


FILING NOTICE: Revisions to this policy require filing with the CA Department of Managed Healthcare. Notify the Compliance Department of any edits made to this policy.

Health Service	 ASPIRE HEALTH PLAN	<u>Effective Date</u>	
	Standing Specialist Referrals – Member with Life-Threatening, Degenerative, or Disabling Conditions	January 1, 2021	
		<u>Policy #</u>	
		AHP HSO-HS064	
		<u>Review Date</u>	<u>Applicable to:</u>
		03/9/2022	Commercial HMO
<u>Approver’s Name & Title</u>		Eva Balint, MD – Chief Medical Officer	

1.0 PURPOSE

1.1 The purpose of this policy is to provide consistent criteria for Aspire Health Plan (the “Plan” or “AHP”) staff to comply with California’s Department of Managed Health Care (DMHC) standing specialist referral regulations as they relate to members with life-threatening, degenerative, or disabling conditions, pursuant to Section 1374.16(b) of the California Health and Safety Code.

2.0 POLICY

2.1 AHP ensures that members who require specialized care over a prolonged period for life-threatening, degenerative, or disabling conditions (inclusive of member’s with HIV or AIDS) or whose PCP, specialist and Medical Director determines that continuing care from a specialist is needed, may receive a standing referral to a specialist or specialty care center that has expertise in treating their condition or disease.

3.0 DEFINITIONS

3.1 “AIDS” means Acquired Immunodeficiency Syndrome.

3.2 “HIV” means the Human Immunodeficiency Virus.

3.3 “HIV/AIDS specialist” means a physician who holds a valid, unrevoked and unsuspended certificate to practice medicine in the state of California who meets any one of the following four criteria:

3.3.1 Is credentialed as an “HIV Specialist” by the American Academy of HIV Medicine; or

3.3.2 Is board certified, or has earned a Certificate of Added Qualification, in the field of HIV medicine granted by a member board of the American Board of Medical Specialties, should a member board of that organization establish board certification, or a Certificate

of Added Qualification, in the field of HIV medicine; or

3.3.3 Is board certified in the field of infectious diseases by a member board of the American Board of Medical Specialties and meets the following qualifications:

3.3.3.1 In the immediately preceding 12 months has clinically managed medical care to a minimum of 25 patients who are infected with HIV; and

3.3.3.2 In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients, including a minimum of 5 hours related to antiretroviral therapy per year; or

3.3.4 Meets the following qualifications:

3.3.4.1 In the immediately preceding 24 months has clinically managed medical care to a minimum of 20 patients who are infected with HIV; and

3.3.4.2 Has completed any of the following:

3.3.4.2.1 In the immediately preceding 12 months has obtained board certification or recertification in the field of infectious diseases from a member board of the American Board of Medical Specialties; or

3.3.4.2.2 In the immediately preceding 12 months has successfully completed a minimum of 30 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients; or

3.3.4.2.3 In the immediately preceding 12 months has successfully completed a minimum of 15 hours of category 1 continuing medical education in the prevention of HIV infection, combined with diagnosis, treatment, or both, of HIV-infected patients and has successfully completed the HIV Medicine Competency Maintenance Examination administered by the American Academy of HIV medicine.

3.4 "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 designated.

3.5 "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.

4.0 PROCEDURE

4.1 The Plan's determination of whether a standing referral is needed shall include involvement of the Plan's medical director, the member and the member's PCP or treating specialist.

4.2 AHP will authorize a standing referral for an enrollee with a condition or disease that requires specialized medical care over a prolonged period of time and is life-threatening, degenerative, or disabling to a specialist for the purpose of the diagnosis or treatment of a condition requiring care by a physician with specialized knowledge.

- 4.3 A member, who requires specialized care over a prolonged period for a life-threatening, degenerative or disabling condition will 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. (See section 4.9 below for specific requirements related to enrollees with HIV/AIDS.)
- 4.4 If the PCP, specialist and designated physician determine that continuing care from a specialist is needed and referrals are made based on an agreed upon treatment plan, if any.
- 4.5 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.
- 4.6 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 of the date of the request.
- 4.7 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). Standing referral communications will specify the services and length of treatment approved.
- 4.8 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.
- 4.9 When authorizing a standing referral to a specialist for purposes of having that specialist coordinate the enrollee's health care for an enrollee who is infected with HIV, a health care service plan must refer the enrollee to an HIV/AIDS specialist. The HIV/AIDS specialist may utilize the services of a nurse practitioner or physician assistant if:
 - 4.9.1 The nurse practitioner or physician assistant is under the supervision of an HIV/AIDS specialist; and
 - 4.9.2 The nurse practitioner or physician assistant meets the qualifications specified in section 3.3.4 above; and
 - 4.9.3 The nurse practitioner or physician assistant and that provider's supervising HIV/AIDS specialist have the capacity to see an additional patient.
- 4.10 AHP is not required to refer an enrollee to any provider who is not employed by or under contract, unless there is no HIV/AIDS specialist, or appropriately qualified nurse practitioner or physician assistant under the supervision of an HIV/AIDS specialist, within the Plan's network appropriate to provide care to the enrollee, as determined by the primary care physician in consultation with the plan medical director.

5.0 TRAINING

- 5.1 Training for employees will occur within 90 days of hire, and upon updates to the policy.

6.0 REVIEW PERIOD

- 6.1 Annually.

7.0 REGULATORY REQUIREMENTS AND REFERENCES

- 7.1 2020 Anthem UM Guidelines
- 7.2 California Code of Regulations, 1300.74.16. Standing Referral to HIV/AIDS Specialist
- 7.3 CA Health & Safety Code 1374.16(b), 1367.01 & 1363.5
- 7.4 See AHP credentialing policies for more details regarding validating specialists and other providers, including HIV/AIDS specialists.

7.5 See AHP policy ASO-OP001 for more details regarding communicating delays, denials, and modifications of standing referral requests to providers and members.

8.0 POLICY VIOLATION

Any AHP associate or contractor who fails to abide by this policy may be subject to disciplinary action, up to, and including termination. Please refer to AHP's Disciplinary Guidelines and Enforcement Policy for further details.