

Potential Quality Issue (PQI) Referral Form

Do not photocopy this form. The information contained is confidential and peer-review protected. Complete all fields and forward to Blue Shield of California Promise Health Plan ("Blue Shield Promise") via secure email: externalpqiphp@blueshieldca.com.

Purpose

The Potential Quality Issue (PQI) Referral Form is intended to be used to report potential or suspected deviations from the standard of care that require further review to determine justification.

Confidentiality, security and accurate submission

- Blue Shield uses the confidential PQI Referral Form to support the assessment and improvement of care provided to Blue Shield Promise health plan members.
- All PQI forms are handled securely and reviewed confidentially.
- Refer issues identified as member appeals or member grievances to Blue Shield Promise's Appeals and Grievances Department for appropriate case handling and resolution.

To maintain confidentiality and the legally privileged nature of this PQI referral, please adhere to the following guidelines:

1. Do not discuss the details of this referral form content with anyone other than those with whom you have been specifically directed to communicate.
2. Do not use this form for any associate disciplinary actions.
3. Do not make or retain photocopies of this form content under any circumstances.
4. **Do not** document within the patient's medical record that a referral form has been submitted; rather, objectively report pertinent information of the incident within the patient's medical record, whenever appropriate.

Referral content

1. All the fields on the PQI form are required fields.
2. All sections of the PQI referral form must be completed.
3. Complete and submit this referral/report directly to Blue Shield Promise via secure email at externalpqiphp@blueshieldca.com within one business day of the event/occurrence. The case will be forwarded for clinical evaluation and/or review.
4. Incomplete referral forms are returned to the associate who initiated referral via email.

Date of referral:	Contact phone number:	Contact fax number:
Referred by (first and last name):		Incident/occurrence identified by:

Member last name:	Member MI:	Member first name:	Member subscriber ID:
Name of current primary care physician:		Current participating physician group:	

Date(s) of event:	Admission date:	Prior Admission dates (if applicable)
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Provider/practitioner name:	Associated provider/practitioner physician group:
Provider/practitioner location (street, city, state, ZIP code):	Provider/Practitioner national provider identifier (NPI):

Based on my judgment, I believe there was a deviation in the standard of care resulting in a potential quality of care issue for reasons described below.