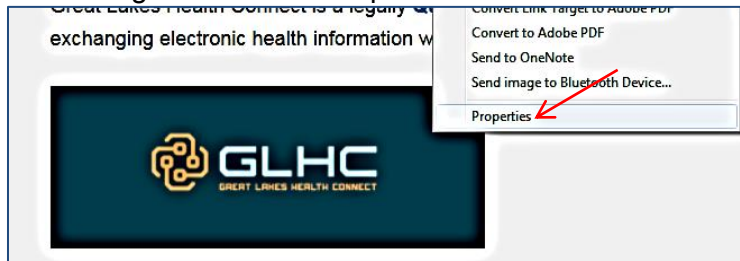
Adding a company logo (optional)

Note: Images are not technically inserted into an HTML page. They are linked to HTML pages. The tag creates a holding space for the referenced image.

If your site has a logo on its webpage, you also have the ability to add your logo on the Instruction section using HTML protocol. It is recommended that you contact your GLHC Implementation Consultant after you save your entry to confirm that the logo or web link appear as desired. Or, you may also call GLHC Support at 844-454-2443 to review your Homepage.

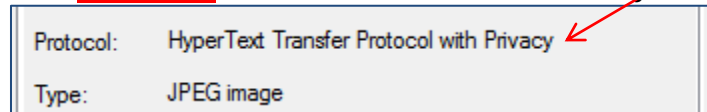
To determine if you can use a logo from your website:

1. Right click on the image and select "Properties"

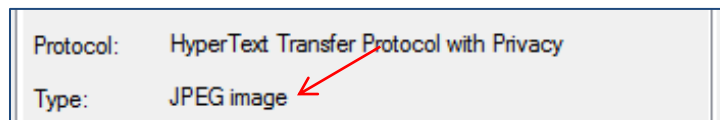
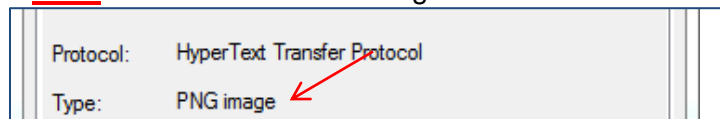


2. Assure that that the following criteria is met:

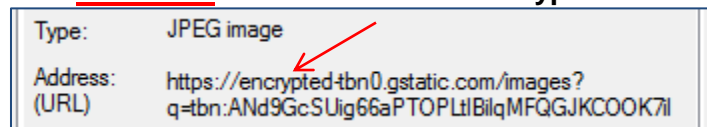
- a. **Protocol:** **Must NOT** include the words: "with Privacy"



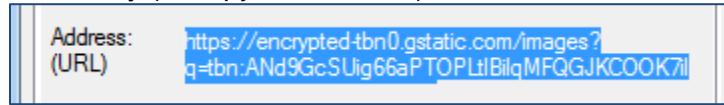
- b. **Type:** **Must** be a PNG or JPEG image



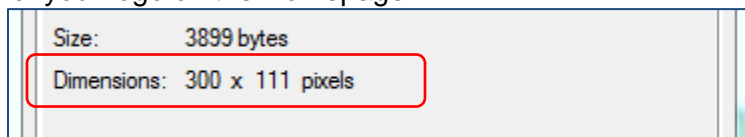
- c. **Address:** **Must NOT** include the words "Encrypted"



- d. **Address:** NOTE: The entire address may not display. To obtain the entire address for your logo, click within the address and then select and hold the “Control” or “CTRL” key and the “A” key on your keyboard (to selecting all of the address). Then select and hold the “Control” or “CTRL” key and the “C” key (to copy the address).



- e. **Dimensions:** Note the **width** and **height** of the image. This will assist you in maintaining the appropriate dimensions if you need to increase or decrease the size of your logo on the Homepage:



To add your logo:

Type the following statement into Instruction section **and change the sections in red:**

```
<img src=Paste the link here alt="Type in your company name or initials here" width="###" height="###">
```

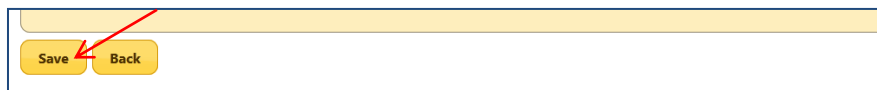
Example:

```
<img src=https://photos.prnewswire.com/prnfull/20150720/238187LOGO alt="Great Lakes Health Connect" width="250" height="70">
```

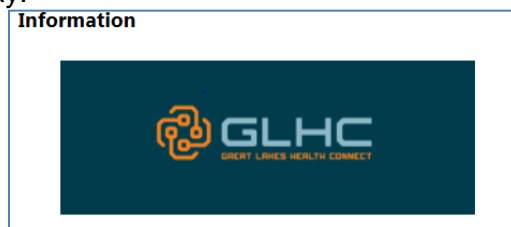
- Key:** Do not add a space after **<img src=**
 Add a space before **alt="**
Do not add a space after **alt="**
 Add a space before **width="**
 Add a space before **height="**
Do not add a space before **>**

Note: the parts in red must be changed for your specific organization or it will not display.

Select **“Save”**.



Example of how it will display:



Adding a company's website link *(optional)*

Type the following statement into Instruction section and change the sections in red using HTML protocol:

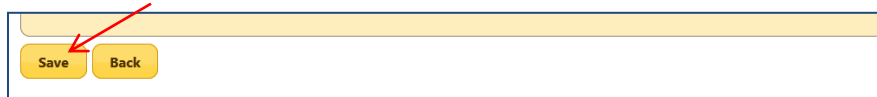
`TYPE IN THE NAME OF YOUR COMPANY`

Key: Do not add a space after `<a href="`
 Do not add a space before `" target="_blank">`
 Do not add a space after ``


Note: the parts in red must be changed for your specific organization or it will not display as desired. The first section in red is the actual webpage link. The second section in red is the title you want to display on the Homepage.

`GLHC`

Select **Save**.



Example of how it will display:

Information
<p>UPDATE 10/27/14 UPDATE</p> <p>Please direct any questions or concerns to (844) 454-2443  or email us at support@GL-HC.org You may also visit our website at:</p> <p>Great Lakes Health Connect</p>

You may also use the formatting below to add other links to various sections of your website as in the example below. The first section in red is the actual webpage link. The second section in red is the title you want to display on the Homepage:

`Referrals Quick Reference Guides`

`Available Referral Sites`

Example of how it will display:

<p>Click on the links below for more information:</p> <p>Referrals Quick Reference Guides</p> <p>Available Referral Sites</p>
--

Questions for Referring Locations

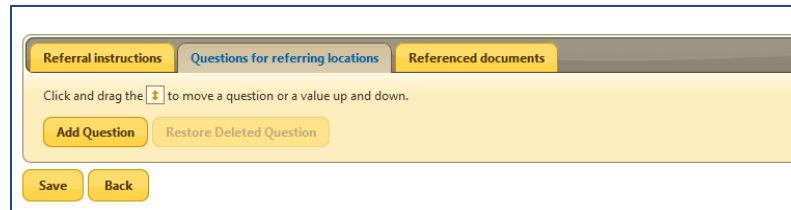
Questions can be set up in order to get the required information necessary for making a referral. Also questions can be made mandatory for the referring office to answer to insure all the necessary information is provided prior to making the referral. (See last page for examples)

You are able to add more than 10 questions. Just keep in mind that the more you add, the more the sending office has to answer.

Note: For Behavioral Health providers, it is strongly recommended that the first question address that the sending office has the “RELEASE OF INFORMATION” either attached to the referral in order to protect patient rights as well as both offices if they are audited.

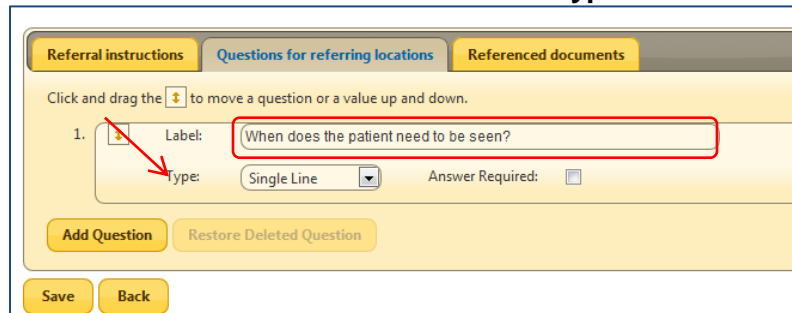
Adding Questions

1. Select “Add Question”



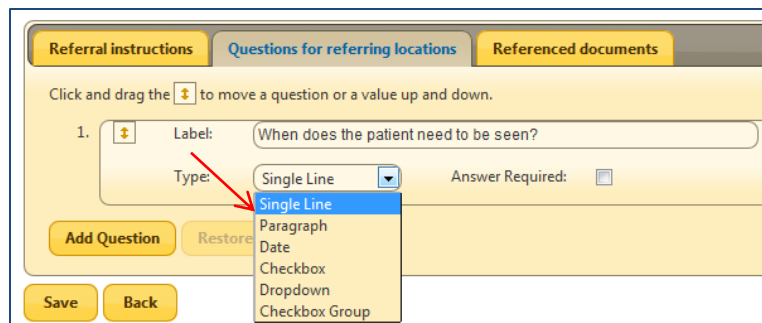
The screenshot shows the 'Questions for referring locations' tab selected. At the top, there are three tabs: 'Referral instructions', 'Questions for referring locations', and 'Referenced documents'. Below the tabs, there is a text instruction: 'Click and drag the [up/down arrow] to move a question or a value up and down.' Below this, there are two buttons: 'Add Question' and 'Restore Deleted Question'. At the bottom, there are 'Save' and 'Back' buttons.

2. Enter your question in the **Label** section and select the **Type** of answer:



The screenshot shows the 'Questions for referring locations' tab with a question being added. The question number '1.' is in a box with up/down arrows. The 'Label' field contains the text 'When does the patient need to be seen?'. The 'Type' dropdown menu is set to 'Single Line'. The 'Answer Required' checkbox is unchecked. The 'Add Question' and 'Restore Deleted Question' buttons are visible below the question fields. 'Save' and 'Back' buttons are at the bottom.

Answers can be created in several response formats including: **Single Line** (for brief answers); **Paragraph** (for detailed answers/information); **Date**; **Checkbox** (if checked: Answer will display as “yes”. If unchecked, answer will display as “no”.); **Dropdown** (user will only be able to select one answer); **Checkbox Group** (user will be able to select more than one answer).



The screenshot shows the 'Questions for referring locations' tab with the 'Type' dropdown menu open. The dropdown menu lists the following options: 'Single Line', 'Paragraph', 'Date', 'Checkbox', 'Dropdown', and 'Checkbox Group'. The 'Single Line' option is currently selected and highlighted in blue. The question label and other fields from the previous screenshot are visible in the background.

Single Line Response

Provides a one line text field for brief answer/response:

Questions to be Answered:

Please enter a single line answer here (Required answer) *

Paragraph Response

Provides a larger text field for detailed

If desired, enter in a longer answer (area will scroll down as needed)

Date Response

Provides a calendar (i.e. date of injury, mother's due date, etc.)

Click on the box to see a calendar. You may also type in a date. 02/06/2013

February 2013						
Su	Mo	Tu	We	Th	Fr	Sa
						1 2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

(the user can either type in the date or select the date from a calendar)

Checkbox Response

If checked, the response/answer will display as "yes". If unchecked, answer will display as "no".

Checking the box displays a "yes" for the answer. Unchecked displays "no"

Dropdown Response

Provides various answers, but only allows the user to choose one answer.

Only choose one answer

-- Select --

-- Select --
Answer #1
Answer #2
Answer #3
 Answer #5

Checkbox Group Response

Provides various answers, AND allows the user to choose multiple answers.

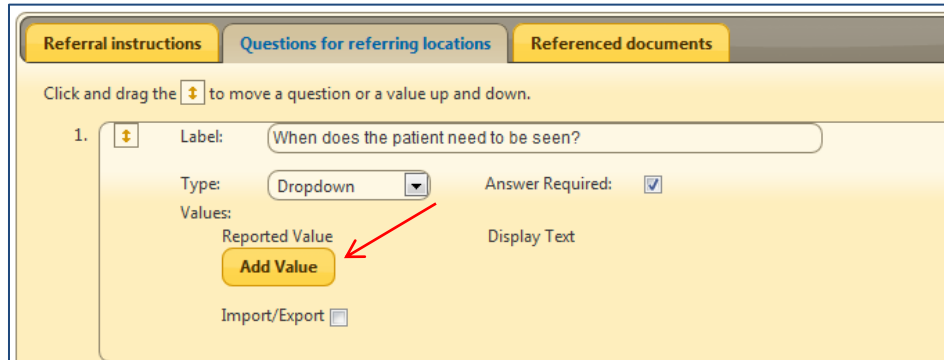
Please choose more than one answer

Answer #1
 Answer #2
 Answer #3


Adding Answers


For Dropdown and Checkbox Group questions, you will need to add answers or responses for the user to choose from.

1. To add answers, select “Add Value”.



Referral instructions | Questions for referring locations | Referenced documents


Click and drag the  to move a question or a value up and down.

1.  Label:

Type: Answer Required:

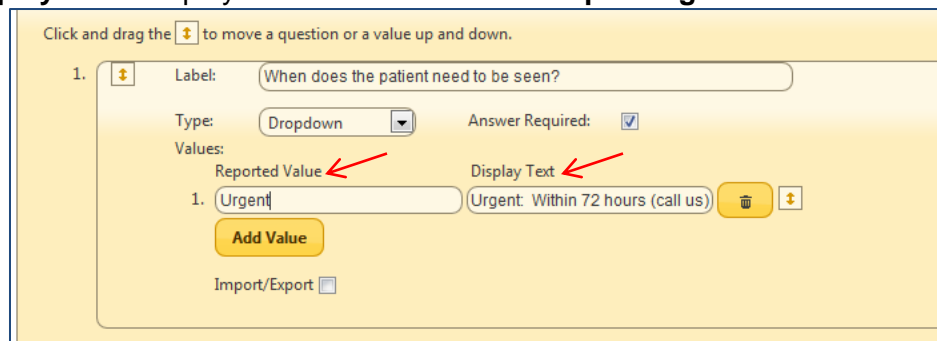
Values:


Reported Value Display Text


Add Value 

Import/Export

2. Enter a Reported Value and a Displayed text
 - a) **Reported value:** Displays answers in the **received** referral. These values can be brief (see example below)
 - b) **Display Text:** Displays answers for the office **requesting** a referral.





Click and drag the  to move a question or a value up and down.

1.  Label:

Type: Answer Required:

Values:

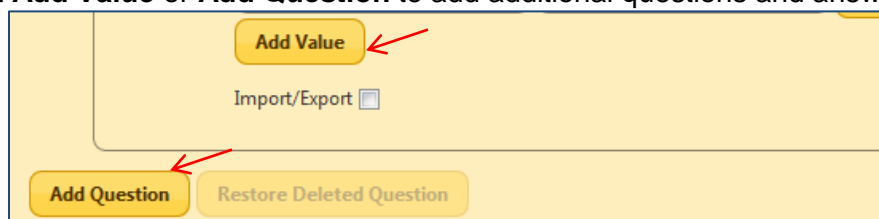
Reported Value Display Text


Add Value  

Import/Export


Note: The Reported Value and Display Text do not need to match. (The sending office will need to know a phone number, fax number, the names of physicians at satellite offices, etc. Since your staff already knows this information, the answer can exclude extra information).

3. Select **Add Value** or **Add Question** to add additional questions and answers.



Add Value 

Import/Export

Add Question  Restore Deleted Question

****See pages 13 and 14 for examples/suggestions of questions and answers to use.**

Redundant Questions

Since it is a GLHC standard that all sending offices must provide demographic information to you within each referral, the following demographic questions should be avoided: Patient Name, DOB, Address, Phone Number, Insurance, etc.

Patient Name *	<input type="text"/>
Date of Birth *	<input type="text"/> <small>mm/dd/yyyy</small>
Address *	<input type="text"/>
Phone Number *	<input type="text"/>
Type of Insurance *	<input type="text"/>

Also, you do not need to create a question regarding the Reason for a Referral or Chief Complaint. This will also be provided within the Referral and is part of the GLHC Standards that an office must provide the reason:

Reason for Referral:	<input type="text"/>
----------------------	----------------------

Required Answers

You have the option to select whether the answer should be “Required”. If checked, the user must select an answer or they will not be able to complete the referral.

Referral instructions	Questions for referring locations	Referenced documents
Click and drag the <input type="button" value="↕"/> to move a question or a value up and down.		
1.	<input type="button" value="↕"/> Label: <input type="text" value="When does the patient need to be seen?"/>	<input type="button" value="↕"/>
	Type: <input type="text" value="Single Line"/>	Answer Required: <input checked="" type="checkbox"/>

IMPORTANT: Before making a question required, determine if there are any circumstances when a person wouldn’t need to answer the question. Typical questions that should never be required are those beginning with “If”. See examples below:

- **If there was an injury, provider the original date of injury.** *This forces me to enter a date even if there was no injury.*
- **If patient has been treated elsewhere please provide name and address.** *What if the patient hasn’t been treated elsewhere? I still have to give a name and address*
- **If the patient has Medicaid, indicate which type.** *What if the patient doesn’t have Medicaid?*

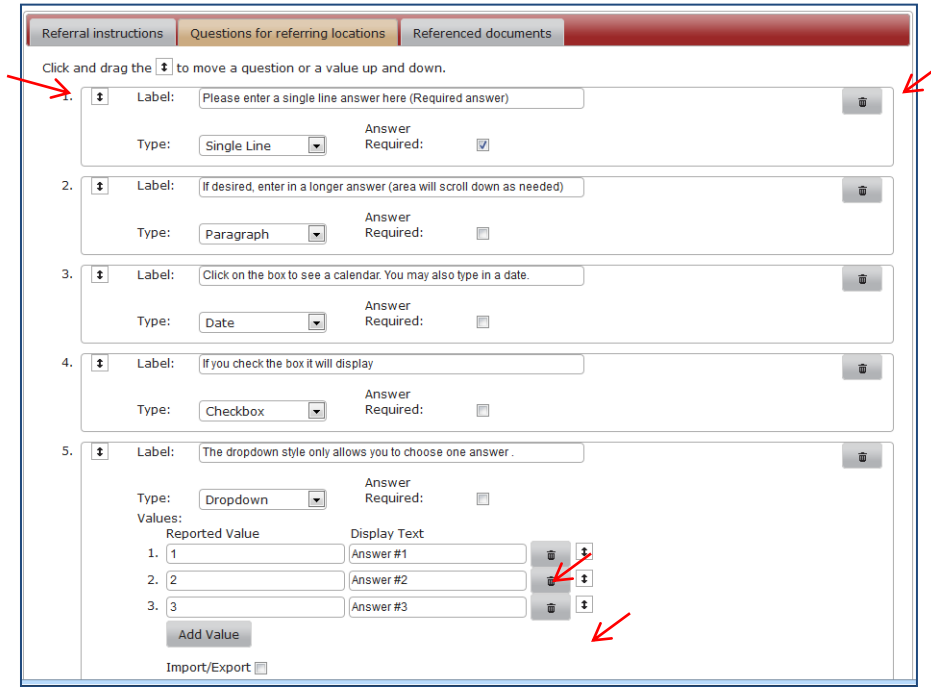
Also, ask yourself, “Would the answer to this question apply to all cases as in the example below regarding Worker’s Compensation:

Please provide Claim/Authorization # and billing address, phone and fax for Worker's Comp/Auto Carrier


From the Sender’s viewpoint: *“This is not a worker’s comp case. I now have to either say “does not apply” or enter something that doesn’t apply to the patient.”*

Reordering your Questions and Answers







In an effort to increase usability, drag-and-drop functionality and deletion has been added into **the Questions** for referring locations editing window.



Referral instructions | Questions for referring locations | Referenced documents

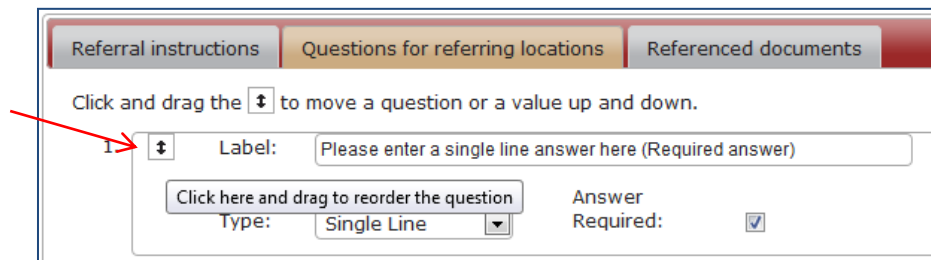
Click and drag the  to move a question or a value up and down.

- Label: Please enter a single line answer here (Required answer)
Type: Single Line | Answer Required:
- Label: If desired, enter in a longer answer (area will scroll down as needed)
Type: Paragraph | Answer Required:
- Label: Click on the box to see a calendar. You may also type in a date.
Type: Date | Answer Required:
- Label: If you check the box it will display
Type: Checkbox | Answer Required:
- Label: The dropdown style only allows you to choose one answer .
Type: Dropdown | Answer Required:
Values:


Reported Value	Display Text	Del	Move
1	Answer #1		
2	Answer #2		
3	Answer #3		


Add Value | Import/Export

1. To change the order of your questions, simply click and drag to reorder entire question, click and drag a specific question to the desired location (the answers will move as well).



Referral instructions | Questions for referring locations | Referenced documents

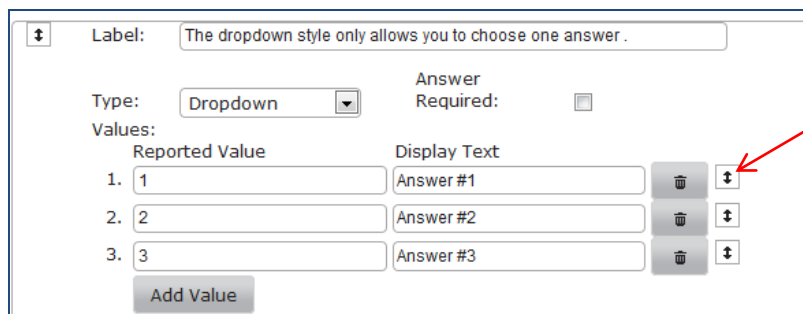
Click and drag the  to move a question or a value up and down.


1  Label: Please enter a single line answer here (Required answer)

Click here and drag to reorder the question

Type: Single Line | Answer Required:







2. To change the order of your answers, simply click and drag to reorder the answer, click and drag a specific answer to the desired location.



 Label: The dropdown style only allows you to choose one answer .

Type: Dropdown | Answer Required:

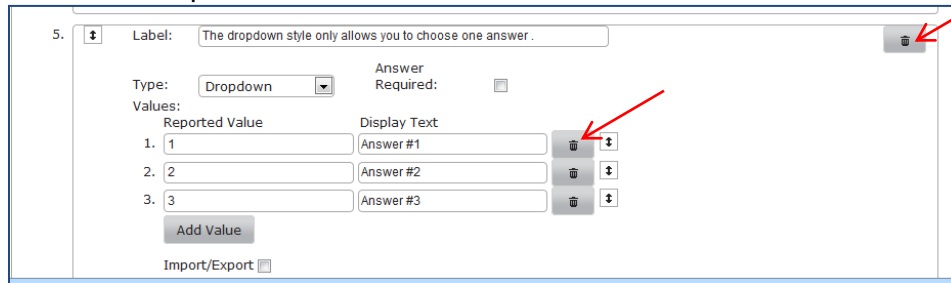
Values:

Reported Value	Display Text	Del	Move
1	Answer #1		
2	Answer #2		
3	Answer #3		

Add Value

Deleting your Questions or Answers

To change the order of your questions, simply click on the garbage can to delete entire questions or answers to questions.



5. Label: The dropdown style only allows you to choose one answer.

Type: Dropdown Answer Required:

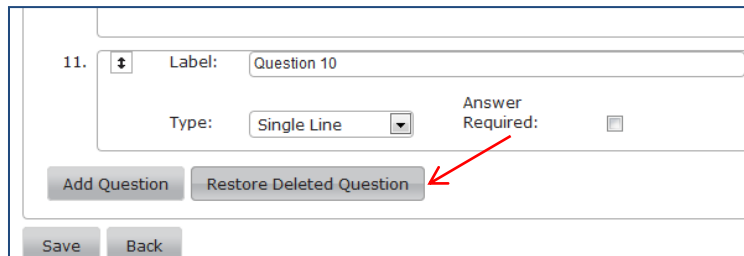
Values:

Reported Value	Display Text	
1	Answer #1	<input type="checkbox"/>
2	Answer #2	<input type="checkbox"/>
3	Answer #3	<input type="checkbox"/>

Add Value

Import/Export

Note: If you delete a question, you will have the opportunity to restore the question before saving.



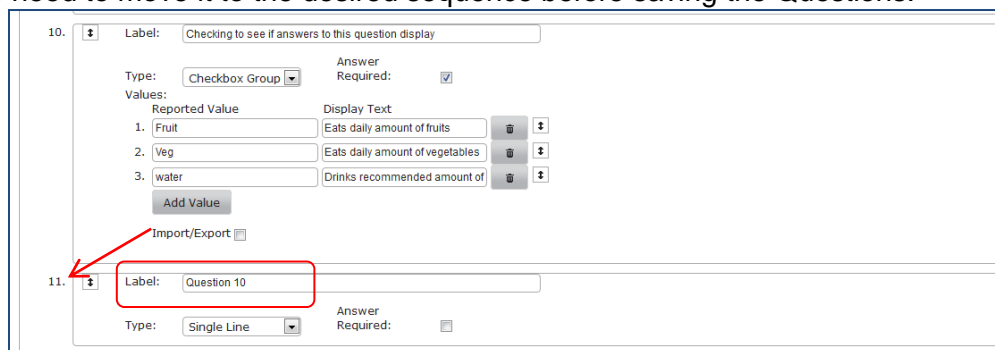
11. Label: Question 10

Type: Single Line Answer Required:

Add Question Restore Deleted Question

Save Back

Note: If you restore the question, it will be restored as THE LAST QUESTION. You will therefore need to move it to the desired sequence before saving the Questions.



10. Label: Checking to see if answers to this question display

Type: Checkbox Group Answer Required:

Values:

Reported Value	Display Text	
1. Fruit	Eats daily amount of fruits	<input type="checkbox"/>
2. Veg	Eats daily amount of vegetables	<input type="checkbox"/>
3. water	Drinks recommended amount of	<input type="checkbox"/>

Add Value

Import/Export

11. Label: Question 10

Type: Single Line Answer Required:

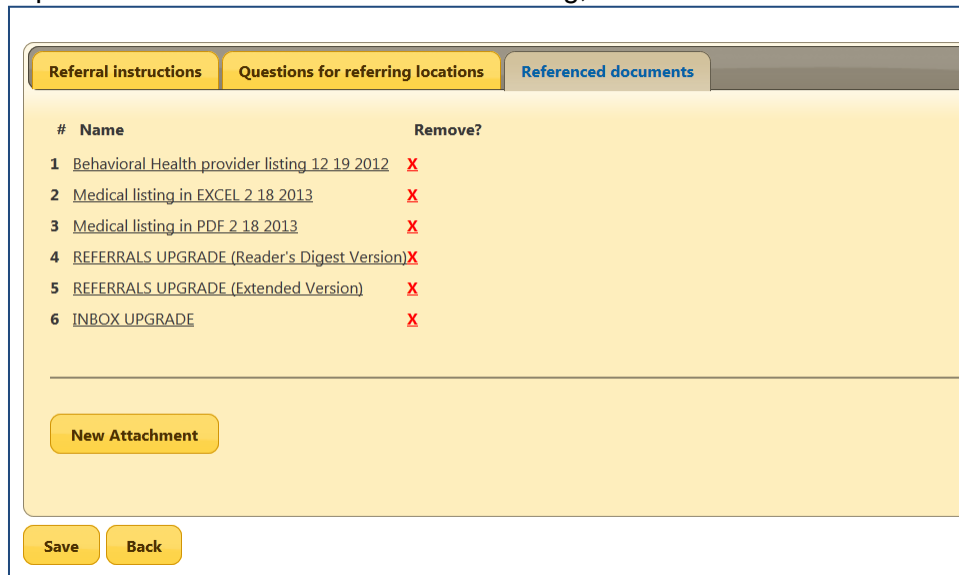
Note: You can only restore QUESTIONS, not answers! So, be sure you want to delete an answer before selecting it. Otherwise, **DO NOT SAVE** your changes.

Referenced Documents:

Necessary documents can be attached as additional instructions for the referring office or that can be given to the patient prior to their appointment. This can also help reduce the cost of mailing documents. **Note: PDF documents are preferred.**

Commonly attached documents include:

- Maps to the office location
- Referral Guides- often include what test results, labs, or reports the Specialty office wants attached to the referral what day of the week a physician will be at a specific location
- Patient Health Questionnaire- to be given to the patient prior to appointment
- Patient Preparation or Instructional Guides for testing, etc.

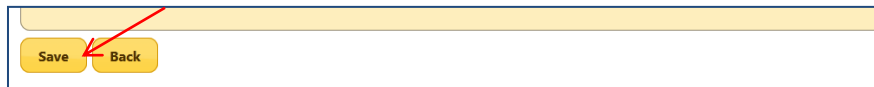


#	Name	Remove?
1	Behavioral Health provider listing 12 19 2012	X
2	Medical listing in EXCEL 2 18 2013	X
3	Medical listing in PDF 2 18 2013	X
4	REFERRALS UPGRADE (Reader's Digest Version)	X
5	REFERRALS UPGRADE (Extended Version)	X
6	INBOX UPGRADE	X

New Attachment

Save Back

Select **Save**.

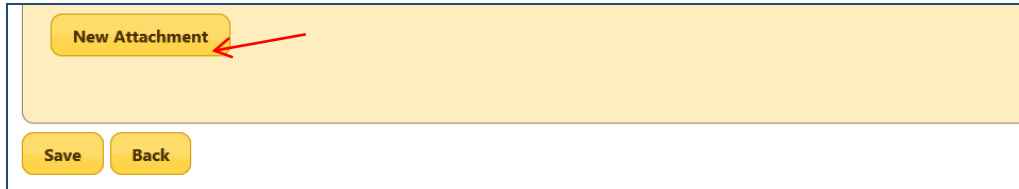


Save Back

Adding and Deleting Attachments (*Referenced Documents*):

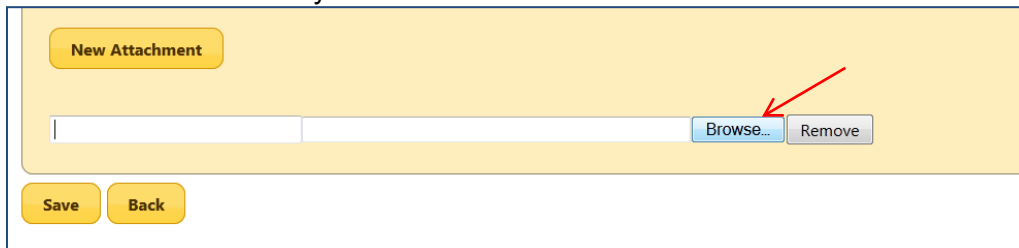
To add an attachment

Click on the “New Attachment” button:



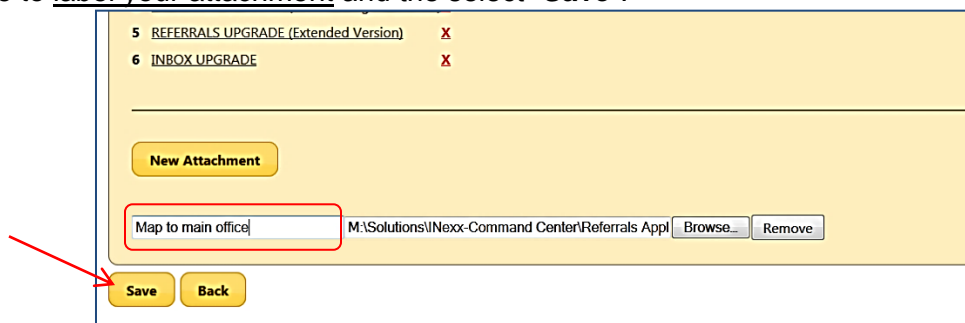
A screenshot of a yellow rectangular interface. At the top left is a yellow button labeled "New Attachment" with a red arrow pointing to it. Below this button are two smaller yellow buttons labeled "Save" and "Back".

Select “Browse” and search for you desired document



A screenshot of a yellow rectangular interface. At the top left is a yellow button labeled "New Attachment". Below it is a white text input field. To the right of the input field are two buttons: "Browse..." (highlighted with a red arrow) and "Remove". At the bottom are two yellow buttons labeled "Save" and "Back".

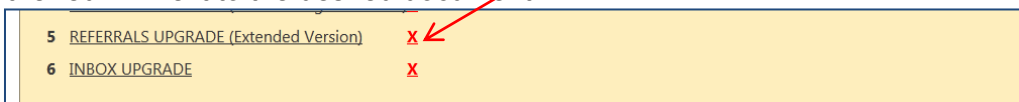
Be sure to label your attachment and the select “Save”.



A screenshot of a yellow rectangular interface. At the top, there is a list of items: "5 REFERRALS UPGRADE (Extended Version) X" and "6 INBOX UPGRADE X". Below this list is a yellow button labeled "New Attachment". Underneath the button is a white text input field containing "Map to main office" (highlighted with a red box) and a file path "M:\Solutions\Nexx-Command Center\Referrals Appl" followed by "Browse..." and "Remove" buttons. At the bottom are two yellow buttons labeled "Save" (highlighted with a red arrow) and "Back".

To delete an attachment

Click on the red “X” next to the desired document.



A screenshot of a yellow rectangular interface showing a list of items: "5 REFERRALS UPGRADE (Extended Version) X" and "6 INBOX UPGRADE X". A red arrow points to the red "X" icon next to the first item.

Note: You are unable to sort attachments. Therefore if you delete a middle document (i.e. #3), you must delete and re-attach the rest of the attachments (i.e. #'s 4, 5 and 6) if you wish to have them in a specified order.

Note: It is best to delete attachments, select “Save” and then add additional attachments.

Examples:

The following are examples of commonly asked questions and answers that could be used if appropriate.

- If the patient has Medicaid, please indicate which type as we can only accept the following plans at this time (*Provide a list of plans in a dropdown format*)
- When does the patient need to be seen? (*Format answers in a **DROPDOWN** format. Available options below*)
Key question for the BCBS PGIP program
 - Urgent: Within XX hours (please create the referral, but also call us at ###-###-####)
 - 1-2 weeks
 - 3-4 weeks
 - First available
- Type of care (*Provide answers in a **DROPDOWN** format. Available options below*)
Key question for the BCBS PGIP program
 - Coordinating Behavioral and Medical Health treatment.
 - Consult only
 - Transferring care of treatment
 - Second opinion
- The following documents related to the referral are attached (*Provide answers in a **CHECKBOX GROUP** format*)
 - A list of documents will be listed and are able to be checked off
 - Also, provide the option of sending documents by fax. Include the following statement:
"include GLHC REFERRAL on the face sheet".
- Special needs of the patient: (*Provide answers in a **CHECKBOX GROUP** format*)
 - None
 - Blind or visually impaired
 - Cognitively impaired
 - Deaf or Hard of Hearing
 - Needs interpreter (enter language in Comments section above)
 - Wheelchair user
 - Other (enter in Comments section above)
- The patient was instructed to bring their photo ID, insurance card, and all their medication bottles. (*Provide answers in a **DROPDOWN** format. Available options below*)
 - Yes
 - No, the patient left prior to creating referral

- **Location Preference** *(To be used if your office has more than one site) (Provide answers in a **DROPDOWN** format. Available options below)*
 - Address and City of Primary Location
 - Address and City of Secondary Location (Also include exceptions available Physicians or Days)

Requested Location	<input type="checkbox"/> No preference, First available <input type="checkbox"/> MBC Big Rapids 15044 220th Avenue, Big Rapids, MI 49307 <input type="checkbox"/> MBC Greenville 6896 S Greenville Road, Suite 100, Greenville, MI 48838 <input type="checkbox"/> MBC Heritage Pointe 2060 East Paris Ave SE Suite 200, Grand Rapids, MI 49546 <input type="checkbox"/> MBC Holland 844 S Washington, Holland, MI 49423 <input type="checkbox"/> MBC Kalamazoo 3770 Glenkerry Court, Portage, MI 49024 <input type="checkbox"/> MBC Lakeshore 1675 East Mount Garfield, Suite 135, Muskegon, MI 49444 <input type="checkbox"/> MBC North 700 Three Mile Road NW, Grand Rapids, MI 49544 <input type="checkbox"/> MBC South 2147 Health Drive, Suite 100, Wyoming, MI 49519 <input type="checkbox"/> MBC St. Joseph 3950 Hollywood Road, St. Joseph, MI 49085 <input type="checkbox"/> Javery Pain Institute 710 Kenmoor Dr SE Suite 200, Grand Rapids, MI 49546
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What is the patient's preferred location? (Initial visit will be in GR) *

-- Select --

-- Select --

Grand Rapids

Holland

Ionia (Dr. Slaton)

- **Attached documents**

To assist with Meaningful Use, offices may prefer to send CCD, TOC, Summary of Care records, HIE documents and/or attachments to offices via Direct messaging. Other offices may have difficulty attaching documents and may need to fax them to your office. Therefore, it is recommended that you include your **fax number** and **Direct address** if available as options. See example below:

Questions to be Answered:

The following documents are sent with this referral *

- Patient's Face Sheet
- Relevant Progress Notes
- Imaging report - CT, MRI, Ultrasound
- Audiogram result(s)
- Medication List
- CCD
- Faxing documents to (231) 555-1212
- Sending documents by Direct to midlandent@midirect.net