



Coast Healthcare Management, LLC

Management Company for

Alamitos IPA ♦ Brookshire IPA ♦ Family Care Specialists IPA
 Good Samaritan Medical Practice Association ♦ Lakewood IPA
 Premier ACO Physicians Network, LLC ♦ Premier Health Plan Services, Inc.
 Primary Care Associates of California ♦ St. Mary IPA

4909 LAKEWOOD BLVD., SUITE 200, LAKEWOOD, CA 90712

P: (562) 602 - 1563 ♦ F: (562) 529 - 8490 ♦ www.coasthealthcare.net

Policy Name: Standing Referral	Department: Utilization Management
Policy Number: 1.0.15	Date Issued: 3/18/99
Approved By: Khalid Saeed, MD, Medical Director/UM Chairperson	Approval Date: 2/12/01, 4/12/10, 2/14/11, 2/13/12, 8/20/12, 6/10/13, 8/11/13
	Revision Date: 2/12/01, 9/9/11, 6/29/11, 6/3/13, 8/10/13

I. Purpose: To define the standing referral request process whereby a Primary Care Physician (PCP) in consultation with the specialist determines a member needs continuing care from a specialist or specialty care center that has expertise in treating a condition or disease involving a complicated treatment regimen that requires ongoing monitoring of the member's adherence to the regimen and for the purpose of having the specialist coordinate the member's health care.

II. Definition:

- A. Specialty Care Center – 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 a life-threatening disease or condition or degenerative and disabling disease or condition for which it is accredited or designated.
- B. Standing Referral – A referral by a PCP to a specialist for more than 2 visits to the specialist, as indicated in the treatment plan.

III. Scope: This policy affects any member with a condition or disease that requires ongoing specialized care over a prolonged period of time and is a life threatening, degenerative, or disabling condition. Members, who may require specialized care over a prolonged period for a life-threatening, degenerative or disabling condition may include; Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) terminal cancer, Acute Leukemia, severe and progressive neurological conditions, and renal failure requiring dialysis.

IV. Policy:

- A. It is the policy of Coast Healthcare Management (CHM) to adhere to AB 2168, Health and Safety Code Section 1374.16, and 22 CCR § 1300.71.16 in reference to the receipt of a standing referral request.
- B. It is the policy of CHM to process a standing referral request for members to receive 2 or more visits to a specialist to maximize the member's access to a practitioner with demonstrated expertise in treating a condition or disease involving a complicated treatment regimen that requires ongoing monitoring of the members adherence to the regimen.



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- C. It is the policy of CHM to accept a request for specialty services from the members PCP or directly from the specialist.
- D. 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 member's healthcare.
- E. If a specialty provider is not available within CHM's provider network, a referral will be made to an out-of-network specialist and a MOU will be secured in accordance to CHM's policies and procedures.
- F. Decisions for a standing referral from the specialist will be made within the timeframe appropriate to the condition of the member, not to exceed 3 business days of the date that all necessary information is received.
- G. If services are authorized; the actual referral (notification) to the specialist will be made within 4 business days of the date the proposed treatment plan is submitted.
- H. 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, CHM will refer the member to an HIV/AIDS specialist who meets California Health and Safety Code criteria.
 1. An initial evaluation will be approved with a request for a proposed treatment plan to be submitted by the specialist.
 2. After receipt of the proposed treatment plan, the specialist will have approval for ongoing follow-up visits.
 3. Annual review and reauthorization will be required for continued care by the specialist.
 4. Any procedure(s) to be done in the office or the hospital will require pre-authorization.
 5. Members may access confidential HIV counseling and testing services through CHM's provider network and also through out-of-network local Health Department and family planning providers.
- I. On an annual bases the CHM Credentialing Department requires providers to attest if they are a participating qualified HIV/AIDS provider, this information is loaded into the credentialing system and a report is forwarded to the UM Department.



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V. Procedure:

- A. The PCP, specialist and designated physician determines that continuing care from a specialist is needed and a referral is submitted with supporting documents to include but not limited to; physician progress notes and a treatment plan. The treatment plan 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.
- B. The request for services will be reviewed and approved as medically necessary for an initial evaluation. Decisions will be made within the time frames appropriate to the condition of the member, not to exceed 3 business days of the date that all the necessary information is received.
- C. If authorized, the actual referral will be made within 4 business days of the date and the proposed treatment plan, if any, is submitted.
- 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. The PCP may refer to an out-of-network specialist if one is not available within the provider group who can provide appropriate specialty care.
- F. 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 group will refer the member to an HIV/AIDS specialist who meets California Health and Safety Code criteria.
- G. The PCP shall retain responsibility for basic case management/coordination of care unless specific arrangements are made in accordance to the PCP contract.
- H. Annual review of required services and request for reauthorization is required for continued care by the specialist.
- I. Procedures to be done in the office or in the hospital setting require prior-authorization.