



Title:	Designation of Non-Primary Care Specialist as Primary Care Physician				
Department/Line of Business:	Quality Improvement				
Approver(s):	VP CMO, SWHP				
Location/Region/Division:	SWHP				
Document Number:	SWHP.QLI.005.P				
Effective Date:	7/11/2017	Last Review/ Revision Date:	07/11/2017	Origination Date:	09/1/2003

LINE OF BUSINESS

This document applies to the following line(s) of business:
All SWHP & ICSW

DEFINITIONS

When used in this document with initial capital letter(s), the following word(s)/phrase(s) have the meaning(s) set forth below unless a different meaning is required by context. Additional defined terms may be found in the BSWH P&P Definitions document.

Non-Primary Care Physician Specialists - physicians within specialties other than Family Medicine, Pediatrics, General Medicine, and Internal Medicine who does not meet the definition of primary care physicians.

Primary Care Physician (PCP) - physician who practices in any of the following practice areas: General Practice, Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology (OB/GYN), Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) (when APRNs and PAs are practicing under the supervision of a physician specializing in Family Practice, Internal Medicine, Pediatrics or Obstetrics/Gynecology who also qualifies as a PCP).

POLICY

Scott & White Health Plan (SWHP) maintains a process by which members who are covered under a Health Maintenance Organization (HMO) plan or a Medicaid plan and have chronic complex conditions, special health-care needs, disabling or life threatening conditions may make a request to designate a non-primary care specialist as their PCP. The non-primary care specialist must be willing to provide a Medical Home to the member.

In addition, Medicaid members can utilize Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) or similar community clinics and specialty physicians serving members residing in nursing facilities as Primary Care providers.

PROCEDURE

SWHP maintains an application for non-primary care physician specialist to function as PCP. The application includes a description of the medical need, non-primary care physician specialist demographic information and signature that certifies a willingness to accept responsibility for the coordination of all member health care needs. The request form is signed by both the non-primary care specialist and the member.

A medical director makes the determination to approve or deny the request. If the request is denied, the member has the right to appeal the decision with SWHP. Written notice of the decision is sent to the member, non-primary

care specialist, and PCP. The non-primary care physician specialist must meet SWHP's credentialing requirements, agree to perform all required PCP duties, and PCP duties must be within the scope of the specialist's license.

SWHP Medicaid members may call RightCare Member Services to initiate the request. SWHP members who are covered under a Health Maintenance Organization (HMO) plan may call SWHP Customer Advocacy to initiate the request.

ATTACHMENTS

Application for Non-Primary Care Physician Specialist as PCP (SWHP.QLI.001.A)

RELATED DOCUMENTS

RightCare Member Handbook
Medicaid Primary Care Provider Designation (SWHP.PNO.022.P)

REFERENCES

Texas Department of Insurance: 28 Texas Administrative Code § 11.900; Texas Insurance Code 1271.201
Texas Medicaid and CHIP Uniform Managed Care Contract, Attachment B-1, Section 8.1.4.2 Primary Care Providers

The information contained in this document should not be considered standards of professional practice or rules of conduct or for the benefit of any third party. This document is intended to provide guidance and, generally, allows for professional discretion and/or deviation when the individual health care provider or, if applicable, the "Approver" deems appropriate under the circumstances.

Attachment Name:	Application for Non-Primary Care Specialist as PCP		
Attachment Number:	SWHP.QLI.001.A	Last Review/Revision Date:	7/2017

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

Member's Name: _____ Date of Birth: _____
 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*: _____

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

Date: _____

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 @ 1206 West Campus Drive Temple, Texas 76502.

Request Disposition: _____ Approved _____ Denied

Medical Director's signature: _____

Distribution after form completed:

1st copy - PCP 2nd copy - Specialist