

Humboldt IPA

UTILIZATION MANAGEMENT POLICY

SPECIALIST STANDING REFERRALS

INCLUDING HIV/AIDS (HMO HEALTH PLANS ONLY)

Purpose: To provide consistent criteria for Humboldt IPA staff to comply with California's Department of Managed Health Care (DMHC) standing referral regulations for health plans. DMHC defines standing referral as a referral to a doctor or other provider for on-going treatment for a long-term disabling, degenerative or life-threatening illness including HIV (Human Immunodeficiency Virus or AIDS (Acquired Immune Deficiency Syndrome) Members may receive a Standing Specialist Referral (defined as 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 member's adherence to the regimen.

Procedure: When authorizing a referral to a specialist for the purpose of treatment for a long-term disabling or life-threatening illness including HIV (Human Immunodeficiency Virus or AIDS (Acquired Immune Deficiency Syndrome) the following criteria will be applied

Standing Referral to Specialists for Complex Conditions:

To receive a Standing Referral and ensure expertise in effective monitoring and adherence to treatment regimens, authorizations will comply with the following guidelines:

- If the PCP, specialist and Medical Director (or designee) determines that continuing care from a specialist is needed, referrals will be made based upon an agreed upon treatment plan. Decisions and notification will be made within the time frames appropriate to the condition of the member, not to exceed decisions within 3 working days of date that all necessary information is received, and referral notification within 4 working days of treatment plan agreement.
- 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. 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 under the same authorization requirements as the PCP.
- Members requiring specialized care over a prolonged period for life-threatening, degenerative or disabling conditions (including HIV or AIDS) will be allowed to be referred to specialists who have expertise in treating the condition or disease for the purpose of having the specialist coordinate the member's health care.

HIV/AIDS Specific Procedure: When authorizing a referral to a specialist for the purpose of treatment of a condition requiring care by a physician with a specialized knowledge of HIV medicine, the IPA will refer the member to an HIV/AIDS specialist meeting the criteria set forth in the CA Health & Safety Code. The following local physician(s) meet the criteria of being an HIV/AIDS specialist:

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- Gail Hovorka, MD
Mobile Health Services
707- 441-1624 and 443-46662426 Buhne Street Eureka, CA 95501

When authorizing a 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/AIDS medicine, the IPA will refer the member to an HIV/AIDS specialist upon request by the member or provider.

- Routine processes will be used for Humboldt IPA authorization request procedures for patients referred to HIV/AIDS specialists.
- The IPA will keep a log of HIV/AIDS referrals per DMHC regulations.
- The Credentialing Manager will confirm status and qualifications of known HIV/AIDS specialists at least every twelve (12) months from date of last verification.
- Updated HIV/AIDS specialist status and qualifications will be distributed by the Credentialing Manager to all appropriate staff members within 30 days of findings.
- No medical necessity criteria will be applied other than the diagnosis of HIV/AIDS in processing these standing HIV/AIDS specialist referrals.
- Regular IPA contracted providers and facilities will be accessed for HIV/AIDS specialist services if they meet the HIV/AIDS specialist criteria listed below.
- Regular claims processing procedures will be used to pay claims for HIV/AIDS specialist services.
- If a needed specialist is unavailable within the IPA's network, the PCP will refer to an out-of-network specialist who can provide appropriate specialty care to the member. Currently there are no HIV specialists as defined by the HIV Medicine Association of the Infectious Diseases Society of America (HIVM of the IDSA) and American Academy of HIV Medicine (AAHIVM) in the local network, so all referrals are made to out-of-area specialists listed on the HIV/AIDS Specialist Resource list provided by the IPA's Credentialing Manager.

Resources:

- Anthem UM Guidelines
- California Code of Regulations, Title 28
- CA Health & Safety Code 1374.16, 1367.01 & 1363.5, Insurance Code 10123.135, and Welfare and Institutions Code 14087.41
- 28 CCR 1300.74.16(e-f)CA Health & Safety Code 1374.16 (a)(b)(c)(d)

Approval	Signature	Date
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DOCUMENT HISTORY

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Developed	12/2008	Approved QMAC
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Reviewed	07/2014	
Revised	1/2015	Removed reference to The Foundation
Revised	9/2015	Updated list of local HIV physicians
Reviewed	2/2016	
Reviewed	7/2017	
Reviewed	2/2018	
Reviewed	1/2019	
Updated	9/2019	Updated list of local HIV/AIDS specialists Added procedure in maintaining and distributing specialist information
Updated	1/2020	Updated contact information of local HIV/AIDS specialists
Reviewed	3/2021	Updated specialist information