



KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES

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| Policy Title | D-SNP Standing Referrals | Policy # | 30.68-P |
| Policy Owner | Utilization Management | Original Effective Date | 01/01/2026 |
| Revision Effective Date | | Approval Date | 11/06/2025 |
| Line of Business | <input type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Corporate | | |

I. PURPOSE

To ensure Kern Health System (KHS) complies with all applicable State Regulations pertaining to the arrangement of Standing Referrals for Members with a condition or disease that requires specialized medical care over a prolonged period by granting ongoing extended access to a specialist or specialty care center (e.g., treatment of Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (HIV/AIDS)), Cancer Treatment, Extensive Wound Care, End Stage Renal Disease (ESRD) Hemodialysis.

II. POLICY

A. KHS Members diagnosed with a condition that requires specialized medical care (e.g., Chronic Complex Co-Morbidity Conditions, Extensive Cancer Treatment, End Stage Renal Disease (ESRD), HIV/AIDS) shall have a standing referral in place for management and treatment of the condition, upon confirmation of the diagnosis.

B. Regulatory Requirements

1. A “standing referral” is defined as, two (2) or more visits to a specialist care.
2. A condition or disease that requires specialized medical care over a prolonged period of time and is life threatening, i.e., degenerative, disabling, must receive a referral to a specialist or specialty care center for the purpose of having the specialist coordinate the member’s health care.
3. California Department of Managed Health Care (DMHC) effective January 16, 2003, allows a member the right to obtain care from physicians who have a “demonstrated expertise” in treating HIV/AIDS.

- C. When authorizing a standing referral for members diagnosed with HIV/AIDS, KHS must utilize a qualified HIV Specialist.
- D. The Primary Care Physician (PCP) can refer to an out-of-network specialist if one is not available within KHS contracted provider group who can provide appropriate specialty care to the member.
- E. The member’s PCP may suggest, or a member may ask for a standing referral.
 - 1. With a standing referral no authorization is required to visit the specialist or qualified healthcare professional for up to a year or the duration of the prescribed treatment.
- F. Standing Referrals require the development of a treatment plan with coordination among PCP, Member’s Specialist, and the KHS Medical Director. The Medical Director must approve the treatment plan.

III. DEFINITIONS

| TERMS | DEFINITIONS |
|------------------------------|--|
| Standing Referral | A referral by a PCP to a specialist for more than one visit to the specialist who requires continuing specialty care over a prolonged period, and/or extended access to a specialist for a member who has a life threatening, degenerative or disabling condition that requires coordination of primary care by a specialty care physician (SCP). |
| Specialty Care Center | 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 a special expertise in treating the life-threatening disease/ condition or degenerative and disabling disease or condition for which it is accredited or designated. |
| HIV/AIDS | A physician who holds a valid, unrevoked, and unsuspended certificate to practice medicine in the State of California who meets any one of the following four (4) criteria’s: <ul style="list-style-type: none"> a. Credentialed as an HIV Specialist b. Board Certified or has earned a Certificate of Added Qualification in the field of HIV medicine. c. Board Certified in infectious diseases. Meets the qualification stated in 28 California Code of Regulations 1300.67.60(e). |

IV. PROCEDURES

A. Specialty Standing Referrals

1. Determinations for standing specialty referral must be made within three (3) business days of the date of receipt of all medically necessary information by the PCP and/or Specialist (SCP).
2. Once a determination is made, the authorization shall be issued within four (4) business days.
3. The KHS/ Medical Director or designee will review the request.
4. The initial requests for standing specialty referrals will be approved for no more than two (2) visits in accordance with established review criteria.
Authorization for the standing referral to specialists for coordination of care by specialist request may:
 - a. Limit the number of specialty visits approved.
 - b. Designate the duration of continuing care.
 - c. Require communication between the SCP and PCP or Responsible Medical Doctor (RMD).
 - d. The process of requesting further referrals, if needed.
5. The specialist is responsible for providing health care services that are within the specialist's area of expertise and training to the member following receipt of the approved standing referral.
6. The PCP shall retain responsibility for basic case management/coordination of care unless a specific arrangement is made to transfer care to the specialist for a specified period, in accordance with the PCP.

B. Extended Access to Specialty Care

1. The Member's PCP and/or SCP will submit requests for extended access to specialty care in which the SCP will coordinate the member's primary care.
2. The PCP determines in consultation with the SCP that the member requires continuing care from a specialist.
3. The initial demographic information should be included on the authorization form.
4. Requests for standing specialty referrals that will require more than two (2) visits will be approved, according to established review criteria.
5. Requests for standing specialty referral require the following criteria to be met.
6. The PCP determines the need for extended visits based upon a consultation with the specialist.
7. The condition or disease requires specialized medical care over a prolonged period.

8. The condition or disease is life threatening, degenerative, or possesses disabling factors which require the special health care needs.
 - a. Examples of qualifying conditions may include but are not limited to:
 - i. Terminal Cancer
 - ii. Acute Leukemia
 - iii. HIV infections and AIDS
 - iv. Severe and progressive neurological conditions.
 - v. Renal failure requires dialysis.

9. The requesting PCP or SCP will specify what health care services the SCP will be managing and detail those conditions that the PCP will manage.

10. The Medical Director, or designee will review the request, and the determination will be provided within two (2) working days of receipt of all the necessary medical records and information.

11. Authorization for the extended referral for coordination of care by specialist request may:
 - a. Limit the number of specialty visits approved.
 - b. Designate the duration of continuing care.
 - c. Require communication between the SCP and PCP or MD.
 - d. The process for requesting further referral, if needed.
 - e. All requests for standing specialty/extended referrals will be monitored by the Case Manager monthly, or more often as required.

12. If the member is no longer eligible for the standing referral, UM will notify the SCP or the Specialty Care Center of the member's termination of benefits.

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other Centers for Medicare and Medicaid Services (CMS), Department of Health Care Services (DHCS), and or Department of Managed Health Care (DMHC) guidance, including applicable All Plan Letters (APL)s, Health Plan Management System (HPMS) memos, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

V. ATTACHMENTS

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| Attachment A: | N/A |
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VI. REFERENCES

| Reference Type: | Specific Reference |
|------------------------|---|
| Regulatory | California Code, Health and Safety Code - HSC § 1374.16 |
| Regulatory | California Code of Regulations 1300.67.60(e). |

VII. REVISION HISTORY

| Action | Date | Brief Description of Updates | Author |
|---------------|-------------|---|---------------|
| Effective | 01/01/2026 | New Policy created to comply with D-SNP | UM |
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VIII. APPROVALS

| Committees Board (if applicable) | Date Reviewed | Date Approved |
|---|----------------------|----------------------|
| Choose an item. | | |
| Choose an item. | | |