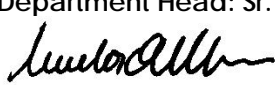
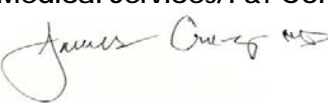


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|---|------------------------------|-------------------------------|-------------------------------|
| Policy Title: Standing Referral/Extended Access to Specialty Care for Cancer, ESRD and other Debilitating Conditions | | POLICY #: 70.2.32A | |
| | | Line of business: ALL | |
| Department Name: Utilization Management | Original Date 1/99 | Effective Date 5/19 | Revision Date 12/18 |
| Department Head: Sr. Director, UM  | | | Date: 3/21 |
| Medical Services/P&T Committee: (If Applicable) PHP CMO  | | | Date: 3/21 |

PURPOSE

To outline a process for Blue Shield of California Promise Health Plan (Blue Shield Promise) members with a condition or disease that requires specialized medical care 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

Blue Shield Promise shall provide for a standing referral to a specialist if the primary care physician, in consultation with the specialist, if any, and Blue Shield Promise’s Medical Director or designee, determines that an enrollee needs continuing care for his/her chronic, disabling condition.

The referral shall be made pursuant to a treatment plan approved by Blue Shield Promise, in consultation with the primary care physician, the specialist, and the enrollee, if a treatment plan is deemed necessary to describe the course of 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 or its contracting provider, medical group or IPA.

The treatment plan may limit the number of visits to the specialist, limit the period of time that the visits are authorized, or require that the specialist provide the primary care physician with regular reports on the health care provided to the enrollee.

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 or disease that requires specialized medical care over a prolonged period of time.

Standing referrals shall 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.

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 the treatment of a disabling, life threatening or degenerative condition, the following shall occur:
 - i. The request shall be made by the member’s PCP, specialist or the member
 - ii. The referral request shall be made to a Blue Shield Promise contracted specialist, or specialty care center unless there is no specialist within the Plan network that is appropriate to provide treatment to the enrollee.
 - iii. If no specialist qualified to treat the disabling condition is available in the network, the referral shall be made to a non-contracted provider, as outlined in Policy & Procedure 70.2.16 Non contracted Providers.
- b. Standing referral requests shall include:
 - i. Diagnosis
 - ii. Required treatment plan
 - iii. Requested frequency and time period
 - iv. Relevant medical records

II. Decision Timeframes:

- a. The determination shall be made within three (3) business days of the date the request for the determination is made by the member or the member’s primary care physician and all appropriate medical records and other items of information necessary to make the determination are provided.
- b. Once the determination is made, the referral to the specialist shall be made within 4 business days of the date of the proposed treatment plan, if any is submitted to the physician reviewer. 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.
- c. After the referral is made, the specialist shall be authorized to provide health care services that are within the specialist’s area of expertise and training to the enrollee in the same manner as the enrollee’s primary care physician, subject to the terms of the treatment plan.
- d. Based on the proposed treatment plan, 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. ESRD – Hemo – Dialysis Specialty Center Referrals

- a. Blue Shield Promise members that have a diagnosis of ESRD and are requiring maintenance hemo-dialysis will be entitled to a standing referral to the ESRD Specialty Care Center for increments of 1 year when the following provisions are met.
 - i. Blue Shield Promise is receipt of the CMS 2728 Form and treatment request outlining the treatment plan to include weekly frequency of dialysis sessions. (Attachment A)
 - ii. The Nephrologists is a contracted provider
 - iii. The dialysis center is contracted
 - iv. The PCP has been notified and is involved in the standing referral arrangement as evidenced by having a copy of the treatment plan and a copy of the standing referral for medical record keeping purposes.

IV. Specialty – PCP Communication Guidelines:

- a. The SCP shall provide information to the PCP on the progress and or any significant changes in the member's condition.
- b. The PCP shall 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 as specified period of time, in accordance with the PCP contract.

V. Specialty Provider Assuming the Role of the PCP

- a. If the specialist is acting as the member's PCP, the specialty care provider is responsible for addressing member's preventive health while the member is under his/her care for primary and specialty care services. Preventive services such as comprehensive history and physical exam, immunization, preventive screenings and counseling, etc. shall be addressed and shall be provided according to the periodicity guideline for preventive care for both adults and children, as recommended by the US Preventive Services Task Force (USPSTF).

VI. Reporting Format for Standing Referrals:

- a. Standing referral requests shall be entered into the MHC system and shall include:
 - i. Date received
 - ii. Date closed
 - iii. Decision type
 - iv. Authorization number
 - v. Concise description of the services requested
 - vi. Description of services authorized
 - vii. Quantity authorized
 - viii. Documentation of clinical information as entered by the provider on the referral request form
 - ix. Time period that the authorization is approved for
- b. A hard copy of the referral request along with the medical information submitted will be maintained on file within the UM Department

REFERENCES

Health and Safety Code, Section 1374.16 (a-f)

Department of Managed Health Care, Technical Assistance Guide, Aug 2012

LA Care Health Plan, Audit Tool, 2013

28 CCR, 1300.74.16