

## How we get our patients: Referrals and MIFs

### **MIF Also known as Member Information Files:**

This is the list of patients generated by the Managed Care Plans. We are paid for outreach to these patients. We have a responsibility to the Managed Care Plans to make at least 5 attempts to reach these patients in 90 days. Attempts include in person or door knocks. We also need to verify eligibility for these patients if they are interested in our services and enroll them.

### **Referrals from Managed Care Plans:**

When we receive a referral from a Managed Care plan it will be assigned to you, but the difference is they are already eligible and have been referred to the Managed Care Plan by another provider such as a PCP, Case Manager or Discharge Planner. We use different language reaching out to these patients, we may still have to explain our services, but we can tell them they are already enrolled, and we just need their consent and to schedule an assessment. These patients are pre-qualified for this program and are usually good candidates for this program.

### **Referrals Generated by Our Own Efforts:**

These patients come to us both organically and because of relationships we have made with PCP, Case Managers, Discharge Planners, SNFs, CBOs and other community resources. While working with different providers and resources we always need to ask for referrals, let them know we are happy to assist them in referring their patients or members of the community they serve. These patients require we qualify them thoroughly and refer them in directly to the Managed Care Plans.