

MHM HEALTHCARE
UTILIZATION MANAGEMENT

<u>TOPIC</u>	DATE: 2/2025
Standing & Extended Referrals	APPROVED BY UMC: <u>Signature on File</u>

I PURPOSE

- A. To define the IPA's definition of Standing Referral/Extended Access to Specialty Care.
- B. A "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.

II SCOPE

- A. All IPA contracted health plans and all lines of business as applicable.

III POLICY

- A. IPAs are required to establish and implement procedures for Primary Care Providers (PCPs) to request a standing referral to a Specialist for a Member who, as a component of ongoing ambulatory care, requires continuing specialty care over a prolonged period of time; or extended access to a Specialist or specialty care center for a Member who has a life threatening, degenerative or disabling condition (inclusive of members with HIV/AIDS) that requires coordination of care by a Specialist.
- B. PCPs are responsible for supervising, coordinating, and providing initial and primary care to Members; for initiating referrals; and for maintaining continuity of care, along with the IPA Case Management Department (if delegated).
- C. When a specialist or specialty care center has been approved to coordinate the member's health care, the organization approves specialist to provide health care services within the specialist's area of expertise in the same manner as it approves the enrollee's primary care services, subject to the terms of the treatment plan.
- D. UM Staff are notified by the Credentialing Department of the existence of, or changes to, the list of contracted AIDS/HIV specialists.
- E. The IPA will educate PCPs on how to submit a Standing Referral on our Provider Alert online portal. Copies of this policy may also be faxed to contracted PCPs.

IV PROCEDURE

- A. Any medical condition requiring frequent or repeat visits to a Specialist should be considered for standing referral or extended access, if the Member requests or the PCP and Specialist determine that continuing care is required.
- B. Practitioners that are Board-eligible in appropriate specialties, e.g., Infectious Disease, can treat conditions or diseases that involve a complicated treatment regimen that requires ongoing monitoring. Board certification is verified during the Provider credentialing process.
- C. Potential conditions necessitating a standing referral and/or treatment plan include but are not limited to:
 - 1. Significant Cardiovascular Disease
 - 2. Asthma requiring specialty management
 - 3. Diabetes requiring Endocrinologist management
 - 4. Chronic Obstructive Pulmonary Disease
 - 5. Chronic wound care
 - 6. Rehab for major trauma
 - 7. Neurological conditions such as Multiple Sclerosis & uncontrollable seizures
 - 8. GI conditions such as severe peptic ulcer, chronic Pancreatitis
- D. Potential conditions necessitating extended access to a specialist or specialty care center and/or treatment plan include but are not limited to the following:
 - 1. Hepatitis C
 - 2. Lupus
 - 3. HIV
 - 4. AIDS
 - 5. Cancer
 - 6. Potential transplant candidates
 - 7. Severe and progressive neurological conditions
 - 8. Renal Failure
 - 9. Cystic Fibrosis
- E. Consideration should be made by the PCP for submission to IPA, a standing specialist referral or extended access to a specialist for any member having a medical condition requiring frequent or repeat visits to a specialist.
- F. IPA will not refer members to an out-of-network practitioner unless appropriate specialty care is not available within the network. IPAs must cover any out-of-network services adequately and timely when such services are medically necessary and not available within the network.

- G. Determinations to approve, deny or partially approve (modify) the standing referral request must be made timely, not to exceed regulatory turnaround timeframes for determination and notification of Members and Providers.
- H. The IPA approval of services will specify the specific services approved.

V COMMERCIAL MEMBERS

- A. A member, who requires specialized care over a prolonged period for a life-threatening, degenerative or disabling condition, including Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), may be allowed a standing referral to a specialist who has expertise in treating the condition or disease for the purpose of having the specialist coordinate the members healthcare.
- B. When authorizing a standing referral to a specialist for the purpose of the diagnosis or treatment of a condition requiring care by a physician with specialized knowledge of HIV medicine, the Provider Organization will refer the member to an HIV/AIDS specialist who meets California Health and Safety Code criteria.
- C. The PCP, specialist and designated physician determines that continuing care from a specialist is needed, and referrals are made based on an agreed upon treatment plan, if any. Treatment plans may limit the number of specialist visits or the length of time the visits are authorized and may require the specialist to make regular reports to the PCP.
- D. After receiving standing referral approval, the specialist is authorized to provide healthcare services that are within the specialist's area of expertise and training to the member in the same manner as the PCP.
- E. Decisions will be made within the time frames appropriate to the condition of the member (e.g., urgent, non-urgent, concurrent), not to exceed 3 business days from the date that all necessary information is received.
- F. If authorized, the actual referral (notification) will be made within 4 business days of the date and the proposed treatment plan, if any, is submitted to the designated physician (e.g., Medical Director).
- G. The PCP must refer to an out-of-network specialist if one is not available within the Provider Organization who can provide appropriate specialty care to the member.

VI MEDICAL MEMBERS

- A. A member who requires specialized care over a prolonged period for a life-threatening, degenerative or disabling condition, including Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS), may be allowed a standing referral to a specialist who has expertise in treating the condition or disease for the purpose of having the specialist coordinate the members healthcare.
- B. When authorizing a standing referral to a specialist for the purpose of the diagnosis or treatment of a condition requiring care by a physician with a

specialized knowledge of HIV medicine, the Provider Organization will refer the member to an HIV/AIDS specialist who meets California Health and Safety Code criteria.

- C. The PCP, specialist and Medical Director determine that continuing care from a specialist is needed, and referrals are made based on an agreed upon treatment plan, by the Medical Director. Treatment plans may limit the number of specialist visits or the length of time the visits are authorized and may require the specialist to make regular reports to the PCP.
- D. After receiving standing referral approval, the specialist is authorized to provide healthcare services that are within the specialist's area of expertise and training to the member in the same manner as the PCP.
- E. Decisions will be made within the time frames appropriate to the condition of the member (e.g., urgent, non-urgent, concurrent), not to exceed 3 business days from the date that all necessary information is received.
- F. If authorized, the actual referral (notification) will be made within 4 business days of the date and the proposed treatment plan, if any, is submitted to the designated physician (e.g., Medical Director).
- G. The PCP must refer to an out-of-network specialist if one is not available within the Provider Organization who can provide appropriate specialty care to the member.

VII HIV/AIDS SPECIALISTS

- A. IPA identifies HIV/AIDS Specialists during the credentialing and recredentialing process. For those Providers who are identified as an HIV/AIDS Specialists, Health Plan reconfirms the Provider is appropriately qualified and continues to meet the definition of an HIV/AIDS Specialist
- B. The IPA Credentialing and Contracting Department is responsible for notifying the UM Department, at least annually, of all specialists that qualify as an HIV/AIDS specialist. and to notify the Network of said Providers.
- C. The IPA Credentialing and Contracting Department is responsible for notifying the IPA network providers of the HIV/AIDS specialists.