SAN FRANCISCO HEALTH PLAN

CO-19 Specialty Care and Standing Referrals

APPROVAL/REVIEW/REVISION HISTORY			
Signature	**Title**	**Date**	**Action**
DocuSigned by: Nina Maruyama 9D4617B1400D431...	CCO	8/15/2023	Policy Update
DocuSigned by: Eddy Ang, MD 216F247FAA1E4AC...	CMO	8/10/2023	

SAN FRANCISCO HEALTH PLAN

SFHP POLICY AND PROCEDURE

Specialty Care and Standing Referrals

Policy and Procedure number:	CO-19
Department	Clinical Operations
Accountable Lead:	Clinical Operations Analyst
Lines of Business and Coverage Programs Affected:	☒Medi-Cal ☒Healthy Workers HMO ☐Healthy SF ☐City Option ☐ All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan (SFHP) members, requiring care outside their Primary Care Physicians (PCP) scope of practice, have access to specialty care physicians (specialists). Members have access to specialty care either directly or by PCP referral. SFHP also provides access to standing referrals to Specialists in accordance with Health and Safety Code Section 1374.16.

PROCEDURE

I. Direct Access to Specialty Care

A. SFHP members may access the following services directly without a PCP referral:
   1. Emergency Care
   2. OB/GYN Services
   3. Family Planning and Sensitive Services
      i. Includes pregnancy testing and counseling, birth control, AIDS/HIV testing, sexually transmitted infection testing and treatment, and termination of pregnancy.
   4. Outpatient Behavioral Health Services within the SFHP and/or Carelon Behavioral Health Options network

II. PCP Referral to Specialty Care

A. When a PCP identifies a need for specialty care requiring a referral, the PCP submits the referral to the appropriate specialist or specialty care center, specializing in evaluation and treatment of the member's specific symptoms and/or conditions.
B. When a member's condition is not likely to change and the service is expected to be required into the future, the PCP or member may submit a standing referral

authorization request for more than one (1) office visit to a specialist or specialty care center.

C. Specialty office visits, resulting from referrals, provided within the member's medical group / network do not require prior authorization. Specialty office visits and services, resulting from referrals, provided outside of the member's medical group / network do require prior authorization.

III. Standing Referral

A. Members with a life threatening, degenerative, or disabling condition are eligible for a standing referral, allowing the specialist to act as the care coordinator in lieu of the PCP. A standing referral reduces or eliminates the need for repeated referrals when ongoing use of specialty services is medically appropriate.
    1. Members with HIV/AIDS are eligible for a referral to an AIDS specialist who acts as the coordinator of care. The qualifications of the HIV/AIDS specialists are outlined in the CR-04: Credentialing of HIV/AIDS Specialists.
    2. The member PCP remains responsible for health concerns unrelated to the qualifying, standing referral condition.

B. To obtain a standing referral, the SFHP PCP or SFHP member requests a referral for ongoing specialty care to the appropriate specialist or specialty care center.
    1. If within the member's medical group / network, the standing referral does not require a prior authorization.
    2. If the specialist or specialty care center is outside of the member's medical group / network , a prior authorization is required before evaluation and treatment services are rendered.
        i. SFHP makes a decision to approve or deny the request for the standing referral within three (3) business days of the date of the request and all appropriate medical records and other items of information necessary to make the determination are provided.
        ii. SFHP may approve extended authorizations up to 12 months for ongoing specialty care office visits or services.
        iii. SFHP may require a treatment plan when authorizing extended authorizations. The treatment plan is made in consultation with the PCP, specialist and member, and may specify the frequency and intensity of specialist visits and authorize a course of treatment, including tests and procedures. The PCP must refer the member to the specialist in no more than four (4) business days of the date the proposed treatment plan, if any.

IV. Specialty Care Referral Tracking

A. Clinical Operations Program Manager monitors and tracks specialty referrals requiring prior authorization, in accordance with the Department of Health Care Services (DHCS) Medi-Cal contractual requirements (Exhibit A, Attachment 5, Utilization Management, §1.F)

B. On a quarterly basis, the Clinical Operations Program Manager monitors and tracks specialty referrals, using authorization data from Essette and claims data

from QNXT, to identify unused specialty referrals. Unused specialty referrals are identified through a claim to authorization matching process. If no claim is matched to the authorization within 90 calendar days of the authorization approval date, the specialty referral is determined to be unused.

C. If any specialty referral remains unused after 90 calendar-days, SFHP follows-up with the member's PCP. The intent is to identify trends, such as access barriers, to alert a member's PCP of the need to follow-up with the member, and to educate and encourage members to schedule and attend their specialty referral appointments.

MONITORING

1. Aggregate authorization and claim data is subject to retrospective analysis by SFHP's Clinical Operations Department in order to evaluate over- and under-utilization of services.

2. SFHP's Clinical Operations Department monitors turnaround times of internal processing for compliance with standards.

3. SFHP's Clinical Operations Department performs inter-rater reliability audits at least annually for both physician and nurse reviewers.

4. The Utilization Management Committee (UMC) reviews Appeals, IMRs, and State Fair Hearings resulting in authorization decision made by SFHP or one of its delegated medical groups. The UMC recommends corrective action and/or identifies where the Clinical Operations Department can revise the authorization process, if necessary, to improve the member experience, to address any barriers, and ensure the utilization management criteria are consistent with current industry and evidence-based practices. The Quality Improvement Committee reviews an Appeals Report (overturned and upheld appeals) every quarter regarding the activity and medical authorizations.

5. On a quarterly basis, the Clinical Operations Program Manager prepares a specialty referral tracking report. The report provides an analysis of, (a) the total number of open standing referrals older than 90 calendar days, (2) metrics on types of specialty referrals, medical groups, the results of the outreach to providers, and (3) any significant findings. The quarterly report is presented at the Utilization Management Committee (UMC). UMC discuss and evaluate the report findings and determine the need for appropriate interventions, escalation, and/or corrective action.

6. SFHP's Access and Care team monitors specialty appointment access standards as defined in QI-05.

7. The SFHP Chief Medical Officer (CMO), Medical Director, or physician designee identifies any potential quality issues (PQI), including provider preventable

conditions (PPCs), and follows the PQI process defined in QI-18 and the PPC process defined in QI-19.

8. Dashboard and other reports regarding SFHP's Clinical Operations Department's monitoring activities reviewed at the Utilization Management Committee (UMC) are presented to the Quality Improvement Committee (QIC) at least annually for evaluation and corrective actions as needed.

9. Compliance and Oversight Department provides oversight of its delegated utilization management responsibilities consistent with SFHP Policy and Procedure DO-02: Oversight of Delegated Functions.

DEFINITIONS

HIV/AIDS Specialist: A provider credentialed by an accrediting organization such as the AAHIVM (American Academy of HIV Medicine) as an HIV specialist and who elects to be listed as an HIV specialist in the SFHP Provider Directory.

Standing Referral: A referral by a primary care provider to a specialist for more than one visit, as indicated in the treatment plan, if any, without the primary care provider having to provide a specific referral for each visit.

AFFECTED DEPARTMENTS/PARTIES

Claims
Compliance and Regulatory Affairs -- Delegation Oversight
Delegated Groups
Health Services Operations -- Clinical Operations
Network Providers
Operations -- Customer Service
Operations – Provider Network Operation

RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS

1. CR-04: Credentialing of HIV/AIDS Specialists
2. Member Handbook/Evidence of Coverage Network Operations Manual
3. QI-05: Monitoring Accessibility of Provider Services
4. CO DTP Specialty Referral Tracking

REVISION HISTORY

Effective Date: April 2006
Revision Date(s): April 2006; March 18, 2009; July 9, 2009; April 27, 2012; January 9, 2014; February 22, 2016; March 1, 2018; June 18, 2020; May 19, 2022; September 22, 2022, July 20, 2023

REFERENCES

1. H&S Code §1374.16 (AB 1181, 1999)
2. 28 CCR § 1300.74.16. Standing Referral to HIV/AIDS Specialist
3. DHCS/SFHP Contract – Exhibit A, Attachment 5, Provision 1F
4. DHCS Contract, Exhibit A, Attachment 9, Provision 6
5. DHCS and DMHC Technical Assistance Guides (TAG)