# RENOWN SPECIALISTS – what to expect

**When you require care from a specialist, there are a number of steps that happen behind the scenes to make sure you are seen by the right specialist, at the right time. It is important that you are aware of these steps so you know what to expect.**

- All urgent referrals are reviewed within one business day using clinical criteria to assess your situation. This ensures you are seen as soon as you need, based on the complexities of your medical condition.
- When a referral is reviewed, it is triaged to make sure you are scheduled with a provider who has the right specialization for your particular care needs.

**Appointments with your specialist are a key part of your care; however, getting the specialty care you need does not always require a visit to a provider. The Renown Specialty Care Teams may offer alternative solutions to provide the care you need. These may include:**

- Talking to nurses or medical doctors about your symptoms, concerns, medications, and care coordination needs.
- Your PCP and specialist may message each other directly using our electronic medical record system.
- Pre-visit planning to prevent delays in assessment and care, such as ensuring you have the correct lab work completed prior to your appointment
- E-Consultations: With this process, Primary Care Providers consult with a specialty provider and get real time information on assessment and treatment. This allows your care to remain with your Primary Care Provider and avoiding the need for further specialty care.
- Some of the specialties we offer have on-call providers who are available 24 hours a day, seven days a week that you can speak to for real time assessment.

## WHAT IS AN AUTHORIZATION?

Some medical services and medications are covered only if **prior authorization** is received. Covered services that require prior authorization are marked in the benefits chart in chapter 4 of your Evidence of Coverage.
Prior authorization is not a guarantee of payment. There are multiple factors that determine whether the plan pays for a service. These include, but are not limited to your eligibility at the time of service, whether the benefit is applied to your deductible (if applicable), and other terms of your Evidence of Coverage.

**Here is how the process works:**

1. The ordering provider will submit an authorization request to our plan that includes specific details about the type and duration of treatment they would like you to receive and any corresponding medical records that support your need for the treatment(s).

2. A licensed registered nurse or pharmacist or medical doctor at Senior Care Plus will review the request, your medical records, your plan benefits and decide whether the treatment being requested is considered medically necessary based on recognized standards of care.

3. You and the requesting provider will both be notified of our decision in writing.

## MyChart: View referrals and authorizations

### In MyChart referrals and authorizations are located in the Referrals page

1. To view your claims, click on **Your Menu** in the upper left corner of the page.

2. Scroll to the **Insurance** section.

3. Click on **Referrals**.

# Referrals and authorizations

## Did you know that "referral" and "authorization" mean different things?

### WHAT IS A REFERRAL?

A referral is your Primary Care Provider's (PCP) recommendation for you to see a specialist, or receive specialized treatment. Most specialists require a referral from your PCP before they will schedule an appointment with you.

**Here is how the process works:**

1. Your PCP will send a referral to the specialist's office.

2. At this point, you should discuss with your PCP's office how the specialist will receive your medical records prior to your appointment. Most likely, your PCP's office will coordinate sending these records to the specialist for you, but it is always a good idea to confirm this with them.

3. Once the specialist's office receives the referral, they may call you to schedule the appointment. You may also call the specialist's office yourself to schedule the appointment, but be aware that it can take the specialist's office a few days to review the referral. Each office processes the referrals they receive in a slightly different time frame.

4. Once you have seen the specialist, they will start to develop a course of treatment. That may include procedures, diagnostic tests or medications. Some or all of these treatments may require prior authorization from our plan, so it is important that you discuss how and when the authorization(s) will be obtained prior to you beginning that course of care.

### A NOTE ABOUT MEDICAL NECESSITY:

**Your services (including medical care, services, supplies and equipment) must be medically necessary in order to be covered.**
**"Medically necessary" means that the services, supplies or drugs are needed for the prevention, diagnosis or treatment of your medical condition and meet accepted standards of medical practice.**