

Physicians Integrated Medical Group (PIMG)

Policy & Procedure

Standing Referrals to Specialist

AB 1181

&

AB 2168

POLICY

The Physicians Integrated Medical Group (PIMG) supports and promotes the provision of standing referrals for members with certain chronic conditions or diseases, including but not limited to HIV and AIDS, that require specialized ongoing care. The intent of this policy is to design a framework enabling Primary Care Physicians to request:

- Standing referrals to a specialist for members requiring continuing specialty care over a prolonged period of time.
- Extended access to a specialist for an enrollee who has a life threatening, degenerative or disabling condition that requires coordination of primary care by a Specialty Care Physician (SCP). The SCP is designated to serve as the coordinator of an enrollee's care.

The PIMG supports the development and use of treatment plans to be used in conjunction with the above standing referrals. This treatment plan should be requested using the Prior Authorization Request Form if deemed to be medically necessary by the member's PCP and SCP in question. Treatment plans must describe the course of care. After receiving standing referral approval, the specialist is authorized to provide health care 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 PIMG will refer the member to an HIV/AIDS specialist who meets California Health and Safety Code criteria. [CA Health & Safety Code 1374.16(g)]. If PIMG does not have an identified HIV/AIDS specialist, the member will be referred to the contracted UCSF's HIV/AIDS clinic at:

PositiveHealth Practice

UCSF Medical Center
400 Parnassus Ave., Room A-429
San Francisco, CA 94143-0348
Phone: (415) 353-2119
Fax: (415) 353-2406

Denial determinations based on medical appropriateness are only made by a physician holding an unrestricted license in the State of California.

Requests for authorization for standing referrals to specialist are reviewed and the decisions 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 3 working days of the date that all necessary information is received. [CA Health & Safety Code 1374.16(c)]

BACKGROUND

AB1181 was introduced to address the consumer concern that members must return to their PCP on a repeated basis in order to continue to see a specialist for an ongoing problem. Section 1374.16 of the Health and Safety Code and Section 14450.5 of the Welfare and Institutions Code applies to all health care service plan operations. The law requires health plans to establish specific procedures that meet specific standards for ongoing referrals. This bill is effective on and after January 1st, 1999. AB2168 AIDS/HIV Standing Specialist Referrals is effective on and after January 1st, 2001 and incorporates AIDS and HIV disease as part of the life-threatening generative conditions or diseases.

IMPLEMENTATION

I. Specialty Referrals

A. Standing Referrals

1. Requests for standing referrals will be made either by the member's PCP, SCP or the member.
2. The request will be reviewed and agreed to by the PCP and SCP and submitted to the Plan or delegated medical group.
3. Standing referral requests include:
 - a) Member diagnosis
 - b) Required treatment
 - c) Requested frequency and time period.
 - d) Relevant medical records

B. Extended Access to Specialty Care

1. The member's PCP or SCP will make request for extended access to specialty care in which the SCP will coordinate the members' primary care.
2. Requests will indicate life threatening, degenerative, or disabling factors involved in the request.

3. Requests will be reviewed and agreed to by both the PCP and SCP and submitted to PIMG Medical Group.
4. The requesting PCP or SCP will indicate the health care services the SCP will be managing and detail those that will be managed by the PCP.

II. Review and Determination:

- A. PIMG's Medical Director review and determination will be provided within the current ICE UM timeless standards of receiving necessary records and information.
- B. Communication of determination to the member and involved practitioners will be provided within the current ICE UM timeless standards of receiving necessary records and information.
- C. The approval may include:
 1. Number of visits approved.
 2. Time period for which the approval will be made.
 3. Extension request process.
 4. Standard reporting required from the SCP to the PCP and/or PIMG's Medical Director.

III. Authorization notification process

- A. The Medical Management Department in consultation with the PCP and SPC will provide notification to the member and the involved physicians indicating:
 1. The terms and conditions of the approval.
 2. Process for requesting further referrals, if needed.
- B. The Medical Management Department will provide a follow-up letter to the member and the involved physicians indicating:
 1. The terms and conditions of the approval.
 2. Process for requesting further referrals, if needed.
 3. A description of the appeal process, if there has been a denial.
 3. The Medical Management Department shall notify involved physicians that prior to services being provided, patient eligibility must be determined.

Once the determination is made regarding the need for the standing referral, the referral to the specialist shall be made within four (4) business days.

IV. Out-of-Network Providers

- A. PIMG is not required to refer members to out-of-network providers unless appropriate specialty care is not available within the group's network.

B. PIMG's Medical Director and PCP will consult and both shall determine whether an appropriate in-network specialty provider is available.

V. Extended Specialty Access Guidelines by Medical Category and Condition

A. PIMG will provide the PCPs and SCPs the following:

1. Process for submission of Standing or Extended Specialist Referral Request to PIMG.

B. Guidelines will indicate:

1. Conditions requiring a treatment plan.
2. Content of the required treatment plan.
3. Format for a standing or extended referral request.
4. Requirements for PCP/SCP communication.

VI. Medical Necessity for Authorization Requests and Treatment Plans

A. PIMG's Medical Director or designee must review and oversee the standing/extended access to specialty care referral process in consultation with the PCP and SPC.

B. PIMG's Medical Director or physician designee will supervise each denial and communication with the requesting physician.

C. PIMG's Medical Director or designee will communicate all denials to the physicians who have requested or are involved in the request.

D. PIMG's Medical Director or designee will assure that approvals for standing/extended access referrals will be authorized in consultation with the PCP and SPC based upon the need for continuing care and will be reasonably approved when indicated.

VII. Specialty-PCP Communication Guidelines

A. PIMG will require that the SCP and PCP will be provided information on the progress and significant changes in the members' condition and medical records.

B. Requests for standing or extended access referrals will indicate that communication has occurred between the involved physicians.

C. Approvals will require ongoing communication for the duration of the standing or extended access referrals.

- D. PIMG will also educate primary care and specialty physicians with regards to AB 1181 and the internal policies and procedures in place to ensure compliance with this legislation prior to January 1, 1999 and ongoing as needed.

VIII. Tracking

- A. PIMG will track all requests for standing and extended access referrals.
- B. The tracking will include:
 - 1. Documentation of the requesting physician
 - 2. Nature of the request including the members diagnosis, date, health plan, and referral determination
 - 3. Appeal outcome, if applicable
- C. The number of requests shall not be considered in a negative fashion by the member's Health Plan or by PIMG Medical Group within utilization review profiles or otherwise.

IX. Appeals/Grievance

Appeals from denials by PIMG or the respective Health Plan for members or physicians will be directed to the specific Health Plan for resolution within the established process for appeals and grievance resolution.

CONTROLS

PIMG Medical Management Department will review reports and applicable action plans.

MONITORS

Annual compliance audit

This policy will be reviewed annually and revised as necessary to ensure adequate controls. If an instance arises when a referral was not implemented as stated in this policy, whenever possible the issue will be investigated to determine where the breakdown occurred and the controls will be enhanced as necessary.

Review/Revision History: First Issue: December, 1999
Previous Revision: January 31st, 2001
Last Revision: January 28th, 2004