

# Contra Costa Health Plan

## Utilization Management

### Title: Standing Referrals for Specialists

Policy #: UM15.028

Origin Date: 01/04/99

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Revised: 11/05, 3/06, 4/19/07, 11/5/09

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Reviewed: 12/2/13, 5/2015, 3/2016, 04/2017, 01/2018, 01/2019

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Reviewed: 03/2021, 6/2021, 2/2022, 5/20/2022, 11/2022

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Reviewed and approved by Quality Council: 6/9/16,

4/27/17, 12/14/17, 2/28/19, 6/2021, 7/2023

Presented in UM Committee: 5/2022, 6/2023

#### Applies to:

Medi-Cal

Medicare

Commercial

BAC

State Sponsored

All  N/A

#### Regulatory/Accreditation:

DMHC:

HCFA:

DHS:AB 1181, Escutia

Other Reg. References:

NCQA:

N/A

#### Units:

Administration

Advice Nurses

All Staff

Business Services

Case Management

Health Ed/Cultural Ling.

Marketing

Provider Affairs

Quality Management

Auth/Utilization Management

### **BACKGROUND**

AB1181 was introduced to address the consumer concern that members must return to their PCP on a repeated basis in order to continue to see a specialist for an ongoing problem. Section 1374.16 of the Health and Safety Code and Section 14450.5 of the Welfare and Institutions Code applies to all health care service plan operations. The law requires health plans to establish specific procedures that meet specific standards for ongoing referrals.

### **POLICY**

Upon request from the member, primary care provider or specialty care provider, Contra Costa Health Plan (CCHP) will review the request, based on clinical guidelines, to provide a standing referral for a member with chronic conditions requiring ongoing specialty care. This policy allows the Primary Care Physician (PCP) or Specialty Care Provider (SCP) to request:

- Standing referrals to a contracted specialist for members requiring continuing specialty care over a prolonged period of time, defined here as 1 year.
- Extended access to a contracted specialist for an enrollee who has a life threatening, degenerative or disabling condition that requires coordination of primary care by a Specialty Care Physician (SCP). The SCP is designated to serve as the coordinator of a member's care.

An authorization request for a standing referral should be submitted with a treatment plan from the requesting PCP or SCP to the Authorization Unit for review.

### **PROCEDURE**

#### I. Specialty Referrals

##### A. Standing Referrals

1. A request for a standing referral can be made by the member's PCP, SCP or

self-referred by the member

2. The request shall be submitted to the Health Plan for review to determine medical necessity.
3. Request for a standing referral shall be submitted with information such as:
  - a) Member diagnosis
  - b) Required treatment
  - c) Requested frequency and time period
  - d) Relevant medical records
  - e) Other supporting documentation such as previous referrals, evaluations, or procedures

#### B. Extended Access to Specialty Care

1. A request to extend access to specialty care requires that the SCP coordinates care with the members' primary care provider and can be made either by the member's PCP or SCP.
2. The request needs to indicate what life threatening, degenerative, or disabling factors are involved to substantiate the need for a standing referral. Examples of qualifying conditions include, but are not limited to:
  - a) Terminal cancers
  - b) Acute or chronic leukemia
  - c) HIV/AIDS\*
  - d) Severe and progressive neurological conditions
  - e) Acute or chronic renal failure
  - f) CHF
  - g) COPD

\*Depending on network enrollment, members diagnosed with HIV or AIDS are referred to either the Contra Costa AIDS Program or a community provider specializing in HIV/AIDS services. The HIV/AIDS specialist will assist the member with care coordination between the HIV/AIDS specialist and PCP.

3. Requests will be reviewed and agreed to by both the PCP and SCP and submitted to CCHP for authorization.
4. The requesting PCP or SCP will indicate which health care services the SCP will be managing and those that will be managed by the PCP.

#### II. Review and Determination:

- A. The review of standing referrals shall occur within three (3) business days of the date of a request for a standing referral is made and all appropriate information necessary to make the determination is provided.

- B. The member eligibility will be confirmed prior to authorizing the initial standing referral request. If the member is not currently eligible, the member and provider will be notified.
- C. The SCP will be responsible for confirming CCHP eligibility during each visit in which the treatment plan was authorized.
- D. A determination will be made for the standing referral request within 3 business days of receiving necessary records and information.
- E. The member and involved practitioners, included referred to specialist, shall receive written communication of the determination within 2 business days from the date of the determination.
- F. The approval should include the following information:
  - 1. Number of visits approved
  - 2. Time period for which the approval will be made (in general, up to one year)
  - 3. Extension request process
  - 4. Standard reporting required from the SCP to the PCP and/or the Health Plan

### III. Authorization Notification Process

- A. CCHP will provide notification to the member and the involved physicians indicating:
  - 1. The terms and conditions of the approval.
  - 2. The process for requesting further referrals, if needed.
  - 3. A description of the appeal process if there has been an unsatisfactory determination.

### IV. Out-of-Network Providers

- A. Upon request of a standing referral to a non-contracted, out-of-network provider, the CCHP Chief Medical Officer or designee and PCP or SCP will consult and determine if an appropriate in-network specialty provider is available.
- B. CCHP will refer members to tertiary care centers or out-of-network providers only when appropriate specialty care is not available within the CCHP network of providers.

### V. Medical Necessity for Authorization Requests and Treatment Plans

- A. The CCHP Chief Medical Officer or designee must review and oversee the standing/extended access to specialty care referral process in consultation with PCP and SPC.
- B. The CCHP Chief Medical Officer or designee will supervise each denial and communication with the requesting physician.

- C. The CCHP Chief Medical Officer or designee will communicate all denials in writing to the physician who have requested or are involved in the request.
- D. The CCHP Chief Medical Officer or designee, in consultation with the PCP and SCP, will assure that approvals for standing/extended access referrals will be authorized based upon medical necessity.

## VI. Tracking and Communication

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- C. The SCP will provide the PCP and if applicable, CCHP Case Manager with progress reports of significant changes in the member's condition as requested.

## VII. Appeals and Grievances

Member or physician appeals resulting from a denial of a standing referral or extended access request will be process according to appeal procedures applicable to product line.

References:

CA HSC 1367.01(h)(4); CA HSC 1374.16(a-f); 28 CCR 1300.74.16(e) and (f)