

## Specialty Referrals

Effective Date: 7/28/2014

Draft/Review Date: 6/9/2014

### Policy

- A. It is the policy of the ACO to offer consultations, referrals, or transfers to other healthcare providers or settings when deemed medically necessary, and/or at the Beneficiary's request, to accurately diagnose, provide specialized services, or improve Beneficiary satisfaction.

### Applicability

This policy and procedure applies to all Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities.

### Procedure

- A. The Beneficiary and the Participant or Provider/Supplier will decide when a consultation is required or prudent based upon assessment, need for diagnosis and/or potential treatment options.
- B. Participants, Providers/Suppliers, and other individuals or entities performing functions or services related to the ACO's activities should develop and maintain a list of referral sources that will meet the needs of the Beneficiary population.
- C. The Participant or the Provider/Supplier will order the referral and document it in the Beneficiary chart. Any specific referral forms should be completed by the Participant, the Provider/Supplier, or his/her designee.
- D. The Participant, Provider/Supplier, or his/her designee will provide the information for the referral to the Beneficiary so that he/she can make the appointment to see the specialist. Or, if the Beneficiary requests, the designated individual may schedule the appointment with the specialist, taking into account the Beneficiary's individual needs, schedule availability and financial status. The designated individual will inform the Beneficiary of the appointment date and time and document the appointment in the medical record.
- E. The Participant, the Provider/Supplier, or his/her designee will send pertinent information to the referral Provider, including the clinical reason for the referral, as needed.
- F. The Participant, the Provider/Supplier or his/her designee should follow up with the referral Provider and the Beneficiary to ensure that the appointment was kept and to request the findings of the referral. If the Beneficiary does not keep the appointment, then the referral appointment should be rescheduled in a timely manner.
- G. The referral findings should be received within one week of the appointment, given to the requesting party for review and acknowledgement, and placed in the Beneficiary's medical record. If the referral findings are not received in a timely manner, then the requesting party should follow up with the referral Provider's office.

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### Reporting

- A. N/A

### Related Documentation

- A. 42 CFR §425.304(c)(1), §425.304(c)(2)
- B. 42 CFR §425 II(B)(d)(2)
- C. 42 CFR §411.354(d)(4)
- D. ACO Application Narratives: Promoting Beneficiary Engagement, Promoting Coordination of Care, Promoting Evidence-Based Medicine
- E. ACO Terms & Definitions Policy
- F. Care Coordination Program Policy
- G. Care Coordination Request Form
- H. Federal Tort Claims Act (FTCA)
- I. Medicare Shared Savings Program Quality Measures:
  - 1. Measure #4: Access to Specialists
- J. NCQA Standards and Guidelines for the Accreditation of ACOs:
  - 1. PC 1, Element I: Referral Tracking and Follow-Up
- K. Provider Access & Availability Policy
- L. Social Security Act 1899(h)(1), 1861(r)(1), 1842(b)(18)(C)(i)

### Additional Guidance

Physicians are required to refer Beneficiaries to medically-necessary specialty care services that the office cannot provide directly. These services may include behavioral health, radiology, pain management, or care coordination related to specific diseases. For referrals to be entitled to Federal Tort Claims Act (FTCA) coverage, they must be made using a formal written referral agreement.

Physicians providing primary care services to the Beneficiary are responsible for taking reasonable measures to ensure that the care being provided by the referral provider is consistent with the standard of care.