

PHYSICIAN REFERRAL PROCEDURES

A. *Physician Referral Network*

Upon evaluation of a patient, a primary care physician (PCP) can facilitate specialty care within the Plan, by providing a faxed, mailed or telephonic notice of appointment as needed.

Please see the UM Program description for the number of working days for processing referrals that require authorization based upon their acuity level. All information must be complete. Please review the sample form.

All specialty care **must** be referred within the Plan network to be eligible for Health Plan coverage. For assistance in arranging specialty care, please review on-line Provider Directory.

Mental Health Referrals: After primary care physician makes referral to network Mental/Behavioral Health provider, it is then the responsibility of the Mental/Behavioral Health provider to receive prior authorization from Health Services Division for Mental/Behavioral Health Services.

B. *Access*

SWHP provides for patients to directly access those approved SWHP obstetrical, gynecological, and ophthalmologic practitioners. These practitioners provide only relevant care in their scope of practice and *do not replace the primary care physician*.

Occasionally, a patient who has directly accessed one of the approved Plan specialists may have a problem not identified by the PCP. When that problem is not in the accessed specialty field, the patient *must be referred back to the PCP* for appropriate referral. The PCP in conjunction with patient considerations will determine which specialist is most appropriate for the patient considerations will determine which specialist is most appropriate for their patient.

C. **Out-of-Plan Referrals**

All out-of-Plan referrals require prior approval by the Plan Medical Directors. This is facilitated by completing a SWHP Referral Authorization form and faxing/ mailing to the Health Services Division at 1-866-293-4956 (toll free) and/or 254-298-3090 (local #).

Please attach any additional information that you feel explains the need for the referral and/or clarifies the details of the request.

All referral authorization requests must be signed by referring physician (no signature stamp) and have all the required information or they will be unable to be processed and be returned for completion before being entered and processed by the Health Services Division. If you are unsure about data needed on the form, please refer to the “Operational Definitions” section to the form and/or call 1-888-316-7947 or 254-298-3088.