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	**Effective Date** January 1, 2021	
	Standing Specialist Referrals - Members *without* Life-Threatening, Degenerative, or Disabling Conditions	**Policy #** AHP HSO-HS070	
		Review Date 3/9/2022	**Applicable to:** Commercial HMO
	Approver's Name & Title	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.

2.0 POLICY

2.1 AHP ensures that members who require a standing referral to a specialist shall be provided one if the primary care physician determines in consultation with the specialist, if any, and the Plan medical director or his or her designee, that a member needs continuing care from a specialist.

3.0 DEFINITIONS

3.1 "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.

3.2 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 The referral shall be made pursuant to a treatment plan approved by AHP in consultation with the primary care physician, the specialist, and the member, if a treatment plan is deemed

necessary to describe the course of the care.

4.2.1 A treatment plan may be deemed to be not necessary provided that a current standing referral to a specialist is approved by the plan or its contracting provider, medical group, or independent practice association.

4.3 The treatment plan may limit the number of visits to the specialist, limit the period of time that the visits are authorized, or require that the specialist provide the primary care physician with regular reports on the health care provided to the enrollee.

4.3.1 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. 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.

4.3.2 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.

4.3.3 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 request.

4.3.4 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.

4.3.5 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.

4.3.6 When authorizing a standing referral to a specialist pursuant to Section 1374.16(a) of the Act for the purpose of the diagnosis or treatment of a condition requiring care by a physician with a specialized knowledge of HIV medicine, a health care service plan must refer the enrollee to an HIV/AIDS specialist.

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, 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.