

## 5 Specialty Care

Health Plus participating specialists play an important role in the plan's provider network by serving members whose health care needs surpass the scope of primary preventive care. Members needing specialty care are usually referred by their PCP, who obtains prior approval from Health Plus.

**\*Specialty office visits require a PCP referral and Health Plus approval. Referrals to subspecialists can be made by a participating specialist but also require approval from Health Plus. Please see Chapter 9 for further information.**

If Health Plus approves the referral, the specialist will receive a copy of the referral form complete with the member's demographic and clinical information, and the number of approved visits. Health Plus will approve a maximum of six visits per referral and in most cases, the approval is valid for a six-month period. The first specialist visit should take place within four to six weeks of the member's request (or sooner, depending on acuity level).

*At the time of each visit, the specialist should confirm the member's eligibility for benefits. He or she can do this by calling the Health Plus Provider Care Center at 1-800-450-8753, or visiting the Health Plus web site at [www.healthplus-ny.org](http://www.healthplus-ny.org) (please see section 1.2.2 for further information).*

After the initial visit and on a continual basis thereafter, the specialist is responsible for providing the member's PCP with written documentation of all treatments, test results and care plans.

### 5.1 Scope of Services

**Health Plus covered specialty care services include:**

- The diagnosis and treatment of covered conditions within the scope of knowledge and skills of the specialty. These services may include invasive and non-invasive diagnostic studies and surgical procedures commonly performed as part of the specialty.
- Regular communication with the member's primary care physician regarding diagnostic and therapeutic regimens undertaken.

**Specialists must provide only those services for which they have postgraduate training at the residency or fellowship level.**

*Newborns of Health Care Plus and Family Health Plus members are also entitled to receive covered specialty services, unless they are in an excluded category.*

Most specialty services require prior authorization from Health Plus. Please see Chapter 9 for information on prior authorization of specialty services, ambulatory procedures and elective admissions.

### 5.2 Role of the Health Plus Specialist

Health Plus participating specialist physicians have a number of important responsibilities:

- Respond to PCP referrals and provide timely written feedback on referred members (including consultation results, diagnostic testing results, and treatment plans).
- Request and maintain documentation of a member's prior approval from Health Plus for specialty care.
- Render medically necessary services (e.g., diagnostic, surgical or therapeutic care) within the scope of their license and practice.
- Direct the use of medications related to procedures performed.
- Collaborate with PCPs, Health Plus and members to provide coordinated clinical care and enhance continuity of care.
- Comply with Health Plus utilization management policies.
- Supervise related hospitalization and other necessary care.
- Order ancillary services (e.g., DME, home care, transportation) if necessary.
- Collaborate with Health Plus Case and Disease Management Programs.

Specialists who believe that a member needs additional visits, tests or other services after the initial approved care plan has been completed must contact the member's PCP. The PCP will submit a new referral to Health Plus for approval.

### 5.3 Specialists Serving as PCPs

Health Plus may allow a specialist to serve as the member's PCP if the member has a life-threatening and/or degenerative and disabling condition requiring specialized medical care over a prolonged period of time. This arrangement requires an approved treatment plan and a formal agreement between Health Plus, the specialist, and the member's PCP.

If Health Plus authorizes the transfer of primary care responsibilities to a specialist, the specialist then coordinates the member's care, completes referrals for needed services, and is responsible for all preventive care and health education activities as outlined in section 4.3.

All members who have requested to have a specialist serve as their PCP are considered for possible enrollment in Health Plus Case Management services (see Chapter 11 for further information). Members whose request is approved are automatically enrolled in Case Management.

#### 5.3.1 HIV Specialist Providers

The Health Plus network includes numerous HIV Specialist PCPs, Designated AIDS Centers (DACs), and Experienced HIV Providers who can provide primary care services for HIV positive members. For more information, consult your printed provider directory or go to [www.healthplus-ny.org](http://www.healthplus-ny.org) and click *Find a Provider*.