

**OLIVE VIEW-UCLA MEDICAL CENTER  
POLICY & PROCEDURE****NUMBER: 3154****VERSION: 2****SUBJECT/TITLE: STANDING REFERRALS OR EXTENDED REFERRAL TO SPECIALISTS**

**POLICY:** Managed care members with a condition or disease, including HIV and AIDS, that requires specialized medical care over a prolonged period of time and is life-threatening, degenerative, or disabling shall receive a referral to a specialist or specialty care center that has expertise in treating the condition or disease.

*Olive View-UCLA Medical Center (OVMC)* shall have procedures in which a Primary Care Physician (PCP) may request a standing referral. The referral will be made pursuant to a treatment plan developed in consultation with the PCP, specialist or specialty care center and enrollee, if a treatment plan is deemed necessary to describe the course of care.

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

**PURPOSE:** To establish a policy and implement a procedure by which a member with a condition or disease, including HIV and AIDS, that requires specialized medical care over a prolonged period of time and is life-threatening, degenerative, or disabling may receive a standing referral to a specialist, if the PCP determines in consultation with the specialist that an enrollee needs continuing care from a specialist.

**DEPARTMENTS: AMBULATORY CARE**

**DEFINITIONS:** **Referral or Specialty Service:** Referral or specialty services are those professional services not considered primary care – all physician services that are not from general internists, family physicians, and general pediatricians. If OB/GYN is considered primary care, it must be defined which OB/GYN services.

**Standing Referral or Extended Referral:** A referral by a PCP to a specialist or a specialty center for more than one visit, as indicated in the treatment plan, if any, without the PCP having to provide a specific referral for each visit.

**Specialty Care Center:** A center that is accredited or designed 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 for which it is accredited or designated.

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**Specialist:** A provider who has expertise in treating a condition or disease and meet, but not limited to, the following requirements:

- Board certified or board eligible.
- Satisfactory completion of a defined course of graduate medical education and appropriate certification in the specialty area.
- Possess special knowledge, skill and professional capability in the area of specialty.

**PROCEDURE:** OVMC's procedure for standing referral will include but is not limited to:

- Identifying appropriate specialist and specialty care centers for standing referrals, in which case ensuring that the specialty center has demonstrated sufficient expertise in treating the condition or disease.
- Determining the circumstances in which a specialist may serve as a main care coordinator of the enrollee; and
  - a) Ensuring the PCP will be responsible for basic care management and care coordination unless a specific arrangement is made for the specialist to assume this responsibility for a specific period of time.
- Developing a treatment plan, if deemed necessary, by the PCP and the specialist in collaboration with the enrollee.
  - a) A treatment plan may be deemed to be unnecessary provided a current standing referral to a specialist or the specialty care center is approved by a health plan.

Standing referrals do not require OVMC providers to refer to a specialist or a specialty care center that is not employed or contracted with DHS to provide health care services to members unless there is no specialist within the network that is appropriate to provide treatment to members as determined by the PCP in consultation with the medical director as documented in the treatment plan.

**Women's Health Specialist:**

Female members have direct access to a women's health specialist with the DHS network for covered care necessary to provide women's routine and preventive health care services. This is in addition to the members designated source of primary care if that source is not a women's health specialist. No prior authorization is required for these services.

**Enrollees with Special Health Care Needs:**

DHS/OVMC will implement mechanisms to assess each member identified by the State as having special health care needs in order to identify any ongoing special conditions of the member that requires a course of treatment or regular care monitoring.

Members with special health care needs determined through an assessment by appropriate health care professionals to need a course of treatment or regular care

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monitoring, DHS/MCS will allow members to directly access a specialist, through having a standing referral for an approved number of visits as appropriate for the enrollee's condition and identified needs.

**REFERENCES/**

**AUTHORITY:** MCS Policy & Procedure # MC-UM.0005 Standing Referrals or Extended Referral to Specialists

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Review Date: <b>06/29/2020</b>	Revision Date:
Distribution: Ambulatory Care	
Original Date: 06/29/2017	