

## SPECIALIST OVERVIEW

The Specialist's main responsibility is to be the clinical expert for patients referred to him or her by the member's Primary Care Physician. Specialists are responsible for all or part of a health plan member's medical care (acute, chronic and preventative) from the time a member is referred until the member is returned to the care of their Primary Care Physician. All care provided to members must be provided in the most efficient manner to maximize the effectiveness of the system.

Specialists have two primary obligations: 1) to meet their patient's medical needs in the area of their medical expertise, and 2) to communicate diagnostic and therapeutic information for the referred patient to the referring Primary Care Physician.

When a Specialist cannot personally meet the needs of their patient, he or she must request that the Primary Care Physician refer the patient to another physician or medical provider. Specialists should not make such referrals themselves; only Primary Care Physicians have the right and responsibility to refer their patients to other physicians.

Santé Physicians IPA is responsible for delivering healthcare to all members who have chosen Primary Care Physicians from the Santé Physicians roster. The Specialist must be an advocate for the needs of his or her patients and see that these patients receive adequate and appropriate care.



## GENERAL CONTRACT INFORMATION

Contracting Specialist Physicians must accept all referrals from Santé PCPs for all HMO products and any additional product addenda they have signed. With certain exceptions, physicians must be on the commercial HMO panel to be eligible to participate on Santé's PPO panel.

Specific contract provisions of interest include:

- ◆ Contracting physicians must accept patients from any plan with which Santé is contracted.
- ◆ Physicians must admit patients to participating facilities except when emergency situations make admission to contracting facilities impossible.
- ◆ Physicians must comply with the utilization management and quality management policies of Santé.
- ◆ Physicians must maintain privileges at a participating hospital during the term of the agreement.
- ◆ Contracts are for 12 months and renew automatically unless otherwise terminated.
- ◆ Contracts may be terminated by either party without stated cause with 90-day notice.
- ◆ Contract addenda are available for physicians who wish to participate in Managed MediCal and Workers' Compensation.
- ◆ Physicians must have coverage at all times. It is the responsibility of the contracted physician to ensure that the covering physician does not balance-bill the patient.
  - Fee for Service (FFS) will be paid to the covering physician if the service to the contracted specialist is normally reimbursed by FFS.
  - For services rendered to a patient of a capitated specialist:
    - a. Those in a capitated pool will be paid according to the capitated pool rules
    - b. Those in capitated contracts should be billed to and paid by that contracted specialty. (It is the responsibility of the contracted specialist to supply encounter data to SP for all services performed by the specialist and/or the covering physician.)



## GENERAL CONTRACT INFORMATION

### \* *Reimbursement Information*

Santé Physicians contract with each provider specialty using one of three different compensation formulas. These are modified fee-for-service, full capitation, and capitation pools.

### ***Fee-for-Service***

Specialists paid on a modified fee-for-service basis are paid based on claims submitted for procedures performed. Fee-for-service payments are based on the lower of the submitted charges or allowed (contracted) charges. In general, fee-for-service payments are subject to withholds which are percentages of the allowed amount determined by the board of Santé Physicians. Withholds may vary at the discretion of the board. The board will determine the amount withheld based on actual specialty performance compared to budget.

For contracts that are based on current year Medicare; including Average Sales Price (ASP) rates, please know the Centers for Medicare/Medicaid Services (CMS) may change the rates annually/periodically. Santé makes its best effort to load the new rates into the claims system as soon as they are available. Retroactive payment will not be applied.

Many procedures compensated on a fee-for-service basis require prior authorization. Failure to obtain required prior authorization will result in a denial of claims and a denial of payment. (*See Utilization section of this manual*)

### ***Full Capitation***

Specialists that are capitated under a capitation contract will receive a set amount for the care of all Santé Physicians and eligible members for the month capitated. The contract will cover all services performed by the capitated physicians covered by the contract. These Specialists are at risk for any service they provide and are required to submit encounter information to Santé. (This information is not used to figure compensation)

Capitated Specialists who refer patients to another physician or whose patients are seen on-call by another physician are responsible for payment of those fees. This rule does not apply when the member is sent for diagnostic studies or therapies at contracted facilities and/or laboratories. Specialties under capitation contracts are:

- Cardiac Surgery
- ENT
- Mental Health (Cigna, Health Net, and United Health Care (Formerly PacifiCare/Secure Horizons) have Mental Health as a carve-out and therefore do not fall under the Sante contract)
- OB/GYN
- Ophthalmology
- Podiatry

## GENERAL CONTRACT INFORMATION

\* *Reimbursement Information (continued)*

### **Capitation Pools**

Capitation pools are created for specific specialties by multiplying a set per member, per month (PMPM) rate by the number of enrollees for the month. For example, \$.50 PMPM *times* 40,000 enrollees would equal a total available pool of \$20,000 for the month.

Contracted Specialists bill into the pool on a fee-for-service basis. The billings are then converted to the "allowable" amount to lessen variations in charges. Specialists in the pool are then paid a percentage of the total pool, based on their percentage of total allowable amounts.

Capitation pools allow the opportunity for many Specialists to participate in a given specialty panel, but reimbursement will vary from month to month based on the amounts billed by participating Specialist. Specialties under capitation pool contracts are:

- ◆ Allergy
- ◆ Vascular, and Colon-Rectal Surgery
- ◆ Orthopedic
- ◆ Physical Therapy
- ◆ Plastic Surgery

