



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