


No. UM-010	Standing Referrals	
Effective Date: 12/14/2016	POLICY AND PROCEDURE	
Previous Versions: see revision history on last page		
DMHC TAG: Utilization Management		

STANDING REFERRALS POLICY

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), must be allowed a standing referral to a specialist or specialty care treatment centers that have expertise in treating the condition or disease for ongoing treatment or coordination of care for a life threatening, degenerative or disabling condition. This includes conditions involving a complicated treatment regimen that require ongoing monitoring of the member’s adherence to the regimen.

The determination and notifications must be made within the time frames appropriate to the condition of the member (e.g., urgent, non-urgent, concurrent), not to exceed 3working days of the date that all necessary information is received. The process includes authorizing requests for standing referrals for members requiring more than one visit to a specialist or specialty care center for treatment of a condition.

The Medical Group/IPA is not required to refer to a specialist who, or to a specialty care center that, is out of network or contract, unless there is no specialist within the plan network that is appropriate to provide treatment to the member, as determined by the primary care physician in consultation with the plan medical director as documented in the treatment plan. If authorized, the referral must be made within 4 working days of the date and the proposed treatment plan, if any, is submitted to the designated physician.

Specialists and specialty care centers assure accreditation or designation as having special expertise in treating the condition or disease (Refer to Credentialing Policies and Procedures); Listings of specialists and specialty care centers, including HIV/AIDS specialists, are available to PCPs to assist in the referral process;

The PCP may request authorization for an out-of-network specialist if a Network provider is not available to provide appropriate specialty care.

The PCP, specialist and designated physician determines that continuing care from a specialist is needed and request authorization 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.

The Network UM decisions for the requested referral 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 of the date that all necessary information is received.

If authorized, the actual referral will be issued within 24 hours of the decision, specifying the specific services approved.

For members with HIV/AIDS, after receiving the 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.

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 Network will refer the member to an HIV/AIDS specialist who meets California Health and Safety Code criteria.

Revision History:

Version Date	Edited By	Reason for Change
1/29/16	M. Stevens	Creation date
7/26/16	M. Durbin	Separated sections of Exhibit J-9 pertaining to standing referrals into a single, standalone policy.