# EXHIBIT B
# PROTOCOLS FOR REFERRAL PHYSICIANS

## INTRODUCTION

This Exhibit B shall address protocols for specialist (Referral) Physicians. For purposes of this Exhibit B: (i) "Members" shall mean those SBHI Members who are assigned to County; and (ii) "Referral Physician" shall mean those who provide specialist services outside of the County FQHC Clinic or outside of County's specialty clinics (i.e. a contracted orthopedic surgeon in solo practice).
For purposes of this Exhibit B, OB/GYN Physicians shall also be included as either a Referral Physician or as a County Physician Specialist. Additional protocols specific to OB/GYN Physicians are set forth in Exhibit B-1.

## 1. ADDITIONAL DEFINITIONS

"Specialist Physicians" shall include both County Physician Specialist and Referral Physician for the purposes of this Exhibit B. The terms "County Physician Specialist" and "Referral Physician" are defined in the Agreement of which this Exhibit B is a part.

## 2. SERVICES

Specialist Physicians agree to be responsible for provision and coordination of appropriate care for Members over indefinite time periods, including, as necessary, admission to institutional care and referral to other specialists and the coordination of such care through diverse resources.

2.1 Covered Services that all Referral Physicians may render include but are not limited to:

2.1.1 Consultation, specialty services, and referrals for a second professional opinion as deemed Medically Necessary for: (i) prevention of anticipated illness; (ii) appropriate treatment due to exposure to illness; (iii) detection, treatment, or diagnosis of illness or injury or the effects of illness or injury; or (iv) care of mother and unborn or newborn child during and following pregnancy.

2.1.2 Admission to Hospital, nursing facility, intermediate care facility, or other institutional care setting.

2.1.3 Referral to x-ray, radiotherapy, audiology, electro-biometry, nuclear study, physical therapy, occupational therapy, speech therapy, dialysis, and/or other therapeutic and diagnostic measures prescribed by the Clinic or Attending Physician which are held to be necessary and appropriate to the process of prevention, diagnosis, the management or treatment of diagnosed health impairment, or rehabilitation of the Member.

2.1.4 Approval of necessary durable medical equipment rental, medical supplies and medical transportation.

2.1.5 Services provided by Physicians that are billed under County's Physician Medical Group (PMG) provider number.

## 3. PROPER AUTHORIZATION OF SERVICES AND BILLING PROCEDURES

3.1 Authority will be responsible for payment of all authorized Clean Claims according to the payment approach agreed to in the Referral Physician's Provider Agreement with Authority. Evidence of authorization by the PCP will be a valid Referral Authorization Form (RAF), or other form as indicated below, unless the PCP is a County PCP and the physician to whom the referral is being made is a County Physician Specialist who works in any of County's Clinics, in which case no RAF is required.

3.2 Authorization for Services Outside of County Clinics

When it appropriate to have the consultation and/or medical advice, diagnosis, treatment, or other services of a Referral Physician, the County's Physicians will discuss the need for such referral with the Member and provide the name of the Referral Physician to whom the referral is made. County : (i) may arrange for the Member to be seen or allow the Member to make his/her own appointment; and (ii) will initiate the referral by preparing a RAF that the Member will carry, or which will be mailed or transmitted electronically to the selected Referral Physician. The Referral Physician must: (i) verify that the Member is eligible for the Covered Service; (ii) complete the RAF; and (iii) distribute RAF copies as appropriate. An exception to this process occurs if there is no RAF and the Referral Physician considers the service to be an Emergency Service, or acting reasonably, the Referral Physician renders services as he or she feels the immediate concern for the Member's welfare precludes contacting the Clinic. Should County then deny authorization for services for medical necessity reasons, the Referral Physician may contact Authority as specified in the Authority's Referral, Authorization, and Utilization Review Process Policy. A copy of said Policy is summarized in the Provider Manual.

In subsequent billing to Authority for any Covered Services rendered to the Member, the RAF will constitute certification of authorization from County.

If Referral Physician is prescribing pharmaceuticals, he or she must follow the authorization protocols required of the prescribing Physician and complete the MRF when required as set forth in the Agreement.

3.3 Eligibility

The Referral Physician must ascertain that the patient presenting in his/her office is a Member and is eligible for Covered Services under the Authority and is assigned to County for the month in which he/she is to render Covered Services. Eligibility certification can be accomplished by: (i) verifying that the Covered Service is to be rendered during the same month as the date indicated on the RAF; or (ii) contacting the County who will be informed at the beginning of each month of those Class I Members who are eligible for that month; or (iii) contacting the Authority.

In the event the patient is not eligible under the Authority, payment for any services provided to the patient will not be the responsibility of the Authority.

3.4 Delegation of Treatment Responsibility

Certain Member conditions may demand ongoing treatment by a Referral Physician. In that event, County may authorize such treatment on the initial RAF or by initiating an additional RAF. RAF(s) shall be completed by County's utilization review department staff, who coordinate and approve required RAFs, and sent to Authority promptly (and prior to sending the Claim) to ensure data entry of the RAF number.

3.5 Hospital Admissions

If County's Member is under the care of the Referral Physician and requires admission to a Hospital, County must be notified regarding acute care hospital admissions, and authorize said admissions, except in cases of an Emergency Medical Condition. For emergency admissions, County is to be notified by the Hospital within 24 hours of such admission. Further information on authorization of hospital admissions may be found in the Provider Manual.

3.6 Medi/Medi Claims

For Medicare members who are also Medi-Cal Members, the Authority does NOT require a RAF in order for payment to be made on a Medi/Medi Claim, unless the service rendered is only a Medi-Cal benefit, in which case a RAF would be required. Further information on payment of Medi/Medi claims may be found in the Provider Manual.

3.7 Submission of Authorization Forms

Referral Physician shall submit TARs to Authority for TAR required Covered Services as indicated under the State Medi-Cal plan, unless Authority has waived this requirement. If a RAF is also required in addition to the TAR, both forms should be submitted prior to submission of the Claim form. The Claim should include the number(s) imprinted on the TAR or RAF to permit Authority to cross-reference authorization and payment. Lack of required authorization will render the Claim as “not a Clean Claim” and will delay payment.

## 4 THE ROLE OF SPECIALIST PHYSICIANS

4.1 Upon receipt of proper authorization and verification of Member eligibility, the Specialist Physicians will serve as a consultant to the PCP or Clinic. If there is information from the medical record or any other information forms requested by Authority that may be helpful to the Specialist Physicians, this information should be sent along with the RAF, or forwarded to the Specialist Physicians if no RAF is required.

4.2 Additional Consultation

If after the initial authorized consultation further treatment, observation, or study is Medically Necessary, such recommendation shall be made to the Member’s PCP or County. Specialist Physicians may then be authorized to institute and/or manage such treatment or may choose another course of action as may seem most beneficial to the Member and mutually satisfactory to all involved parties. If Specialist Physicians are requested by the PCP or County to continue with treatment or observation beyond the timeframe or level of care indicated in the currently issued RAF, County or PCP must provide another RAF to Specialist Physician to authorize additional treatment or observation. Throughout the consultation Specialist Physicians are expected to keep the PCP or County advised of the course, likely duration and prognosis for the condition. NOTE: No RAF is required if the Specialist Physician is providing referral services for the County.

## 5 SUPPORTIVE DIAGNOSTIC STUDIES

If no restrictions are indicated on the RAF, and radiographic, laboratory, or other diagnostic studies are required in order to evaluate the Member's condition, or to make a diagnosis, Specialist Physicians are automatically authorized to perform or to arrange for such studies which do not necessarily duplicate information which has been made available to said Specialist Physicians. If the services are provided within his or her office, Specialist Physicians (or County, on behalf of its County Physician Specialists) should bill these services when billing for Covered Services. If a Member is to be referred to a non contracted provider for required services, PCP or County should be contacted.

## 6 HEALTH PROFESSIONALS

County may employ County Health Professionals to assist in providing needed services to assigned or referred Members. County shall be responsible to ensure that all such Health Professionals under its supervision will provide cooperative and effective medical care relationships, consistent with State Medi-Cal regulations applicable to such Health Professionals.

## 7 WRITTEN REPORT ON CONSULTATION

Referral Physicians will provide a report of findings to the PCP and/or to County when Covered Services are provided outside of Clinic. Such report may be on the RAF, on the RAF sent electronically, or on a separate written report documenting the consultation. The report shall be submitted immediately following authorized services and at subsequent periodic intervals during the care of the Member, consistent with the need of County to maintain an adequate medical record with respect to that Member. County Physician Specialists shall follow County's policies and procedures in supplying reports to the Clinic PCPs.

## 8 REIMBURSEMENT FOR COUNTY PHYSICIAN SPECIALISTS AND HEALTH PROFESSIONALS' SERVICES PROVIDED OUTSIDE OF COUNTY'S CLINICS

Covered Services rendered by County Physician Specialists and Health Professionals outside of the County's FQHC Clinics shall be paid by Authority on a fee-for-service basis when a Clean Claim is submitted for said Covered Service. County shall submit the Claim using the PMG Provider Number, or any special billing number as may be provided by Authority when billing for services provided outside of County's Clinics. Reimbursement shall be at the State Medi-Cal rate or at Authority's rate in effect at the time of service.