

Primary Care Physician Program

Goals:

- To provide high quality, personalized, accessible health care to members.
- To enable continuity of care for both routine and urgent problems, with timely referrals to specialists when deemed medically necessary.
- To address the member's preventive health care needs with emphasis on efficient utilization of resources.

Procedures:

- All members are encouraged to select one of the physicians within the SWHP panel in order to have coverage for services. If members do not select a primary care physician, one will be assigned by the Plan within 30 days of enrollment.
- Upon request, the primary care physicians will be provided a list of Health Plan members who have selected him/her for primary care. If a physician needs to restrict the number of members assigned to their panel, retires, or leaves employment, an immediate written notification needs to be sent to the SWHP Provider Relations department.
- Primary Care physicians will provide both routine and urgent care for the patients who have selected them. When a primary care physician is not available or is away from the office, arrangements must be made with fellow members of the panel of physicians to provide coverage for urgent care. *Bona fide* emergencies will be treated at the nearest emergency facility. In all cases of emergent and urgent care, patients will be instructed to return to their designated primary care physician if additional follow-up care is required.
- Referrals to specialists are arranged by the primary care physician or his/her designated associate. Referrals can be handled by an office visit or by telephone request, whichever is medically appropriate.
- When the specialist finds it necessary to refer the patient to another specialist, he/she should keep the primary care physician apprised of the situation before referring the patient on.
- All specialty appointments must be requested by the primary care physician, with the following EXCEPTIONS:

- 1) Post-operative care provided by an attending surgical specialist within six weeks of the surgery.
 - 2) Urgent/Emergency Room referrals to specialists required for immediate care.
- Primary Care physicians who refer their patients to a specialist in-Plan must complete any required organizational or provider-required referral form/process (no forms are necessary to be sent to SWHP) to insure continuity of care and documentation of an approved referral in the Member's medical records. These referrals will be in place for a designated number of visits and/or time period up to 6 months, unless the Member/PCP are requesting the specialist to be designated as a "secondary physician" with approval through that process.
 - Members will receive a bill for any unauthorized services.
 - Primary care members who require a specialty consult **OUTSIDE** of the Scott & White Health Plan Network:
 - 1) Must have written request from their primary care physician.
 - 2) Must have approval from a SWHP Medical Director prior to seeing the outside provider.
 - SWHP does not recognize or cover tertiary referrals from one approved OOP referral specialist to another provider/specialist without SWHP Medical Director approval through the Referral Authorization Request form process. Urgent/emergent requests can be processed through the Health Services Division telephonically and followed with the written request/documentation (as needed) or the form can be marked "urgent/emergent" and faxed. SWHP will address referral authorization requests according to the timelines established by the Texas Department of Insurance (TDI).
 - Primary Care physicians will be notified by the Health Plan if one of their Health Plan patients is admitted to any hospital for care.
 - Provisions must be made by physicians for after-hours and weekend acute care coverage for their patients through their offices. Bona fide emergencies will be treated at the nearest emergency facility without any requirement for prior authorization from SWHP based upon a "prudent layperson" interpretation of the situation. However, use of urgent care and/or an emergency room for routine care is not covered by SWHP except through primary care locations.

- Members who have concerns or complaints regarding any aspect of care with panel providers should be referred to a Customer Service Coordinator at the nearest SWHP office.

Administration:

When a Health Plan member calls or presents to the office for services, the following must be determined:

- 1) Is this Health Plan member currently enrolled/eligible for benefits?
- 2) Who is this member's primary care physician?
- 3) What copayment will they be responsible for when they see the physician?

Selecting and Changing a Primary Care Physician:

Members must have designated a primary care physician (PCP) to insure coverage for medically necessary services.

Members who need help in selecting a PCP or who want to change PCP's should contact their Customer Service Coordinator to update the records. When a member selects a primary care physician at a specified clinic, all primary care will be delivered from that clinic. The physician's office will be responsible for monitoring and enforcing the PCP program.

Primary care will be provided by Plan family practice, internal medicine, general practice physicians and pediatricians. If the Health Plan member has a long-term, established relationship with a specialist, (i.e., cardiologist, endocrinologist, hematology/oncology), the specialist may request a written authorization from the primary care physician to list the Plan specialist as a secondary physician. Women have direct access to OB-GYN SWHP providers without need for referral.

Panel Restriction:

If a physician needs to restrict the number of members assigned to their panel, retires, or leaves employment, an immediate written notification needs to be sent to the SWHP Provider Relations department. This is **very important** so that a continuity of care letter can be provided for the designated patients on the provider panel. This letter will be sent by the Membership Department for assignment of patients to a new PCP.

Physician Reports

Within the SWHP system, we have many reports that can be printed upon request for the convenience of the provider to review panel sizes, age/sex demographics, and complaints voiced by members regarding Quality of Care, Service, or Access. These reports may be obtained by phone to the Membership or Member Services Department of the SWHP. We would rather provide listings upon request to ensure each of you receives the information needed for your office.

Any complaints received by the SWHP are researched and answered within 30 business days. We keep all records and correspondence on file at the SWHP and copies can be provided if the need arises. Our Quality Improvement team reviews numerous complaints against all providers and researches patterns and validity of the complaint

Benefits Questions and Member Complaints:

All benefits questions and complaints regarding any aspect of the member's health care should be directed to a SWHP **CUSTOMER SERVICE COORDINATOR**.

The Customer Service Coordinator will work with the Plan provider(s) to resolve any member complaints in a timely manner, according to HMO guidelines and rules established by the State Board of Insurance.



Texas Friendly

Request for Designation as

Secondary Care Physician for a Health Plan Patient

Patient's Name: _____ MRN: _____

SWHP Network Physician's
Specialist's Name: _____ NPI: _____

Specialty: _____ Phone No: _____

Office Contact Name: _____ Phone No: _____

Patient's Diagnosis: _____

SWHP Network
Specialist's Signature: _____ Date: _____

Type or Print Name: _____

<p>Forward to:</p> <p>SWHP Network Primary Care Physician (PCP): _____ Clinic Location: _____</p> <p>Request Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied (Discussed with Specialist)</p> <p>SWHP Network PCP's Signature: _____ Date: _____</p> <p>Type or Print Name: _____</p>

<p>Forward to: Kimberly Bales / SWHP Enrollment & Billing</p> <p>Fax Number: 1-254-298-3199</p> <p>Data entered by: _____ Date: _____</p>

Date

Mr. John Doe
123 Bland Ave.
Dullsville, TX 77777

Dear Mr. Doe,

After much thought and consideration, this certified letter terminates our physician/patient relationship, effective 30 days from the date received. I feel it is mutually beneficial for you to select another primary care physician. Physicians at this clinic often cover each other's patients; thus you would be better served by selecting a Scott & White Health Plan physician outside of this clinic. Feel free to call your Customer Service Coordinator in your local Health Plan office at (____)-____-____.

While you are selecting another physician, I will continue to provide urgent or emergent medical services as they arise. In order to provide you with continuity of care, I will be happy to forward your medical records as requested. Please contact our medical records department at (254) 724-4232 for assistance at your discretion.

Sincerely,

John Smith, M.D.

*Refer to directory for appropriate number



POLICY / PROCEDURE
Specialist as Primary Care Physician

TOPIC: Availability of Practitioners

CATEGORY: Quality Improvement

Policy Number:	QI 4.B
Original Effective Date:	September 23, 2003
Review w/o revision dates:	2/06, 2/08
Revision Dates:	Nov 20, 2003
Scope:	QI, Provider Relations, Customer Service
Cross Reference:	TDI: 28 TAC § 11.900; NCQA QI 4 SWHP P/P QI 4
Originated by:	Quality Improvement
Approved by:	(QIS Chairman)

I. POLICY:

Scott & White Health Plan (SWHP) provides a mechanism allowing Members with chronic, disabling, or life threatening illnesses to apply to SWHP's Medical Director to utilize a non-primary care physician specialist as a primary care practitioner (PCP).

II. DEFINITION:

A. **Non-Primary Care Physician Specialists** are physicians within specialties other than Family Medicine, Pediatrics and Internal Medicine.

III. PROCEDURE:

- A. A request form (Attachment A) is submitted to the Medical Director and should include:
1. Certification by the non-primary care physician specialist of the medical need for the Member to utilize the non-primary care physician specialist as a primary care physician;
 2. A statement signed by the non-primary care physician specialist that he/she is willing to accept responsibility for the coordination of all of the Member's health care needs; and
 3. Signature of the Member.
- B. The non-primary care physician specialist should meet SWHP's requirements for primary care physician participation, including credentialing.
- C. Provider Relations shall
1. Ensure that the contractual obligations of the non-primary care physician specialist are consistent with the contractual obligations of SWHP's primary care physicians and
 2. Provide the non-primary care physician specialist with a current directory of participating specialist and providers.
- D. The Medical Director shall approve or deny the request for special consideration as specified above. Customer Service will provide verbal notification of the decision to SeniorCare Members and the Medical Director will provide written notification of the decision to all other Members no later than 30 days after receiving the request. If the request is denied, written notification of the reasons for the denial will be provided to the Member. Established written criteria for determining medical need for a Member to utilize a non-primary care physician specialist as a primary care provider shall be included in the provider manual.
- E. If the request for consideration specified above is denied, a Member may appeal the decision through SWHP's established complaint and appeal process.



**Request for Non-Primary Care Physician Specialist
To Function as Primary Care Practitioner (PCP)**

Member's Name: _____ MRN: _____
PCP: _____ Clinic Location: _____
Specialist's Name: _____ Physician No.: _____
Specialty: _____ Phone No.: _____
Member's Diagnosis: _____

Description of the medical need that warrants requesting a non-primary care physician specialist to function as a PCP:

Non-Primary Care Physician Specialist's signature*: _____

Date: _____ *Indicates certification of the need as described above and willingness to accept responsibility for the coordination of all the Member's health care needs.

This section NOT required for SeniorCare Members

I understand that with this change I will need to see the Specialist named above for all of my health care needs. I also understand that since he/she is a specialist, I will pay the Specialist co-pay (if applicable) when treated by him/her on an outpatient basis.

Member's signature: _____ Date: _____

**After required signature(s) above are obtained, please send to Medical Director,
Scott & White Health Plan @ 2401 S. 31st Street Temple, Texas 76508.**

Request Disposition: _____ Approved _____ Denied

Medical Director's signature: _____

Distribution after form completed:

1st copy - PCP 2nd copy - Specialist