

### Policy Name: Referral Policy (HHP-14)

**Effective Date:**

**Approved by the Board:** [June 26, 2013]

**Previous Versions:** None

**Approval Signature:** \_\_\_\_\_



**Name:** Douglas Kwock, M.D.

**Title:** President/Chair

**Definitions:**

“HHP” means Hawaii Health Partners, LLC.

“HHP Patient(s)” means an individual who is enrolled in a health plan or product sponsored or administered by a commercial or government health care insurer or any self-insured health plans that have contracted with HHP to participate in quality and incentive programs related to the furnishing of medically necessary items and services to such individual.

“Medical Director” means the HHP Medical Director as defined by the Medical Director Job Description.

“Out-of-Network Referral Rate” means the number of non HHP providers or facilities that are being utilized over the total number of referrals by the entire HHP network, yielding a rate.

“Physician Participant(s)” means a Hawai'i-licensed physician in active clinical practice who has entered into and has a current Participation Agreement with HHP or who has been employed by an entity that has entered into and has a current Participation Agreement with HHP and is a participating physician thereunder.

“Referral” means the act of sending an HHP Patient from one site of care or provider to another for additional services or higher level of care which is required for the care of the patient.

“Site of Care” means any facility or service or provider who is delivering clinical care to an HHP Patient. These include but are not restricted to: acute care hospitals, long term care facilities, skilled nursing facilities, specialty physicians, ancillary providers (imaging, lab, physical therapy, etc), urgent care centers, and surgi-centers.

**Purpose:**

The purpose of this Policy is to define the procedures of referring HHP Patients from one Site of Care to another.

The policy of HHP is to provide the broadest range of medical services to HHP patients, including inpatient, primary care, specialty and ancillary needs. This Policy is intended to reflect HHP's commitment to continuity of care, coordination of services, complete medical records, and promotion of quality and efficient use of resources.

## Referral Policy (HHP-14)

- 1) All Physician Participants should use their professional judgment when referring HHP Patients to other providers. Such referral decisions should be based on the best interest of the patient.
- 2) All Physician Participants will attempt to make referrals within the HHP network of facilities and providers as permitted by the patient's health insurance requirements and patient preference.
- 3) All referrals by Physician Participants will include certain data and information delineated by this policy.
- 4) HHP will regularly monitor the amount of out-of-network referrals and report the type and source to its Physician Participants.

### **Policy / Procedure:**

- I. Any Physician Participant at any time may decide for clinical reasons to make a referral for an HHP Patient to another Site of Care. At that time, the Physician Participant needs to consider the most effective and efficient Site of Care for that patient's particular clinical needs and the patient's insurance coverage requirements or restrictions.
- II. If the desired Site of Care is not included in the patient's HMO health center or participating in the patient's insurance, the Physician Participant needs to work proactively with the HHP referral management staff to identify options and document the referral appropriately.
- III. The Physician Participant should strongly consider using a Site of Care that is part of the HHP network so that continuity of care can be maintained and HHP can track and monitor the care rendered to assess the effectiveness and efficiency of that care to report back to the referring provider.
- IV. If the Site of Care is not included in the HHP network, the Physician Participant should note this in the medical record and make the referral to the appropriate Site of Care. HHP will attempt to track and monitor these cases to assess the effectiveness and efficiency of that care and report back to the referring provider so that he/she can make future referral decisions with that information in mind.
- V. All referrals should provide a clear understanding of the nature and scope of the services being requested and the relevant clinical background.
- VI. Specialists have a responsibility for reasonable access for the referral and prompt and clear communication of the results back to the referring provider.
- VII. The Medical Director will regularly review out-of-network referral rates and patterns and discuss high out-of-network referral rates with those Physician Participants whose rates are in the top 10% of the provider network. The Physician Participant will be educated as to availability of those services in network which have been referred to out-of-network Sites of Care. Those Physician Participants should be prepared to discuss the reasons behind their high rates and possible suggestions for additional network providers or Sites of Care. Persistent clinically unnecessary out-of-network referrals by a Physician Participant after additional counseling may result in further actions or referral to the Board for further action, up to and including termination of the provider.

### **Related Documents:**

Termination of Participating Provider Policy (HHP-08)

Referral Policy (HHP-14)

**Distribution:**