



**FOR OFFICIAL USE ONLY - PRIVILEGED AND CONFIDENTIAL INFORMATION
QUALITY REFERRAL FOR CASE REVIEW FOR POTENTIAL QUALITY ISSUE (PQI)**

Please send completed form to CHP.qualitydepartment@christushealth.org

| | |
|---|--|
| Date Case Sent to QI | |
| Line of Business (USFHP, MA, HIX-TX, HIX LA) | |
| Date of Review | |
| Date of Service | |
| Days Case in Quality Review process (not to exceed 90 days) | |

| | |
|---------------------------|--|
| Facility/Provider Name | |
| Completed Mailing Address | |

| | |
|----------------------------|--|
| Member/Beneficiary Name: | |
| Member/Beneficiary DOB: | |
| Member/Beneficiary Number: | |

| | |
|---|--|
| Potential Quality Issue Identified | |
| Potential Quality Issue(s)/Concern(s) Type number and description (i.e., PSI, HAC, SRE) | |
| Referred from Department | |

| | | |
|--|-------|----------|
| Are multiple hospitalizations involved? | Yes | No |
| If yes, the Name and address of the Hospital/Facility/Provider | Name: | Address: |

| | |
|---------------------------------|--|
| Name of QI Nurse Reviewing Case | |
| Date QI Nurse Reviewed Case | |
| QI Nurse case summary | |
| QI Nurse recommendation(s) | |

| | |
|---------------------------|--|
| Name of MD Reviewing Case | |
| Date MD Reviewed Case | |
| MD case summary | |
| MD recommendation(s) | |

Case Outcome:

| | | | | |
|------------------------------------|------------------|--------------------------------|------------------------------------|---------------------|
| Recommendation | No Quality Issue | Request additional information | Performance Improvement Plan (PIP) | Network Termination |
| Nurses: | | | | |
| Physician: | | | | |
| PRC: | | | | |
| Date entered into Tracking system: | | | | |