

## CHAPTER 4: Referrals (Part of Complex Issues)

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At times, beneficiary complaints and complex issues will need to be referred to other parties for further research and investigation by CMS Program Safeguard Contractors (PSCs), Zone Program Integrity Contractors (ZPICs), and/or Medicare Drug Integrity Contractors (MEDICs). You may also need to refer cases to other entities who are NOT PSCs, ZPICs or MEDICs (such as SHIP, the Attorney General, local law enforcement, etc.). This chapter discusses the process of documenting referral activity in SMART FACTS, making electronic referrals to PSCs, ZPICs or MEDICs from within the software, and provides instruction for using time-saving features for the management of referrals.

Note: Zone Program Integrity Contractors (ZPICs) fulfill the same role as Program Safeguard Contractors (PSCs). ZPICs were introduced in 2009. The SMART FACTS software currently only names PSCs because it was designed prior to the introduction of the term "ZPIC." SMP referrals contact lists, provided by the SMP Resource Center, indicate which SMPs make referrals to a ZPIC and which SMPs make referrals to a PSC. Regardless of the terminology, the process is the same. SMART FACTS will be updated in the future to accommodate this terminology change.

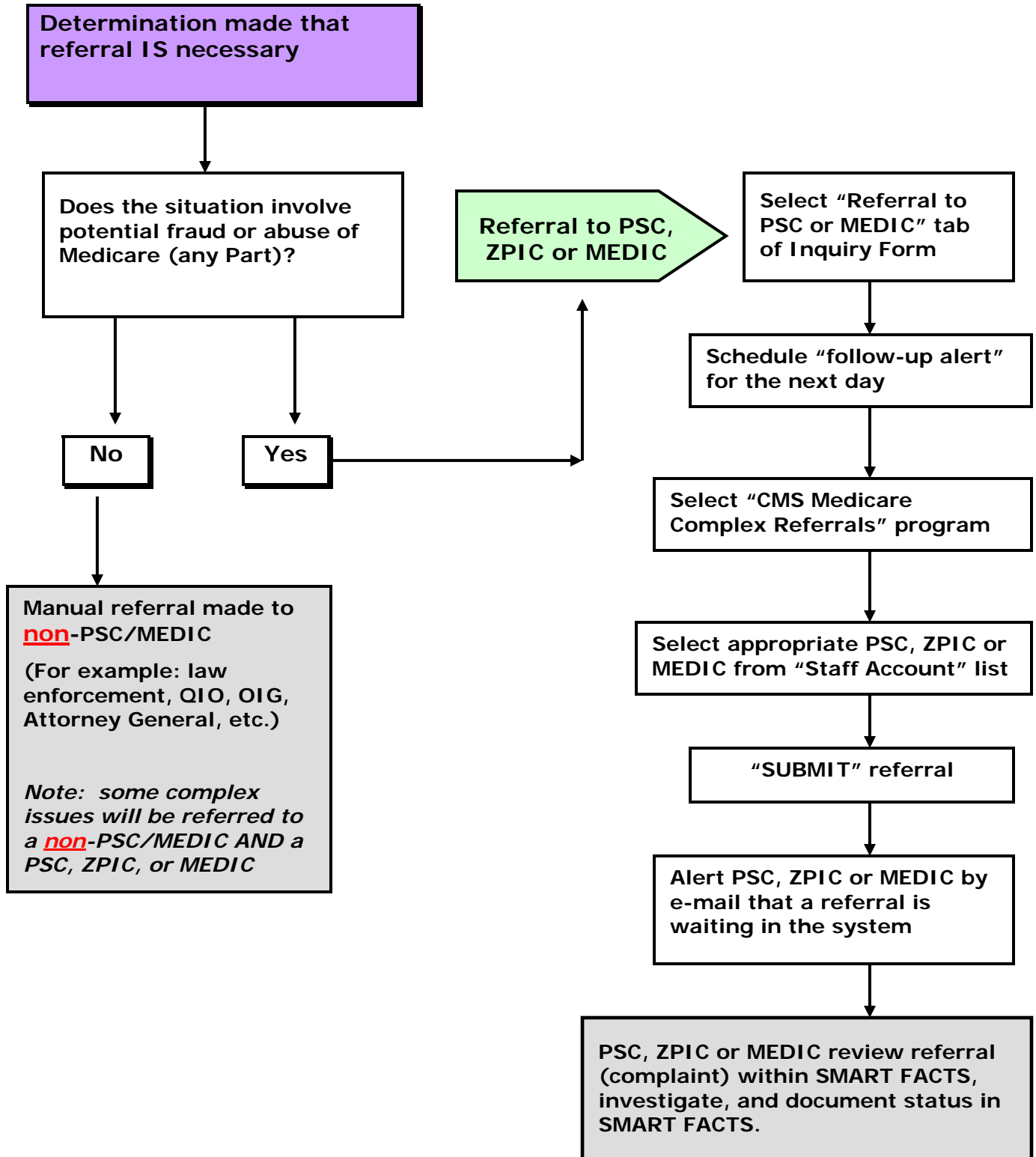
SMART FACTS supports the following processes for referral of complex issues:

1. Captures all relevant information that will be needed by the receiving entity;
2. Enables the upload of recovery and cost avoidance documentation for the OIG;
3. Enables the upload of the Beneficiary ROI for the PSCs, ZPICs and MEDICs;
4. Records the entity or entities to which referrals are made and the individual point of contact for each referral;
5. Enables PSCs, ZPICs and MEDICs to receive referrals electronically;
6. Enables PSCs, ZPICs and MEDICs to document the progress of their investigation within SMART FACTS; and
7. Enables SMPs to follow PSC, ZPIC and MEDIC progress by viewing their entries in SMART FACTS.



**Referrals can be made to as many organizations as necessary -- not just one.**

## SMP REFERRALS PROCESS FLOW CHART



## **Referral Tabs Defined**

SMART FACTS separates referrals into two categories: (1) Non PSC and MEDIC or (2) PSC and MEDIC Contractor Recovery. **PSC** is the acronym for "**Program Safeguard Contractor.**" **MEDIC** is the acronym for "**Medicare Drug Integrity Contractor.**"

### Select the **Referral to Non PSC and MEDIC** tab to:

- Document that you referred the issue to a CMS Administrative Contractor (AC) or other non-PSC/MEDIC CMS Contractor, law enforcement or regulatory agency, or other appropriate agency based on the specific type of complaint.
- Document that you referred the caller (beneficiary, caregiver, etc.) to one of the non-PSC and MEDIC entities listed in this area of SMART FACTS.

### Select the **Referral to PSC or MEDIC Contractor and Recovery** tab to:

- Refer the issue to a PSC, ZPIC or MEDIC for further investigation of a potential issue of Medicare fraud.
- Check on the status of a PSC, ZPIC or MEDIC referral.
- Upload documentation (beneficiary ROI or cost recovery or avoidance documentation, for example).

## **Referral Terminology**

**What entities are considered a **Non-PSC and MEDIC** (i.e. "non-MEDIC") Contractor?**

- Part A Claims Processing Contractors (AC)
- Part B Claims Processing Contractors (AC)
- Quality Improvement Organization (QIO)

Law Enforcement or Regulatory Entities:

- Attorney General
- CMS Regional Office
- Federal Bureau of Investigation (FBI)
- Local Law Enforcement
- Medicaid Fraud Control Unit (MFCU)
- Office of the Inspector General (OIG)
- State Insurance Commissioner
- State Practitioner Licensing Board (Physician, for example)

- State Survey and Certification (Nursing Home, for example)
- U.S. District Attorney's Office

Other agency (based on nature of specific complaint):

- Adult Protective Services
- Area Agency on Aging (AAA)
- Better Business Bureau
- Legal Services
- Individual Medicare Plans
- Ombudsman
- SHIP (Senior Health Insurance Information Program)
- Social Security Administration
- Supplemental Insurance Carrier (Medigap)

Referrals to non-PSCs/ZPICs and MEDICs must be made manually. SMART FACTS contains a Complex Issue Referral Form and Cover Letter to assist SMPs in making these referrals, if needed. Instructions for generating the referral form and cover letter in SMART FACTS are provided at the end of this chapter.

### **What entities are considered a **PSC or MEDIC** Contractor?**

PSCs and ZPICs investigate suspected Medicare fraud and abuse for:

- Part A
- Part B
- Durable Medical Equipment (DME)
- Home Health Care (handled by Regional Home Health Intermediaries - "RHHI")

MEDICs (Medicare Drug Integrity Contractors) investigate suspected Medicare fraud and abuse for:

- Part D
- Part C

## Referral to **Non-PSC** and **MEDIC** Tab

Record in SMART FACTS those referrals that are made directly by the SMP to a **Non-PSC** and **MEDIC**. A "Referral" is made when the SMP contacts the referral entity directly on behalf of the beneficiary. You should not make entries in this section if your SMP simply gave the beneficiary a phone number for one of the entities and suggested they make a call on their own behalf.

Chapter 3 of this manual provided specific instructions for recording a complex issue. If you are within an open inquiry form, you can skip to step #7 below. If you need to re-open an already existing inquiry form and make or document a referral to a Non-PSC and MEDIC, here are the complete steps:

1. Make sure you are in the **Issues and Inquiries** Program.
2. Click on **Issues/Inquiry Work**.
3. Click on **Review Specific Inquiry**.
4. You may either leave the **Search** field blank to see a list of all participants OR enter the requested identifying information. Click on **Search**.

Enter Search Term(s) within Participant in Issues and Inquiries **GO**

**Participant Assessment**

Search for Participants in Issues and Inquiries by (partial) Last Name, SSN or Case Number:

**SEARCH**

Include Dismissed Participants in results  
To see **all Participants** leave the box empty.

5. Click on **GO** beside the correct name.

**Participant Assessment**

Search for Participants in Issues and Inquiries by (partial) Last Name, SSN or Case Number:

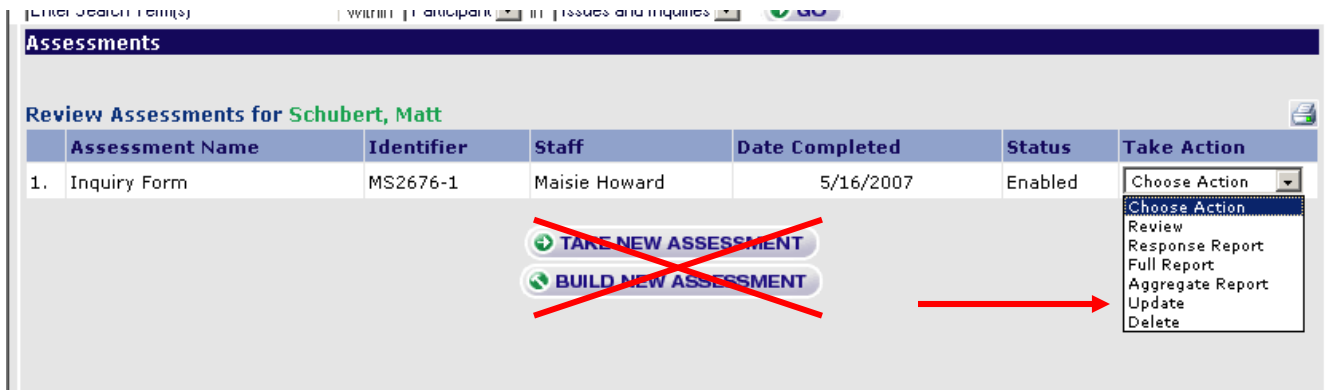
**SEARCH**

Include Dismissed Participants in results  
To see **all Participants** leave the box empty.

**PRINT**

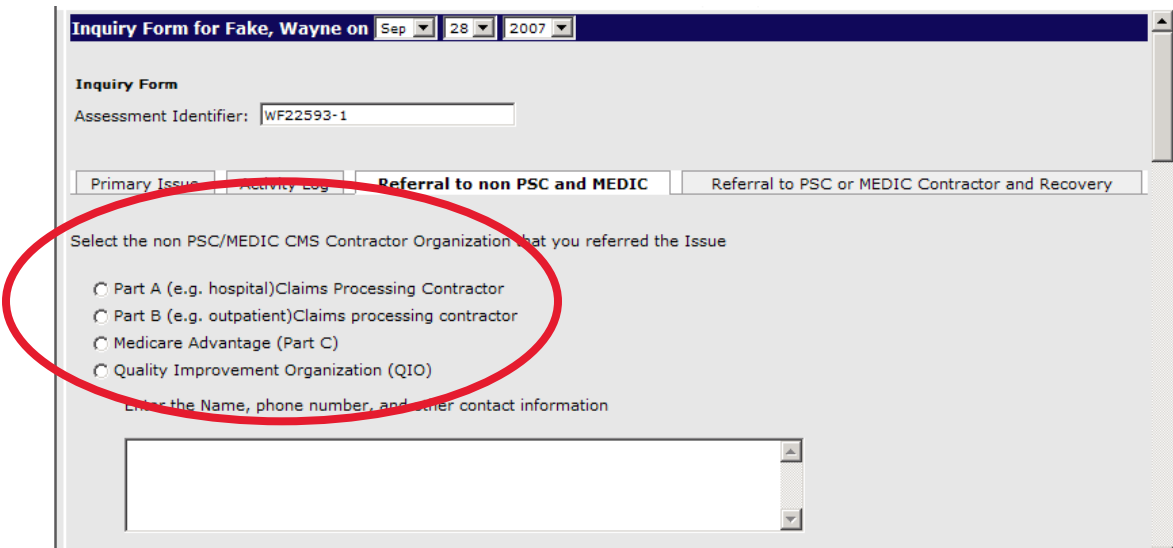
S.No	Name	DOB	SSN	Case No.
Matches for: <b>Last Name</b>				
1.	<b>GO</b> Fake, Ginny	2/13/1910	unknown	2441
2.	<b>GO</b> Fake, Helen	11/26/1928	unknown	2643
3.	<b>GO</b> Fake, Mary Ann	2/12/1923	unknown	2442
4.	<b>GO</b> Fake, Wayne	8/16/1940	unknown	2593
5.	<b>GO</b> Fake cooley, Fake scott	1/1/2004	unknown	14
6.	<b>GO</b> Faker, Fraud	unknown	unknown	430

6. In the **Take Action** column, click on **Choose Action** arrow and select **Update**.



**IMPORTANT:** DO NOT select either of the Assessment buttons. To return to an existing Inquiry Form, you will ALWAYS select **Update**.

- The Inquiry Form for the selected participant will appear. Click on the tab entitled **Referral to non PSC and MEDIC**.
- Select the **non PSC/MEDIC Contractor Organization** to whom you referred the Issue. (If none apply, go to the next selection)



9. Enter the **Name, phone number, and other contact information** for the entity to whom you are making the referral (unless none apply).

10. Select the **law enforcement or regulatory entities** you referred your complaint to, if any.

Be sure to enter the **name, mailing address and telephone number of contact law enforcement entity** for the referral.

If none apply, go to the next selection.

Select which **law enforcement** or regulatory entities you referred your complaint to (if none, skip this question):

- Attorney General
- CMS Regional Office
- FBI
- Local law enforcement
- Medicaid Fraud Control Unit (MFCU)
- OIG
- State Insurance Commissioner
- State Practitioner Licensing Board
- State Survey and Certification (Nursing Home)
- US District Attorney's Office
- Other law enforcement or regulatory

Name, mailing address and telephone number of contact **law enforcement** entity:

**IMPORTANT:** Selecting the referral agency does not automatically send any information. SMPs will need to follow-up directly with the appropriate agency.

11. Select any **other entities** that apply, if applicable.

Select which **other entities** you referred your issue to (if none, skip this question):

- Adult Protective Services
- Area Agency on Aging
- Better Business Bureau
- CMS Regional Office
- Legal Services
- Medicare Plan
- Ombudsman
- SHIP
- Social Security Administration
- Supplemental Insurance Carrier (Medigap)

12. Enter the contact information for any **other entity** to which a referral was made. Leave the fields blank if not applicable.
13. Click on **Previous Page**. This will return you to the **Activity Log** so you can update necessary fields.

Legal Services  
 Medicare Plan  
 Ombudsman  
 SHIP  
 Social Security Administration  
 Supplemental Insurance Carrier (Medigap)

Name, mailing address and telephone number of contact with **other** entity:

Practice Jones  
 Provider ABC  
 2121 Business St.  
 Hometown, CA 00000

Name and contact number for the person to whom it was referred.

Practice Jones, 555-555-5555

[← PREVIOUS PAGE](#)
[NEXT PAGE →](#)

14. Scroll or use the **Section Header Quick Links** to navigate the **Activity Log** page. The **Section Header Quick Links** move you quickly down the page to the selected area of the Activity Log page.

Inquiry Form for Adams, Carl on Mar 8 2007

**Inquiry Form**  
 Assessment Identifier: CA236-1

This tab contains information relating to follow up items, the status of the inquiry/issue as well as relate documents and resolution-type information.

**Section Header Quick-Links**

**SMP Initial Action**  
**SMP Follow Up Actions**  
**Status of Complex Issues (entered by SMP)**  
 It is not necessary to keep a history of past status entries. It is only necessary to track the **current status**.  
**Dollar Amount Questioned**  
**Please Be Sure to Update the Status Tracking Section of the Activity Log as appropriate updates are made to this form!**

- Update the **Activity Log** fields, as necessary, particularly the Follow-up Actions fields. The **Referral** checkbox and its corresponding date field are necessary for an accurate outcome 13A on your OIG Report.

1 Date of Action  
 Mar 11 2009

Follow Up Action Taken (check all that apply)

- Referral** (always check this box if your action includes a referral on this date; doc
- Contact beneficiary
- Contact CMS Regional Office
- Contact Medicare PSC or Medic Contractor
- Contact MFCU or Medicaid Office
- Contact 1-800-Medicare
- Contact provider/ practitioner
- Contact secondary insurer/plan
- Contact SHIP



- Update the **Status of Complex Issues** fields (Current Status and Date)

**Status of Complex Issues (entered by SMP)**  
 It is not necessary to keep a history of past status entries. It is only necessary to track the **current status**.

Current Status of Complex Issue:(Required)

- Open- Research in Progress By SMP
- Open- Awaiting Response To Referral < 1 Year
- Closed- Reviewed Internally/No Problem
- Closed- Resolved By SMP
- Closed- Referral No Response Necessary
- Closed- Action Taken By Referent
- Closed- No Action Taken By Referent
- Closed- Other
- Suspended- No Response from Referent > 1 Year

Date of status update:  
 Mar 11 2009

- Click **Submit** once you have completed the form. This saves your work and ensures overall OIG Report accuracy related to complex issues.

18. The message "Your Inquiry Form was Submitted" will appear. Click on **OK**.

Your work is complete and you can now log off SMART FACTS or conduct other tasks within the software.

## **Referral to PSC or MEDIC Contractor and Recovery Tab**

This module of SMART FACTS captures the information needed to refer an issue to a PSC, ZPIC or MEDIC and to upload cost avoidance and/or recovery information. **This tab on the Activity Log provides an electronic interface between SMPs and PSCs/ZPICs/MEDICs regarding complex issues requiring referrals.** Therefore, not only SMPs but also PSCs, ZPICs or MEDICs will be entering and viewing data on this tab of the inquiry form. Though the vast majority of fields within SMART FACTS will be completed by SMPs, some SMART FACTS fields are designated for PSC, ZPIC or MEDIC data entry only. SMPs can view but should not enter or edit the data in PSC or MEDIC designated fields. This will be reiterated throughout the chapter and is also made clear within the SMART FACTS software itself. The portions of the Inquiry Form completed by SMPs contain important data that PSCs and MEDICs will need to view in order to respond to the referral.

To refer a complex issue to a PSC, ZPIC or MEDIC you must get to the proper screen. If you are already within the Inquiry Form for the issue you need to refer, skip to step #7 below. Otherwise, start with step #1:

1. Go to: **Issues and Inquiry program**.
2. Click on **Issues/Inquiry Work**.
3. Click on **Review Specific Inquiry**.
4. Enter the name of the participant or leave the field blank to see all participants.
5. Click on **Search**.
6. Click on **Go** beside the correct participant name.
7. Select **Update** from the **Choose Action** drop down list.
8. Wait for the Inquiry Form to fully load. You will see a "Processing" status bar in the middle of the screen. The amount of time it takes for the inquiry form to load depends upon the speed and bandwidth of your internet service.

9. Click on the **Referral to PSC or MEDIC and Recovery** tab.

**Inquiry Form**  
 Assessment Identifier:

**Primary Issue** | Activity Log | Referral to **non** PSC and MEDIC | **Referral to PSC or MEDIC Contractor and Recovery**

This tab contains basic information about the inquiry/issue. Please ensure that the status of this inquiry/issue is updated as appropriate on the Activity Log.

**Section Header Quick-Links**

**Please remember to hit Save or Submit button at the bottom of this form or your information will be lost. Please Be Sure to Update the Status Tracking Section of the Activity Log -located on the next tab- as appropriate updates are made to this form!**

10. The text below the **Section Header Quick-Links** explains protocols. Review this text then scroll to access the data entry fields.

Assessment Identifier:

Primary Issue | Activity Log | Referral to **non** PSC and MEDIC | **Referral to PSC or MEDIC Contractor and Recovery**

**Section Header Quick-Links**

**This Section is intended for use by both SMP and CMS Medicare contractors who will be researching and updating the status of the referral.** SMPs are to **view** the data entered by PSCs, but **should not edit or add data** to the fields designated for PSC use.

**Recoveries and Cost Avoidance for Errors, Fraud and Abuse Issues - TO BE COMPLETED BY SMP**  
*Documentation is required for all recoveries and cost avoidance amounts listed below.*

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**This Section is intended for use by both SMP and CMS Medicare contractors who will be researching and updating the status of the referral.** SMPs are to **view** the data entered by PSCs, but **should not edit or add data** to the fields designated for PSC use.

11. Select the appropriate referral agent by clicking on the **circle** next to the appropriate choice.

Select the CMS Medicare PSC that you referred your complaint to:

- Part A PSC Contractor
- Part B PSC Contractor
- Part D CMS MEDIC
- CMS Durable Medical Equipment DME PSC
- CMS Medicare Regional Home Health Intermediary RHHI PSC Contractor

12. The text reminds you to **schedule a follow-up alert for another staff's to do list**. Do that now or wait until you get to the bottom of the screen to complete this step. It's an important part of the PSC/ZPIC/MEDIC and SMP electronic interface, so do not forget this step.
13. Select **Yes**, since you will soon use the **Schedule Follow-Up Alert** feature in SMART FACTS to send the referral to the PSC, ZPIC or MEDIC.

**Have you sent the follow-up to the PSC or MEDIC Contractor?**

Yes

No

14. A. Do NOT complete the Date field designated for the PSC or MEDIC
14. B. **DO** enter the **Date Complex Issue Was Referred to PSC, ZPIC or MEDIC Contractor**.

Date that PSC or MEDIC began initial research (To be entered by PSC or MEDIC)

~~-Month- -Day- -Year-~~

Date Complex Issue Was Referred to PSC or MEDIC Contractor (To be entered by SMP)

Oct 11 2007

**The following fields will be completed by the PSC, ZPIC or MEDIC Contractor. Do NOT enter data in these fields. They are for SMP viewing purposes only. They will allow you to review the status of your referral to the PSC or MEDIC.**

Date that PSC or MEDIC began initial research (To be entered by PSC or MEDIC)

-Month- -Day- -Year-

PSC Current Case Status

Opened

Open - Still Ongoing

Closed - Without Findings

Closed - With Findings (please describe below)

Please describe findings:

PSC or MEDIC provide narrative text here.

PSC - Date of Last Action

-Month- -Day- -Year-

PSC - Date Complaint Closed

-Month- -Day- -Year-

**Cost Recovery and Avoidance**

15. Below **Recoveries and Cost Avoidance for Errors, Fraud and Abuse Issues - TO BE COMPLETED BY SMP**, enter the dollar amount for funds **recovered** in the appropriate field/s. You must have supporting documentation for all amounts entered here. If documentation is not available, contact David Rudich. These dollar figures populate outcomes #17A - #17D of the OIG Report.



NOTE: Do not use commas when entering your dollar figures.

<b>#17 A</b>	→	SMP-Actual <u>Medicare</u> funds <b>recovered</b> attributable to the project \$ <input type="text" value="1000"/>
<b>#17 B</b>	→	SMP-Actual <u>Medicaid</u> funds <b>recovered</b> attributable to the project \$ <input type="text" value="0"/>
<b>#17 C</b>	→	SMP - Actual <u>Beneficiary</u> funds <b>recovered</b> attributable to the project \$ <input type="text" value="1000"/>
<b>#17 D</b>	→	SMP - <u>Other</u> funds <b>recovered</b> attributable to the project e.g. supplemental insurance \$ <input type="text" value="0"/>

**IMPORTANT!**  
**What to include as funds recovered attributable to the project:**

- #17 A** – documented, verifiable recoveries of Medicare expenditures that occurred as the result of the efforts of the SMP performing its mission.
- #17 B** - documented, verifiable recoveries of Medicaid expenditures that occurred as the result of the efforts of the SMP performing its mission.
- #17 C** – documented, verifiable reimbursement to beneficiaries as a result of the SMP performing its mission. Must be reimbursement for a health care service or product for which he/she was not responsible due to fraud, waste or abuse.
- #17 D** – documented, verifiable reimbursements to other entities as a result of the efforts of the SMP performing its mission to reduce fraud, waste and abuse in the Medicare and Medicaid program

16. Click on **Calculate** to auto-fill the **Total money recovered** field. If the term “NaN” appears, you have used a comma in one of the preceding fields. Delete the comma/s and calculate again. This total will not become part of your OIG report. It is simply a convenience for SMPs.
17. **SMP Cost avoidance** – enter the dollar amount in the **\$** field. This figure populates outcome #16 of the OIG report.



OIG

Next, enter notes providing the requested information about the cost avoidance:

- Entities who avoided cost due to alleged errors, fraud and abuse;
- The amount (for each entity);
- A brief description of the outcome and available documentation to substantiate the cost avoidance.

SMP - Cost **avoidance** on behalf of Medicare, Medicaid, Beneficiary or Other (documentation required)

\$ 500

SMP - Identify 1) entities who **avoided** cost(s) due to alleged errors, fraud and abuse, 2) the outcome and documentation available to substantiate:

Enter your answers to the three questions about cost avoidance here....

### IMPORTANT:

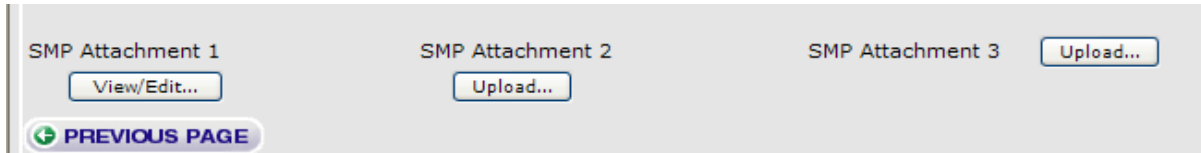
**SMP Cost avoidance** should NOT include savings due to referrals for Prescription Drug Plans or other benefits, such as Supplemental Security Income. **SMP Cost avoidance** can only be avoidances that are the result of the SMP identifying instances of fraud, waste, or abuse: for example, if the SMP provides assistance in ironing out a billing error before the beneficiary makes a payment, or if the SMP makes a referral to CMS about fraudulent billing and CMS is able to intervene before any Medicare funds are expended.

See the Performance Outcomes Definitions handout in the appendix for more detailed examples of cost avoidance.

## Uploading Documentation

SMPs who do not have scanning capability will need to fax Releases of Information to the PSC/MEDIC.

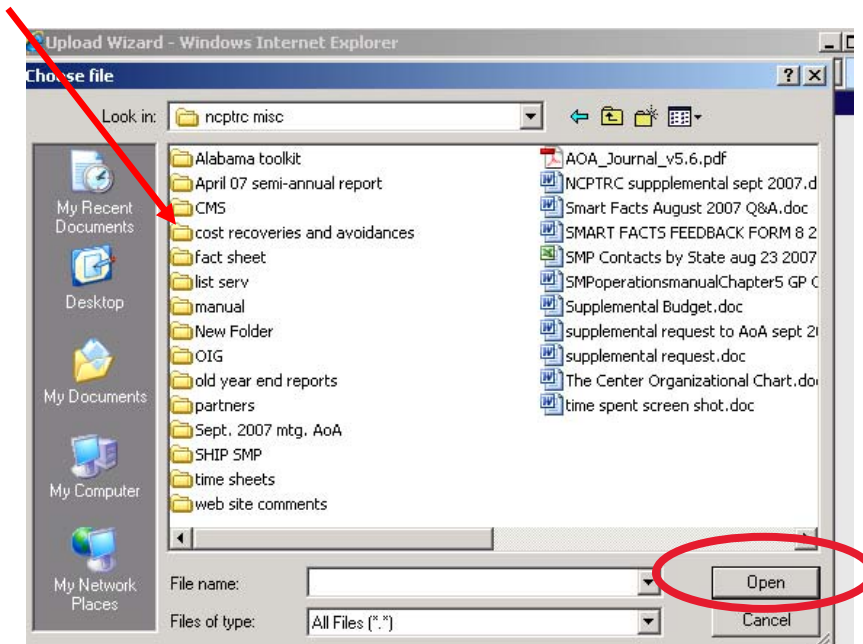
- There is room for four **SMP Attachment** files. You will only be able to upload ONE document per **Upload** button.



- From the **Upload File Attachment** window, select **Browse**



- Locate the document you want to upload and select **Open**.

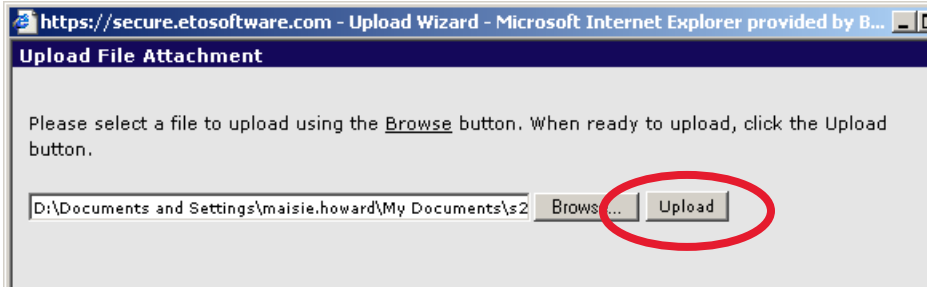


**Maintain your cost recovery and avoidance documents in a standard location to make them easy to find and upload.**

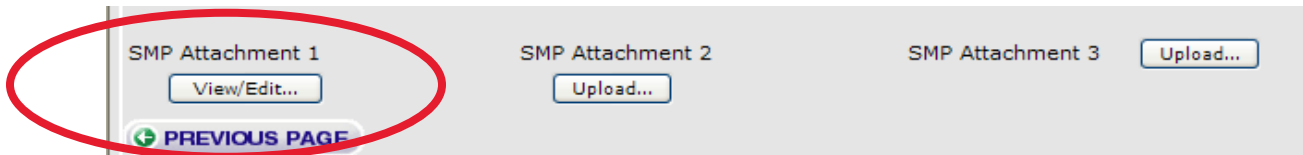
**NOTE:** Examples of documentation:

- **Beneficiary Release of Information (REQUIRED for referrals)**
- A cancelled or corrected bill
- A copy of a check for reimbursement of payment
- A statement signed by a beneficiary or a provider indicating the situation and the amount reimbursed or saved.
- Documentation faxed to you by the PSC or MEDIC proving a recovery or avoidance.

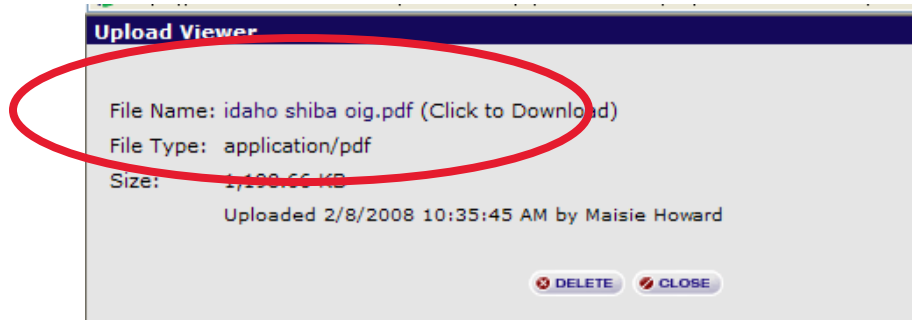
21. After selecting the document, click on **Upload**.



22. Once a document has been uploaded, the button will read **View/Edit** instead of "Upload." Use the **View/Edit** button to access files at a later date.



23.. If you click on **View/Edit**, you must click on the file name to access the document (circled in the example below).



**Electronic Referral to PSC, ZPIC or MEDIC**

24. REFER THE ISSUE TO A PSC, ZPIC or MEDIC by clicking on **Schedule Follow-up Alert to show up on Other Staff's To-Do list.**

- \* **Alert Date** – It is recommended that you click on **+ 1**. This will ensure easy access for the PSC or MEDIC.
- \* **Alert Type** -- **“Reminder to Complete Assessment.”**
- \* **Alert Notes** -- type a message to the PSC, ZPIC or MEDIC. If you had previously typed a message for yourself, delete it now. Leave the **Alert Notes** box for the PSC, ZPIC or MEDIC when referrals to these entities are necessary.
- \* **Program** – select **“CMS Medicare Complex Referrals.”**
- \* **Staff Account** -- select the appropriate PSC, ZPIC or MEDIC from the list.



**CALL or e-mail the PSC, ZPIC or MEDIC to tell them a referral is waiting in the system. AND: make sure your signed ROI is uploaded or faxed.**

Schedule Follow-up Alert to show up on your To-Do list

Schedule Follow-up Alert to show up on Other Staff's To-Do list

Alert Date: Nov 1 2007 +1 | +7 | +30 | +90  
Friday, November 30, 2007

Alert Type:  Reminder to Complete this Assessment  
 Reminder to take a new Assessment

Alert Notes: Use the Alert Notes to communicate with the PSC or MEDIC about the referral.

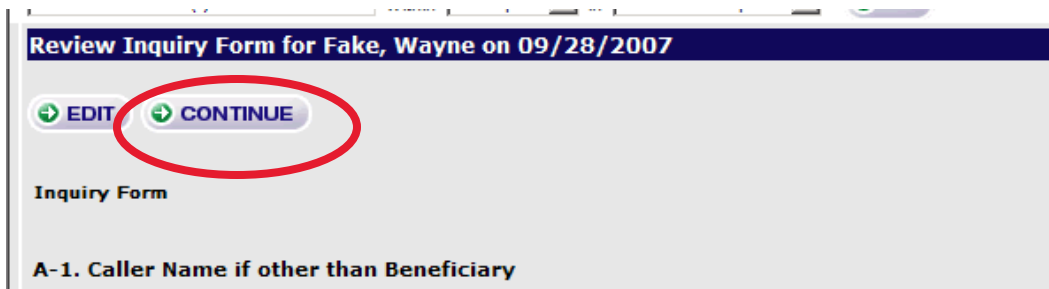
Program: CMS Medicare Complex Referrals

Staff Account: Administrator, Site

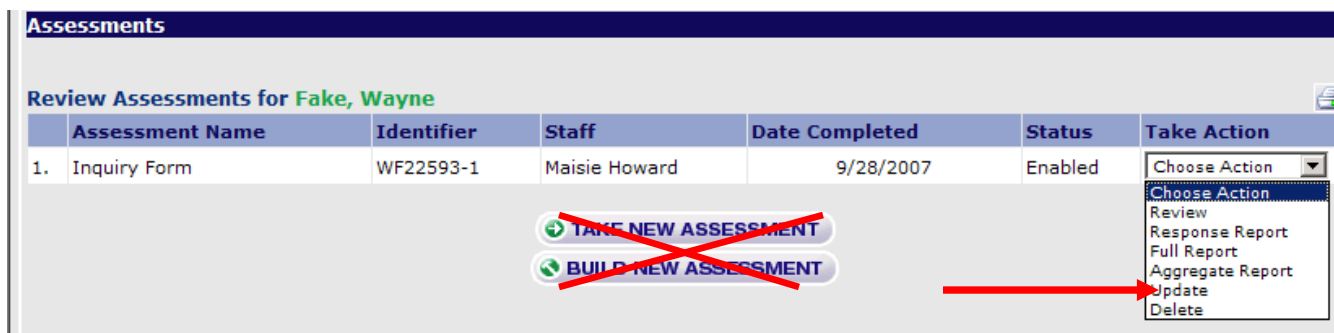
25. Once the form is completed click on **Submit**.

26. Click on **OK** when the pop-up box appears confirming that your Inquiry Form was submitted.

27. Click on **Continue** to complete the important step of updating status.



28. Select **Update** from the **Choose Action** list.



28. Select the **Activity Log** Tab to:

- A. Complete a **Follow up Actions** field.
- B. Below **Status of Complex Issues**, Update the **Current Status of Complex Issue (Required)** field.
- C. Revise the corresponding **Date of Status Update (Required)**.



29. Click on **Submit** to save your work.

30. Click on **OK**.

31. To ensure that the referral connection is made, always e-mail the PSC or MEDIC to alert them that a referral is waiting in the SMART FACTS system. Tell them the Assessment Identifier number associated with the referral. Do NOT include beneficiary names in e-mails to PSCs, ZPICs, or MEDICs.

PSC, ZPIC and MEDIC contact information is in the Appendix. Updates to PSC, ZPIC and MEDIC contact information will be sent to SMP Directors/Coordinators by The Center.

## Printing Complex Issue Cover Letter & Referral Form:

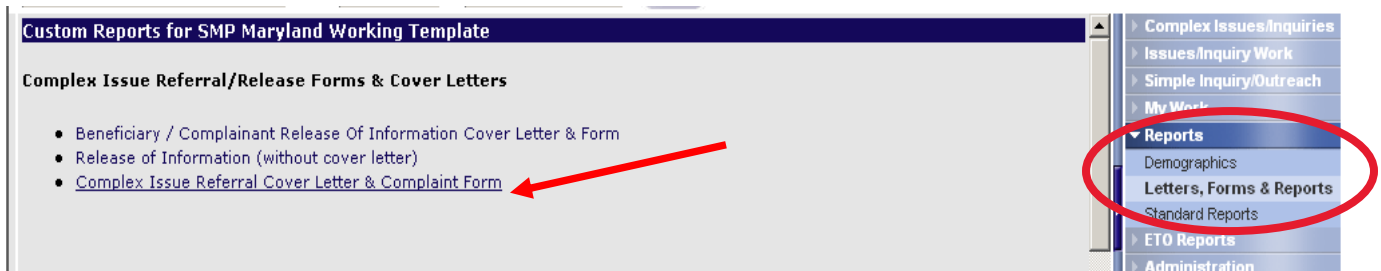
Because referral to the PSCs and MEDICS is conducted electronically from within SMART FACTS, printing referral forms will only be necessary for the following purposes:

- To make a referral to a **Non-PSC/MEDIC**.
- To make a manual referral to a PSC or MEDIC if the electronic referral process within SMART FACTS is under construction or malfunctioning.
- To create hard copy records for your files.

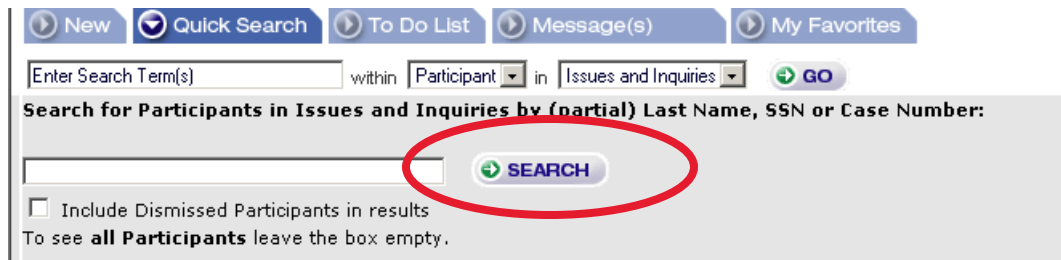
The referral form in SMART FACTS will be pre-populated with information entered previously in the system. Examples include: SMP contact information, beneficiary/complainant information, and information from the inquiry form about the specific complaint.

### To Print:

1. Make sure you are in the **Issues and Inquiries** Program within SMART FACTS.
2. From the navigation bar on the right side of the screen, select **Reports**.
3. Select **Letters, Forms & Reports**.
4. On the left side of the screen, below the **Complex Issue Referral/Release Forms & Cover Letters** heading, select **Complex Issue Referral Cover Letter & Complaint Form**.



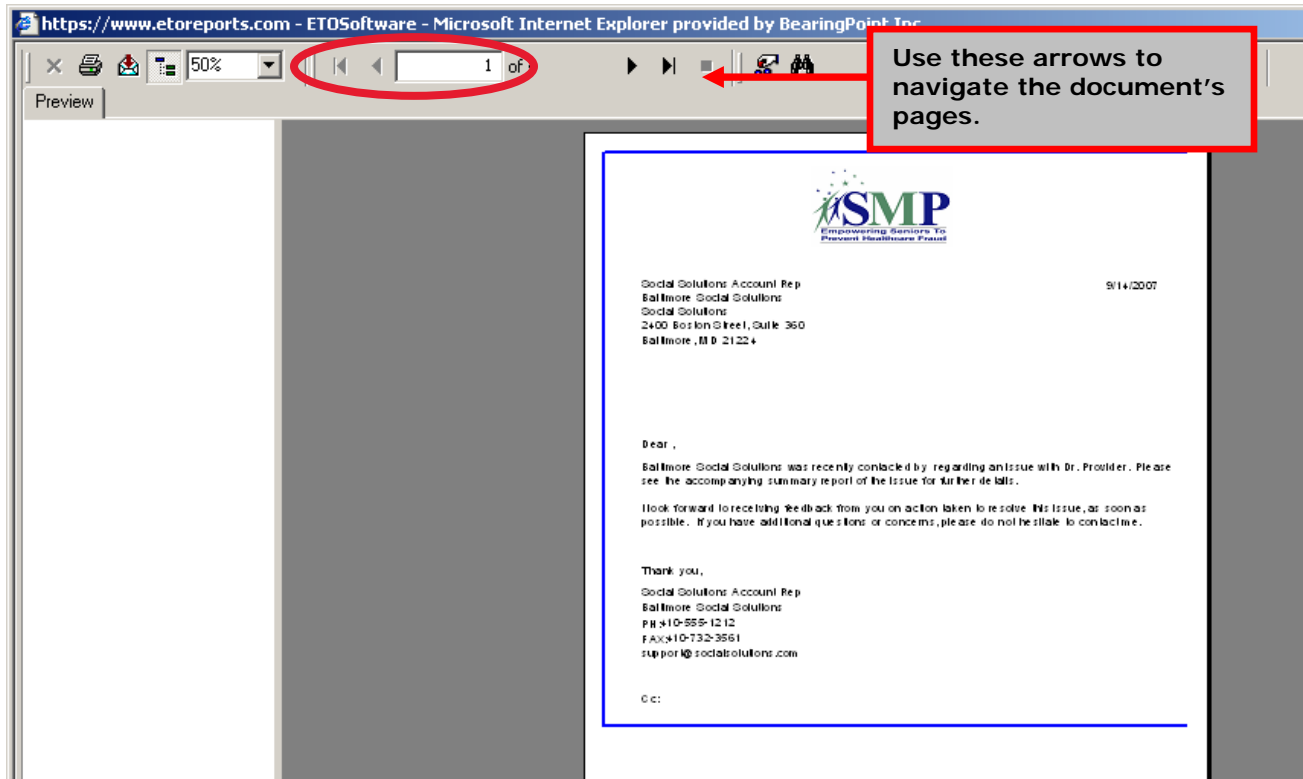
5. Enter the **participant's name** or leave the field blank and select **Search**.



6. Locate the participant and select **Go** beside their name.

S.No	Name	DOB	SSN
1.	 Adams, Carl	1/1/1900	unknown
2.	 B, A	unknown	unknown
3.	 B, R	unknown	unknown
4.	 B, S	unknown	unknown
5.	 Benny, Bob	unknown	unknown
6.	 Brady, LeRoy	unknown	unknown
7.	 Brown, Blue	unknown	unknown
8.	 Brown, Green	unknown	unknown
9.	 Brown, Linda	unknown	unknown
10.	 Brown, Red	unknown	unknown
11.	 Brown, Red	unknown	unknown
12.	 Brown, Steve	unknown	unknown

7. The referral cover letter and complaint form will then appear in a new window.



Use these arrows to navigate the document's pages.

Social Solutions Account Rep  
 Baltimore Social Solutions  
 Social Solutions  
 2400 Boston Street, Suite 360  
 Baltimore, MD 21224

9/14/2007

Dear ,

Baltimore Social Solutions was recently contacted by regarding an issue with Dr. Proviter. Please see the accompanying summary report of the issue for further details.

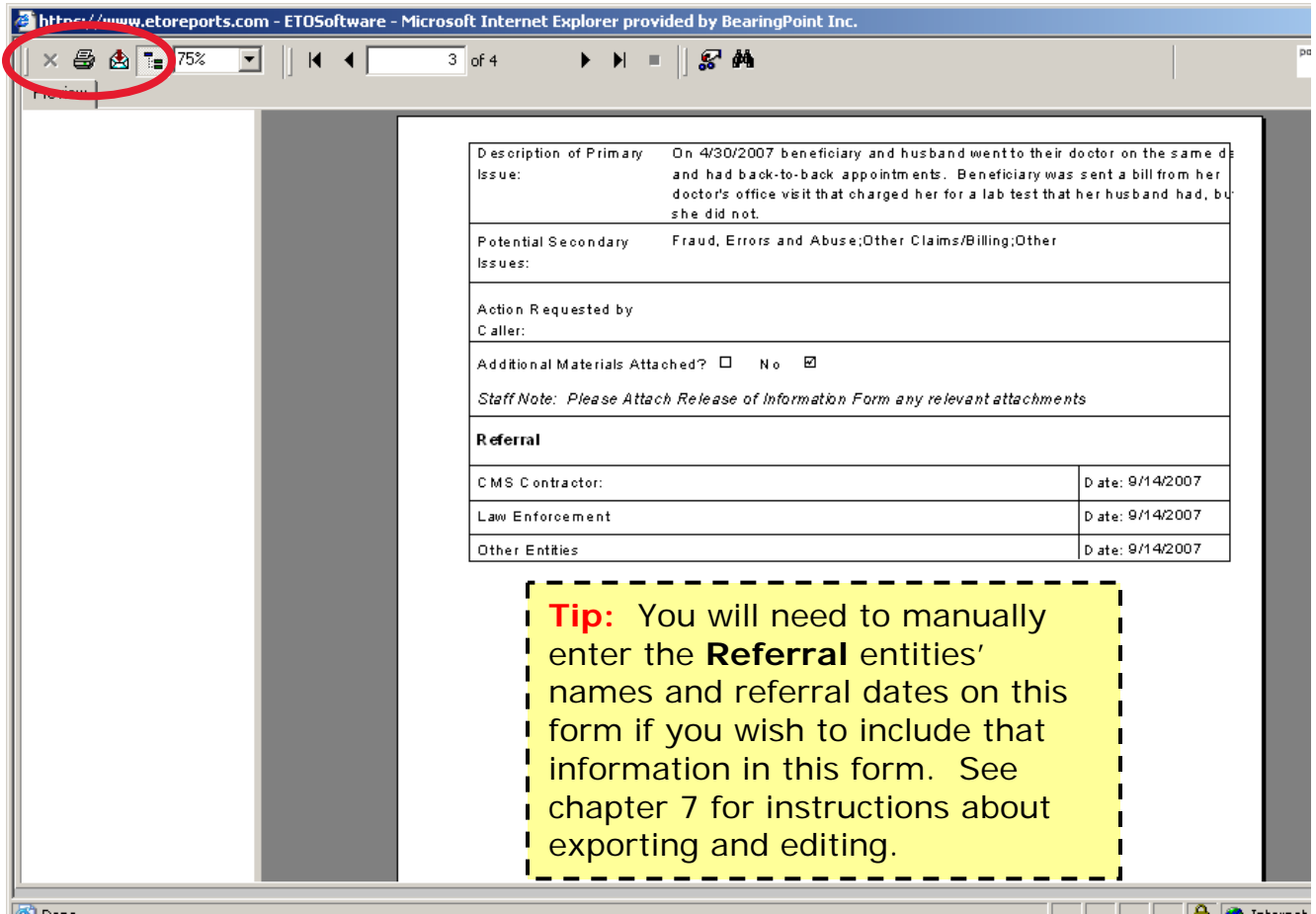
Look forward to receiving feedback from you on action taken to resolve this issue, as soon as possible. If you have additional questions or concerns, please do not hesitate to contact me.

Thank you,

Social Solutions Account Rep  
 Baltimore Social Solutions  
 PH:410-555-1212  
 FAX:410-732-3561  
 support@socialsolutions.com

Cc:

8. You may then print, using the printer icon (circled), or export, using the envelope icon (also circled) in the upper left hand corner.



**IMPORTANT:** Make sure the Release of Information (ROI) has already been completed by the Beneficiary/Complainant. If it has not, see Chapter 3 for instructions.