



Promise Health Plan

# POLICY & PROCEDURE Medical Services

<b>Policy Title: Standing Referral/Extended Access to Specialty Care</b>			
<b>Policy No:</b> 90.2.32		<b>Original Date:</b> 3/13	
<b>Effective Date:</b> 12/18	<b>Revision Date:</b> 12/18	<b>Revision No:</b> 1	
<b>Department Head:</b>	<b>Date:</b>	<b>Medical Services/P&amp;T Committee:</b>	<b>Date:</b>
<b>P&amp;P Committee:</b>	<b>Date:</b>	<b>Department(s):</b> UM	

## PURPOSE:

To outline a process for Blue Shield Promise Health Plan members with a condition or disease that requires specialized medical over a prolonged period of time to obtain a standing referral for ongoing extended access to a specialist or specialty care center for the treatment of a disabling, life threatening or degenerative condition in accordance with Health and Safety Code, Section 1374.16.

## POLICY:

A request for a standing referral to a specialist may be initiated by the member the primary care physician (PCP), or the specialty care physician (SCP), when the member has a disabling, life threatening or degenerative condition, including human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) or any condition or disease that requires specialized medical care over a prolonged period of time.

Standing referrals will be made to those specialty providers that have demonstrated expertise in treating the condition and the treatment of the condition has been deemed to be medically necessary by Blue Shield Promise Health Plan.

## DEFINITIONS:

**Specialty Care Center** – means a center that is accredited or designated by an agency of the state or federal government or by a voluntary national health organization as having special expertise in treating the life-threatening disease or condition or degenerative and disabling disease or condition for which it is accredited or assigned.

**HIV/AIDS Specialist** – means a physician who holds a valid, unrevoked and unsuspended certificate to practice medicine in the State of California who meets any one of the 4 criteria specified in 28 California Code of Regulations 1300.67.60(e) and (f).

**Standing Referral** – means a referral by a primary care physician to a specialist for more than one visit to the specialist, as indicated in the treatment plan, if any, without the primary care physician having to provide a specific referral for each visit.

## **PROCEDURE:**

### **I. Requesting a Standing Referral:**

- a. When authorizing a standing referral to a specialist requiring care by a physician with a specialized knowledge of HIV medicine, the enrollee will be referred to an HIV/AIDS specialist.
- b. The request is made by the member's PCP, specialist or the member.
- c. Communications regarding decisions to approve requests by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees shall specify the specific health care service approved.
- d. Responses regarding decisions to deny, or modify health care services requested by providers prior to, retrospectively, or concurrent with the provision of health care services to enrollees shall be communicated in writing, and to providers initially by telephone or fax, except when decisions are rendered retrospectively. The written communication include:
  - i. Clear and concise explanation of the reasons for the decision;
  - ii. Description of the criteria/guidelines used;
  - iii. Clinical reasons for decisions regarding medical necessity
  - iv. Name and direct telephone number or extension of health care professional responsible for the determination
  - v. Information as to how the enrollee can file a grievance
  - vi. Appeals process
- e. The referral shall be made pursuant to a treatment plan approved by Blue Shield Promise in consultation with the PCP, the specialist and the member if a treatment plan is deemed necessary to describe the course of the care. A treatment plan may be deemed to be not necessary provided that a current standing referral to a specialist is approved by Blue Shield Promise, its contracting provider, medical group, or IPA.
- f. The referral request is to be made to a Blue Shield Promise contracted specialist, HIV/AIDS specialist, or specialist care center unless there is no specialist within the Plan network that is appropriate to provide treatment to the enrollee, as determined by the PCP in consultation with the Chief Medical Officer, then the referral will be made to a non contracted provider as outlined in Policy & Procedure 70.2.16 Non Contracted Providers.
- g. Standing referral requests will include:
  - i. Diagnosis
  - ii. Required treatment
  - iii. Requested frequency and time period

iv. Relevant medical records

## **II. Review and Determination:**

- a. The referral request will be reviewed consistent with Blue Shield Promise criteria and guidelines.
- b. The review will be conducted by the Blue Shield Promise Chief Medical Officer, his/her designee physician, or a Specialty Physician Consultant
- c. The determination shall be made within three (3) business days of the date the request and all appropriate medical records and other items of information necessary to make the determination are provided.
- d. The referral to the specialist will be made within 4 business days of the date of the proposed treatment plan, if any, is submitted to the Chief Medical Officer or his/her designee. Services shall be authorized as medically necessary for proposed treatment, of a duration not to exceed one year at a time, utilizing established criteria and consistent with benefit coverage.
- e. The approval shall include:
  - i. Number of visits approved
  - ii. Time period for which the approval will be made
  - iii. Clause specifying: "patient eligibility to be determined at the time services are provided"

## **III. Specialty-PCP Communication Guidelines:**

- a. The SCP will provide information to the PCP on the progress and or any significant changes in the member's condition
- b. The PCP will maintain the communicated information in the member's medical records
- c. The PCP shall retain responsibility for basic case management/coordination of care unless a specific arrangement is made to transfer care to the specialist for a specified period of time, in accordance with the PCP contract.

## **IV. Tracking:**

- a. Standing referral requests will be entered into the MHC system and will include date received
- b. Date closed
- c. Decision type
- d. Authorization number
- e. Concise description of the services requested
- f. Description of services authorized
- g. Quantity authorized
- h. Documentation of clinical information as entered by the provider on the referral request form
- i. Time period that the authorization is approved for

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A hard copy of the referral request along with the medical information submitted will be maintained file within the UM Department

**REFERENCES/AUTHORITIES:**

Health and Safety Code, Section 1374.16  
UM P&P 70.2.32