



WESTERN HEALTH ADVANTAGE ADVANTAGE REFERRAL PROGRAM HANDBOOK

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SUMMARY OF ADVANTAGE REFERRAL PROGRAM

The Advantage Referral Program (ARP) allows WHA members to request referrals to specialists outside their primary care physician's (PCP) medical group. The program is available to members whose PCPs are part of the Hill Physicians Medical Group, Mercy Medical Group, NorthBay Healthcare, Woodland Clinic Medical Group, or Providence Medical Network.

KEY POINTS INCLUDE:

- **Referral Process:** This is member-driven. Members request referrals from their PCP to specialists in other WHA network groups. The PCP sends a written referral to the home medical group's Utilization Management (UM) department, which processes the referral within five days for routine requests or 72 hours for expedited requests.
- **Services Covered:** Initial evaluations, up to two follow-up visits, routine labs, basic office diagnostics, and plain x-rays are included without prior authorization. However, this is not an indication of maximum benefits allowed, only that the aforementioned do not require prior authorization approval. Instead, only a referral from the PCP is required.

Certain services like annual eye exams, well-woman exams, and newborn services within the first 30 days post-discharge do not require a referral.

- **Excluded Services:** Outpatient therapy, rehabilitation, ancillary services, non-acute facility services, wellness programs, and education programs are not covered under Advantage Referral.
- **Provider Participation:** All participating specialists and capitated hospitals, except those affiliated with University of California Davis, are part of the program.
- **Excluded Providers:** The Advantage referral does not include tertiary and quaternary care providers, to include, but not limited to, the University of California, San Francisco, the University of California, Davis, Sutter CPMC, Stanford Healthcare, Benioff Children's Hospital, etc.

***Note:** Referrals to those providers can be made outside of an Advantage Referral to the member's assigned medical group's Utilization Management (UM) Department and require prior authorization. UM can redirect to an in-network provider, if available.*

- **Payment Rates:** Services are reimbursed at transfer pricing rates specified in WHA provider agreements.

- **Disputes:** Provider disputes regarding eligibility or payment rates are handled through respective dispute resolution programs.

PURPOSE:

The purpose of the Advantage Referral Program is to provide a mechanism for referral, information, and claim payment when WHA members choose to utilize a participating specialist from an Away Group or, in some cases, an Away Facility for medically necessary and covered services. The program aims to offer WHA members more choices and flexibility in selecting specialty care providers, thereby enhancing their ability to access a broader range of medical services within the WHA network. Being a Western Health Advantage (WHA) member means having access to flexible, personalized care options. This program extends beyond initial visits, routine lab work, basic office diagnostics, and standard x-rays, which do not require prior authorization (only a referral from the PCP). It is not intended to imply that members have "exhausted" the Advantage Referral Program once those initial services are used. The Advantage Referral Program may be extended—with approval from the Home Group—to allow access to specialists from an Away Group when it is medically necessary for the member to see the requested specialist.

HOW CAN ENROLLEES FIND A SPECIALIST?

While the PCP will manage most of an enrollee's health care needs, they may refer the enrollee to a specialist within their own medical group when specialty care is necessary. However, members also have the option to request a referral to any eligible specialist within the WHA network through the Advantage Referral Program.

A complete list of WHA network specialists can be found in the online Provider Directory. Currently, all WHA network specialists—except those affiliated with the University of California, Davis—are included in the Advantage Referral program.

WHAT IS ADVANTAGE REFERRAL?

The Advantage Referral Program expands specialty care options for our members through partnerships with WHA's medical groups. Members can request referrals to specialists outside their assigned medical group, as long as the specialist is part of the WHA network.

If a PCP is referring a member to a specialist within their own group, the member may ask to be referred instead to a specialist from another participating WHA medical group.

HOW DOES THE REFERRAL WORK?

When a member requests an Advantage Referral, their PCP submits a written

referral to the Utilization Management (UM) department of the member's assigned medical group. The referral must include all information required by that specific medical group to ensure proper processing.

Routine referrals are typically processed within five business days, while expedited requests are completed within 72 hours. Once the referral is reviewed and approved, the home medical group sends the member a notification outlining the details of the referral.

ARE THERE ADVANTAGE REFERRAL SERVICES THAT DO NOT REQUIRE A REFERRAL?

Yes. Certain services, such as OB/GYN care for women and annual eye exams (when covered), are also included in the Advantage Referral Program. These services do **not** require a PCP referral or prior authorization, provided the specialist is within the Advantage Referral network. The member may self-refer to any OB/GYN or optometrist for these services.

EXAMPLES OF OB/GYN CARE FOR WOMEN AND ANNUAL EYE EXAMINATIONS

A member may **self-refer** to an Away Group utilizing the Advantage Referral Program, in four (4) instances:

- 1. Annual (Routine) Eye Examination** - with an optometrist or ophthalmologist (when covered); and
- 2. Annual Well-Woman Examination** – with OB/GYN. This includes services directly related to the visit, such as pap smears, insertion or removal of birth control devices/products, and other routine services typically provided during an annual well-woman exam.
- 3. Pregnancy Care** – with OB/GYN. This includes prenatal, delivery, and postnatal services.

IMPORTANT: Each Home Group must establish a process that complies with the Advantage Referral Program to prevent any barriers to care. This includes implementing a tracking system to efficiently process and pay routine prenatal claims, including ancillary services related to pregnancy (e.g., lab work, ultrasounds), delivery at the Away Hospital, and postnatal care.

- 4. Newborn Care (First 30 Days Post-Discharge)** - A newborn may receive care from a pediatrician outside the mother's Home (Delegated) Medical Group during the first 30 days after birth, as specified in Advantage Referral Program Policy & Procedures.

Note: All other services not included in the examples above will require a referral from the member's PCP, following the Advantage Referral Program.

STEP-BY-STEP FOR MEDICAL GROUP UM DEPARTMENTS

INITIAL REFERRAL:

The initial referral and associated visits define the services that are covered without requiring prior authorization. However, this does not limit the range of services available to WHA members through the Advantage Referral program.

1. The PCP evaluates and confirms medical necessity for referral to specialist.
2. The member requests to see a specialist in a different WHA medical group (referred to as the “Away Group”).
3. The PCP submits the referral to the member’s assigned medical group (the "Home Group") for tracking purposes.
4. The PCP should also indicate that the request is an “Advantage Referral” and provide the member’s reason or preference for the requested specialist.
5. The initial referral will include:
 - One consultation and up to two follow-up visits
 - Routine laboratory tests
 - Basic in-office diagnostics and plain X-rays

SUBSEQUENT SERVICES:

Subsequent services cannot be denied solely on the basis that the member has utilized the visits and services covered under the initial referral. They cannot be denied and redirected back in network. Subsequent visits only include the requirement of prior authorization approval through the home group UM. Any denial must be based strictly on medical necessity using evidence-based, standardized guidelines that include documented physician review when evaluating referrals.

Soft directs are only permitted under the following circumstances:

- The referral is not initiated by the member
 - The referral is to an out-of-network specialist
1. The specialist submits a prior authorization request to Home Group for additional office visits and/or other services, such as surgery, invasive testing.
 2. The Home Group reviews the request for medical necessity at the in-network facility utilized by the specialist.
 3. If the requested service is deemed medically necessary and a covered benefit, the Home Group issues authorization to specialist in the other WHA medical group (Away Group).
 4. The following services are **excluded** from the Advantage Referral program:
 - Outpatient ancillary services (e.g. DME, therapy, home health, etc.)
 - Non-acute facility services, (e.g. SNF or other step-down facilities/care)
 5. If a request is received for a service not covered under the Advantage Referral Program, the Home Group UM will deny the request as out-of-

network and redirect the service to a provider within the Home Group.

WHA NETWORK FACILITY OUTSIDE THE HOME GROUP (AWAY FACILITY):

1. Authorization for Services at an Away Facility

Authorization requests for services—such as surgery—at an Away Facility should be approved if the services are medically necessary and fall within the scope of the Advantage Referral Program.

2. Emergency admissions at an Away Facility

If a member is admitted to an Away Facility on an emergency basis and becomes stable for transfer, they may request to remain at that facility. The Home Group will then review the request to determine medical necessity.

ADVANTAGE REFERRAL PROGRAM FAQs

Q: Are medical groups required to seek the member's input for every specialist referral?

A: No. The Advantage Referral program is initiated when a member proactively requests a referral from their PCP to a specific specialist in an Away Group. Additionally, if a medical group refers a member to a specialist because the group cannot provide the medically necessary service, this is **not** considered an Advantage Referral.

Q: Is special paperwork required for an Advantage Referral?

A: Yes. The Home Group's Utilization Management (UM) team must enter a tracking number into the system to designate the referral as an Advantage Referral. We also recommend the Home Group track all incoming and outgoing Advantage Referrals.

Q: How can the Home Group determine if a hospital or Ambulatory Surgery Center is in the WHA network?

A: WHA's Provider Directory, available on the WHA website, lists all participating hospitals, Ambulatory Surgery Centers, and providers. Additionally, the Advantage Referral Policy & Procedure includes a list of WHA network hospitals. Home Groups may also contact the Away Group directly to confirm a provider or facility's network status. See the *Contacts* section in this handbook for more information.

Q: Does the Advantage Referral Program cover non-participating (out-of-network) specialists or tertiary providers (e.g. UCSF or UCD)?

A: No.

Q: Can the Home Group use the Advantage Referral if they cannot provide the services within their own group or network of providers?

A: No. If the services are not available within the Home Group, this is not considered an Advantage Referral. The Home Group must review based on whether services are medically necessary and if not available within group, must be authorized to an Away Specialist or an out-of-network (non-participating) provider.

Q: Does a member need a referral to an optometrist or ophthalmologist in an Away Group for an annual eye exams?

A: No. Members may self-refer if they have the annual examination benefit with WHA and do not need a referral from their PCP. Please see page 6.

Q: Does a member need a referral to an OB/GYN in an Away Group for her well-woman examination or if it's related to pregnancy?

A: No. Members may self-refer and do not need a referral from their PCP. Please see page 6.

Q: Does a member need a referral to an OB/GYN in an Away Group for infertility, hormones, GYN infection or early GYN cancer?

A: Yes. If services are not related to a well-women exam or pregnancy, the referral process follows the same as all other specialty requested services under the Advantage Referral Program.

Q: Can a member be redirected back to a Home Group specialist?

A: No. If the service is medically necessary and a covered benefit, the member must be allowed to continue receiving care from the Away Group specialist.

Q: Can a request from an Away Group specialist be denied?

A: Yes, but *only* if the requested service is **not** medically necessary, **not** a covered benefit, or **not** included in the Advantage Referral Program (see **Excluded Services** on page 4). In such cases, the request should be denied.

Q: Can a member seek care for a new diagnosis under the same Advantage Referral?

A: No. A member may not seek care for a new diagnosis under the same Advantage Referral. A new Advantage Referral must be requested for any new diagnosis or condition.

WHA AND MEDICAL GROUP UM CONTACTS

Hill Physicians Medical Group		
Marie London UM Director	EMAIL PHONE FAX	Marie.London@hpmg.com (323) 835-5579 (323) 835-5579
Carl Corso UM Manager	EMAIL PHONE FAX	Carl.Corso@hpmg.com (916) 643-7124 (916) 643-7124
Mercy Medical Group		
Kathy Nipper-Johnson Sr. Director of UM and Continuing Care GSSA	EMAIL PHONE FAX	Kathy.Nipper-Johnson@Commonspirit.org (916) 389-8073 (916) 859-1411
Terri Taylor UM Manager	EMAIL PHONE FAX	Teresa.Taylor@commonspirit.org (916) 631-3527 (916) 859-1411
Kim Grider UM Supervisor	EMAIL PHONE FAX	Kimberly.Grider@commonspirit.org (916) 851-2564 (916) 859-1411
NorthBay Healthcare		
Jessica Coyne-Lowe UM, Pop Health & CDI Manager	EMAIL PHONE FAX	JCoyne-Lowe@NorthBay.org (707) 624-7646
Maureen Deeb UM/CM	EMAIL PHONE FAX	MDeeb@NorthBay.org (707) 646-4239 (707) 646-5114
Providence Medical Network		
Alik Apikian UM Director, MSO	EMAIL PHONE FAX	alick.apikian@providence.org (805) 730-0585
Colleen Monfross Regional Director of Operations	EMAIL PHONE FAX	colleen.monfross@stjoe.org (707) 387-3936
Western Health Advantage		
Dao Somera Utilization Operations Director	EMAIL PHONE FAX	d.somera@westernhealth.com (916) 563-2286 (916) 568-0278
Molly Coe UM Supervisor	EMAIL PHONE FAX	m.coe@westernhealth.com (916) 437-3278 (916) 568-0278
Alejandro Vasquez Clinical Resources Intake Supervisor	EMAIL PHONE FAX	al.vasquez@westernhealth.com (916) 563-2274 (916) 568-0278
Woodland Clinic Medical Group		
Kathy Nipper-Johnson Sr. Director of UM and Continuing Care GSSA	EMAIL PHONE FAX	Kathy.Nipper-Johnson@Commonspirit.org (916) 389-8073 (916) 859-1411
Terri Taylor UM Manager	EMAIL PHONE FAX	Teresa.Taylor@commonspirit.org (916) 631-3527 (916) 859-1411
Kim Grider UM Supervisor	EMAIL PHONE FAX	Kimberly.Grider@commonspirit.org (916) 851-2564 (916) 859-1411

ADVANTAGE REFERRAL POLICY & PROCEDURE

Title:	UM-Clinical Resources-POL-Advantage Referral Program		
Department:	Utilization Management	Release Date:	10/29/2020
Version:	7	Enabling Regulations:	NA
Applicable Business:	Medical Management	Owner:	Medical Management
APPROVED BY:			

1) PURPOSE

This policy establishes a process for referrals, information sharing, and—when applicable—claim payments when Western Health Advantage (“WHA” or “Plan”) members choose to receive services from a Participating Specialist affiliated with an Away Group, and in certain cases, an Away Facility. The goal is to ensure access to medically necessary, covered services in alignment with the member’s benefit plan, while enhancing member choice and maintaining WHA’s competitive position in the marketplace through expanded access to Participating Specialists and Capitated Facilities.

2) SCOPE

This policy applies to Commercial and Exchange membership, as applicable.

3) RESPONSIBILITY

Not applicable.

4) POLICY

The Advantage Referral Program (“Program” or “Policy”) is a supplemental access option offered by Western Health Advantage (WHA) to eligible members. This Program excludes specialists affiliated with the University of California Davis (UCD), and is not available to members who are enrolled with UCD Primary Care Physicians (PCPs).

For all other eligible members, the Program is designed to expand access to Participating Specialists and Capitated Facilities as outlined in Matrix #3. While WHA has established provider agreements requiring Delegated Groups and Delegated Facilities to participate in the Advantage Referral Program, participation is not guaranteed at all times, nor is the inclusion of all providers assured. WHA reserves the right to modify, limit, or reduce the number and

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type of Participating Specialists and providers available through the Program at its sole discretion.

5) DEFINITIONS

Term	Definition
Advantage Referral Specialist	A Participating Specialist within a Delegated Medical Group; includes those Participating Specialists subcontracted to the Delegated Medical Group.
Advantage Referral Transfer Pricing Rate	The rate that Delegated Medical Groups and Capitated Hospitals have included within their WHA provider agreements or in separate agreements addressing transfer pricing.
Away Facility	A Capitated Hospital that is not aligned with the PCP's Delegated Medical Group for the purposes of WHA capitation.
Away Group	A Delegated Medical Group, which is not the Delegated Medical Group within which the PCP practices.
Capitated Hospital	An acute care hospital, acute rehabilitation center, or ambulatory surgery center that is aligned with a Delegated Medical Group for the purposes of WHA capitation payments and risk as set forth on Matrix #3. Capitated Hospital does not include non-acute facilities, such as Skilled Nursing Facilities and other non-acute step-down facilities.
Delegated Medical Group	Hill Physicians Medical Group (Sacramento and Solano), Mercy Medical Group, NorthBay Medical Group, Providence Medical Network, and Woodland Clinic Medical Group (See Matrix #3).
Home Facility	A Capitated Hospital that is aligned with the PCP's Delegated Medical Group for the purposes of WHA capitation payments and risk as set forth on Matrix #3.
Home Group	The Delegated Medical Group within which the PCP practices. Newborns are automatically assigned to Mom's Home Group until a PCP is selected, which typically occurs effective the first of the month following the thirty-day period after birth.
Network	A Delegated Medical Group's PCPs, specialists, ancillary providers and facilities that are available to WHA members and reported to WHA by the Delegated Medical group for

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Term	Definition
	publication in WHA’s provider directory. Note UCD providers are not available through Advantage Referral.
Participating Specialist	A specialist physician that is part of a Delegated Medical Group Network. Participating Specialist also means any Away Group pediatrician (that is, a pediatrician not within Mom’s Delegated Medical Group) for a newborn post-discharge and through the thirty-day period following birth.
Plan	Western Health Advantage (“WHA”)
Primary Care Physician (“PCP”)	The Primary Care Physician to which the Member is assigned.

6) PROVIDER PARTICIPATION

The Advantage Referral Program applies to all Western Health Advantage (WHA) enrollees except those assigned to a University of California Davis (UCD) Primary Care Physician (PCP). All Participating Specialists and Capitated Hospitals—excluding UCD Medical Group, UCD Medical Center, and related providers—are automatically included in the Advantage Referral Program, as defined in this policy.

All Delegated Medical Groups, Capitated Hospitals, and other contracted providers are required to comply with the terms of their respective provider agreements with WHA, including provisions related to participation in the Advantage Referral Program.

Participation Updates:

Unless otherwise stated, the intent of the Advantage Referral Program is for all eligible providers within the WHA network to participate. When provider groups or hospitals are added to or removed from WHA’s network, this document will be updated accordingly to reflect those changes. WHA will not seek external approval for updates related solely to provider participation status. Participation is effective as of the provider’s official addition to or termination from the WHA network.

Member Communication and Marketing:

Responsibility for marketing and educational outreach regarding the Advantage Referral Program lies with WHA, in collaboration with the marketing departments of its Delegated Medical Groups.

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7) OVERVIEW OF ADVANTAGE REFERRAL

The Advantage Referral Program is a unique component of Western Health Advantage (WHA)'s delivery model that allows members to access Participating Specialists outside of their assigned Home Group. Advantage Referrals are distinct from traditional referrals based on the following four key characteristics:

1. Member-Initiated, In-Network Preference

The referral is initiated at the request of the member, who asks their Primary Care Physician (PCP) to refer them to a Participating Specialist within WHA's network, but outside of the member's Home Group—typically for reasons of preference or convenience.

- Referrals outside of WHA's network do not qualify as Advantage Referrals.
- Referrals initiated by the PCP due to lack of availability of medically necessary services within the Home Group are also not considered Advantage Referrals.

2. Availability of Services Within the Home Group

Advantage Referrals apply only when the requested service is already available within the member's Home Group network. In other words, the service could have been delivered by the Home Group but is instead requested from another Delegated Medical Group.

- Matrix #1 – AR Specialty Matrix outlines the available specialties within each Delegated Medical Group.
- It is the responsibility of each Delegated Medical Group to notify WHA when a new specialty is added, ensuring that Matrix #1 remains current.

3. Reimbursement at Transfer Pricing Rates

Advantage Referral services are reimbursed to the Away Group or Away Facility at the applicable transfer pricing rates as defined in WHA's provider agreements.

4. Newborn Pediatric Services Exception

For newborns covered under the mother's WHA plan, parents may directly obtain pediatric services from a specialist outside of the mother's PCP's Delegated Medical Group. This does not require a PCP referral and is addressed in more detail within this policy.

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Additional Considerations

- If a PCP determines that specialist care is medically necessary and the service is covered under the member’s benefit plan, the member may request referral to a Participating Specialist in an Away Group under the Advantage Referral Program.
- If the referred Participating Specialist identifies the need for facility-based or additional specialty services, those services may be provided by the associated Away Facility or within the Away Delegated Medical Group, subject to the guidelines outlined in this policy.
- **Prior authorization is not required** for initial Advantage Referrals, unless specifically stated otherwise in this document.

Ongoing Care:

Following the initial visit(s) authorized through the Advantage Referral, **Home Groups may not deny continued care with the WHA Participating Specialist** unless there is a determination that the services are **not medically necessary**. Denials may only be issued on the basis of medical necessity and **not** solely due to the member seeking care outside of their Home Group.

Documentation and Tracking

- The PCP must document the referral in the Home Group’s authorization system to generate a tracking number.
- This tracking number enables WHA to monitor and differentiate Advantage Referrals from standard referrals.
- The tracking number is issued by the Utilization Management (UM) department—or its designee—upon receipt of the referral documentation from the PCP.

Accurate tracking supports both reporting and proper adjudication of related claims.

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8) SCOPE OF SERVICES AVAILABLE UNDER ADVANTAGE REFERRAL

1. SPECIALIST AND BASIC DIAGNOSTIC

The initial Advantage Referral to the Away Group Advantage Referral Specialist is valid for the initial evaluation, up to two follow-up visits, and any routine laboratory (excluding genetic testing) or plain x-ray radiological studies limited to those diagnostic services set forth on Matrix #2 – Specialty Test Matrix, Column 2. The intent of this provision is to include in Advantage Referral all tests that occur as part of the office visit.

Post-Initial Services and Authorization Requirements:

After the initial evaluation, the Advantage Referral will also include coverage for:

- **Up to two (2) follow-up visits** with the Advantage Referral specialist, and
- **Routine laboratory tests** (excluding genetic testing) and
- **Plain x-ray radiological studies**, limited to the diagnostic services listed in *Matrix #2 – Specialty Test Matrix, Column 2*.

The intent of this provision is to encompass all routine diagnostic tests and services that typically occur as part of the office visit experience.

After these initial services are completed, **any additional services or visits require submission of an authorization request to the Home Group**. The Home Group's review of the authorization request must be **based solely on medical necessity**.

- **Home Groups may not deny continuation of care** based on whether the requested services are available within their own network.
- Denials are permissible **only** if the services are determined to be **not medically necessary**.

Newborns only: Office visits and related services with an Away Group pediatrician are available only after discharge from the hospital and through the thirty-day period after birth. The initial Advantage Referral to the Away Group Advantage Referral Specialist (pediatrician only) is valid for the initial evaluation, all office visits, and any routine laboratory (excluding genetic testing) or plain x-ray radiological studies limited to those diagnostic services set forth on Matrix #2 – Specialty Test Matrix, Column 2. The intent of this provision is to include in Advantage Referral all tests that occur as part of the office visit.

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8.1.1 SCHEDULED DIAGNOSTIC TESTS AND PROCEDURES

Diagnostic tests and procedures listed in Matrix #2, Column 3 may be performed by the Away Group Advantage Referral Specialist upon receipt of prior authorization from the Home Group’s Utilization Management (UM) department. Prior authorization requests for these services are reviewed for medical necessity. The Home Group may not require the member to have these services at the Home Group or Home Facility. The intent of this provision is to include such tests / procedures under the Advantage Referral, but allow the Home Group the opportunity to review for medical necessity.

8.1.2 SURGERIES AND OTHER PROCEDURES

Surgical and other procedures not listed in Matrix #2 require prior authorization for determination of medical necessity by the Home Group’s UM department. If prior authorization is granted, the Away Group’s Advantage Referral Specialist may perform the surgical procedure or other procedures at either the Away Facility or at the PCP’s Home Facility at the choice of the treating Advantage Referral Specialist. If the request is denied, the denial letter must contain suggestions for alternative recommendations (i.e., second opinion, alternate testing, etc.). Denials can only be issued for lack of medical necessity or for non-covered benefits. The Home Group may not require the member to have these services at the Home Group or Home Facility.

Newborn Exception: No prior authorization is required for circumcision of a newborn (regardless of whether the newborn is discharged) who is covered under Mom’s WHA coverage, within the first thirty days after birth. All other requirements of this Policy apply.

8.1.3 SECOND OPINIONS

Second opinions performed by an Away Group Advantage Referral Specialist are covered under Advantage Referral, provided the second opinion was available within the Home Group.

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9) SCOPE OF SERVICES NOT AVAILABLE UNDER ADVANTAGE REFERRAL

1. THERAPY, REHABILITATION AND ANCILLARY SERVICES

Inpatient Acute Rehab is included under Advantage Referral at an Away Group's Facility.

Outpatient therapy, rehabilitation, and ancillary services are not covered by Advantage Referral. Members must receive these services from their Home Group's network, even if the member is under care by an Away Group Advantage Referral Specialist. Services that are not covered under Advantage Referral include:

- PT, ST, OT
- Cardiac and pulmonary rehab
- Home Health care / home infusion
- Durable Medical Equipment (DME), orthotics, prosthetics
- Dialysis

9.1.1 NON-ACUTE FACILITY SERVICES

Non-acute facilities, such as Skilled Nursing Facilities and other non-acute step-down facilities are not covered by Advantage Referral. Members must receive these services through their Home Group.

2. WELLNESS AND EDUCATION PROGRAMS

Wellness programs, such as diabetic education or monitoring programs, nutritional services and education, and other educational programs are not covered under Advantage Referral. Members are limited to the services and education provided by their Home Group.

10) ADVANTAGE REFERRAL SERVICES THAT DO NOT REQUIRE A REFERRAL

A member may **self-refer** to an Away Group utilizing the Advantage Referral Program, in four (4) instances:

1. **Annual (Routine) Eye Examination** - with an optometrist or ophthalmologist (when covered); and

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2. **Annual Well-Woman Examination** – with OB/GYN. This includes services directly related to the visit, such as pap smears, insertion or removal of birth control devices/products, and other routine services typically provided during an annual well-woman exam.
3. **Pregnancy Care** – with OB/GYN. This includes prenatal, delivery, and postnatal services.
4. **Newborn Care (First 30 Days Post-Discharge)** - A newborn may receive care from a pediatrician outside the mother’s Home (Delegated) Medical Group during the first 30 days after birth, as specified in Advantage Referral Program Policy & Procedures.

IMPORTANT: Each Home Group must establish a process that complies with the Advantage Referral Program to prevent any barriers to care. This includes implementing a tracking system to efficiently process and pay routine prenatal claims, including ancillary services related to pregnancy (e.g., lab work, ultrasounds), delivery at the Away Hospital, and postnatal care.

11) HOSPITAL SERVICES POST-STABILIZATION

When a member admitted to an Away Facility (via ER or otherwise) is stable for transfer to the Home Facility as determined by the treating physician, the member may elect to remain in the Away Facility for continuing medically necessary treatment. This is covered under Advantage Referral. Where WHA Advantage Referral Transfer Pricing is applicable, these transfer pricing rates apply for services received after the member is deemed stable. Services received prior to stabilization are not covered under Advantage Referral. The Home Group may assign the member to a case manager and implement their standard procedures for conducting concurrent review.

Reimbursement rates for obstetrical care and newborn care should be based on whether mom and/or baby are at a Home Facility or Away Facility. Mom and baby may be linked to different medical groups so it is important to evaluate whether the care is covered under Advantage Referral.

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12) PAYMENT RATES

Advantage Referral services are reimbursed to the Away Group or Away Facility at the transfer pricing rates in the WHA provider agreements.

For all other Delegated Medical Groups and Capitated Hospitals, see the WHA Advantage Referral Reimbursement Scenarios document for the structure of reimbursement rates for Advantage Referrals.

The existence of a WHA contracted rate does not always supersede the applicability of other contracted rates that may be in place between two providers. Providers are always free to enter into their own contracts. Providers should consult their legal counsel if they have concerns about the applicability of a contracted rate.

13) PROVIDER DISPUTES

If the Home Group / Home Facility and the Away Group / Away Facility, have a dispute concerning whether a particular referral was eligible as an Advantage Referral, the disputing provider should submit its dispute to the provider dispute resolution program of the other provider. If the disputing provider is dissatisfied with the resolution, the disputing provider may submit the dispute to WHA's provider dispute resolution for determination of whether the care is covered under Advantage Referral. If the dispute relates to the proper rate of payment under one or more contracts or other agreements directly between the two entities, the dispute should not be submitted to WHA.

1. PROCEDURE

- a. WHA requires that all Delegated Medical Groups have their own policies and procedures in place pertaining to, and incorporating information contained in this policy. The group's Advantage Referral policy must be available for review by WHA upon request and/or at the time of a delegation oversight audit.
- b. Delegated Medical Groups must follow the following procedures :

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- i. If Home Group’s PCP refers member to either a Home Group specialist within Home Group’s Network, but the member elects to obtain services from an Away Group’s Advantage Referral Specialist, this must be treated as an Advantage Referral.

- ii. PCP submits an Advantage Referral to be entered into the Home Group’s authorization system for a “tracking number” to be assigned to ensure appropriate claims payment. (Note: no prior authorization approval is needed for the initial referral; see Scope of Services above for services included in the Advantage Referral).

- iii. If additional or non-routine care or services are required from the Away Group (e.g., surgery, scheduled diagnostic services such as an MRI, etc.), prior authorization must be obtained from the Home Group. Denials can only be issued based on the fact the request was not medically necessary or not a covered benefit. Claims for retrospective requests may be denied for lack of prior authorization. See above for details.
 1. When a member is admitted to an in area Away Facility as an emergency or as a trauma case, the Away Group’s UM/CM staff will notify the Home Group’s UM department, communicating all pertinent information necessary to generate the “tracking number”. Once the member is stable for transfer, the member may elect to remain in the Away Facility under Advantage Referral. During the admission, the Away Group’s UM staff communicates changes in the member’s condition, extended length of stay and other issues, which may be pertinent to discharge planning to the Home Group to ensure continuity of care upon discharge.

 2. When a member is admitted to an Away Facility outside of Home Group’s service area as an emergency or as a trauma case, the Away Group’s UM/CM staff will notify **WHA** of the admission. Once the member is stable for transfer, the Home Group will be at risk. The member may elect to remain in the Away Facility under Advantage Referral. During the admission, the Away Group’s UM staff communicates changes in the member’s condition, extended length of stay and other issues, which may be pertinent to discharge planning to the Home Group to ensure continuity of care upon discharge.

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3. If the member shows up at the Away Group’s Advantage Referral Specialist office without a tracking number, the Away Group’s Advantage Referral Specialist’s office staff will contact the Home Group’s UM department for directions on case handling. Note that self-referral for annual eye exam (when covered), annual well woman exam, and newborn services detailed in this Policy are always covered under Advantage Referral. If there are questions about the Advantage Referral system in general, the Away Group’s Advantage Referral Specialist may contact his/her own UM department or WHA for information.

14) EXCEPTIONS:

Deviations from this policy must follow the applicable exception approval process.

15) ENFORCEMENT:

Violation of this policy may result in disciplinary action, up to and including termination of employment, termination of contract and civil, and in some cases, criminal prosecution.

16) REFERENCE(S):

Advantage Referral Matrix #1 – Advantage Referral Specialty Matrix

Advantage Referral Matrix #2 - Advantage Referral Specialty Tests Matrix

Advantage Referral Matrix #3 - Delegated Medical Groups and aligned Capitated Hospitals Matrix

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17) APPENDIX

	Dignity / Mercy	Woodland	NorthBay	Hill Physicians	Providence
Allergy	X	X		X	X
Anesthesia			X	X	X
Cardiac Surgery	X		X	X	X
Cardiology	X	X	X	X	X
Dermatology	X	X		X	X
Endocrinology	X	X	X	X	X
ENT	X	X	X	X	X
Gastroenterology	X	X	X	X	X
General Surgery	X	X	X	X	X
Geriatrics	X			X	X
Gynecology	X	X	X	X	X
Hand Surgery			X	X	X
Heme/Onc	X	X	X	X	X
Hospital-Based Physicians	X		X		X
Infectious Disease	X	X	X	X	X
Infertility	X	X (Basic Only)	X	X	X
Lab (Out-Patient)	X	X	X	X	X
Mental Health	X	X	X		X
Neonatology			X	X	X
Nephrology		X		X	X
Neuro Critical Care	X		X		X
Neurology	X	X	X	X	X
Neurosurgery		X	X	X	X
Obstetrics	X	X	X	X	X
Ophthalmology	X	X		X	X
Orthopedic Surgery	X	X	X	X	X
Pain Medicine	X	X	X	X	X
Pathology		X		X	X
Pediatrics (for	X	X	X	X	X

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	Dignity / Mercy	Woodland	NorthBay	Hill Physicians	Providence
newborn provisions of this Policy)					
Pediatric Rheumatology	X				X
Physical Medicine and Rehabilitation	X		X	X	X
Plastic Surgery (Including Breast Reconstruction)	X		X	X	X
Podiatry	X		X	X	X
Pulmonary Disease – Critical Care	X	X	X	X	X
Radiology	X (Out-Patient Only)	X	X	X	X
Rheumatology	X	X	X	X	X
Sports Medicine	X		X		X
Therapeutic Radiology	X		X	X	X
Thoracic Surgery	X	X	X	X	X
Urology	X	X	X	X	X
Vascular Surgery	X	X	X	X	X
Wound Care			X	X	X
X-Ray (Out-Patient)	X	X	X	X	X

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Matrix #2: AR Specialty Test Matrix		
	Office-Based Tests and Services Included with Initial Referral Without Prior Authorization	Prior Authorization Needed (For Medical Necessity Only)
ALL Specialties	Lab and Plain X-ray Radiology for all Referrals –excludes lab for genetic testing	Genetic Testing
Allergy	PFT, Skin Tests	CT,MRI,NM
Cardiology	ETT, Echo, Holter	Cath, Thallium T.,PTCA,CT,MRI,NM
Dermatology	Biopsy, Removal (non-cosmetic)	Possible Cosmetic Procedure
Endocrinology	FNA Thyroid nodule	Nuc. Med, CT, MRI
ENT	Audiogram, Nasolaryngoscopy, Tympanogram	ENG, Surg., CT,MRI
Gastroenterology	Sigmoidoscopy (office)	Proced., CT,MRI,UGI,BE, ph Prob.
General Surgery	Biopsy, FNA	Proced. CT,NM
Gynecology	Culposcopy, office USG	Proced. HSG,USG
Heme/Onc	Bone Marrow Biopsy	CT,MR,NM,PET
Infectious Disease		CT,MRI,NM
Infertility		All non-basic testing and proced.
Mental Health		Psych Testing, MRI,CT
Nephrology		Renal Biopsy, Dialysis
Neurology	EMG	EEG,Spinal Tap,CT,MRI
Neurosurgery		Proced.CT,MRI
Obstetrics	OB Global, Pre-Natal Screen,USG	
Ophthalmology	VF,Fluorescein Angiography	Proced.CT,MRI
Orthopedic Surgery		CT,MRI,NM
Pediatrics (for newborn provisions of this Policy)	Circumcision within first thirty days. Office visits and related services are available post-discharge from the hospital and up through the thirty-day period after birth.	
Pediatric Rheumatology		
Physical Medicine and Rehabilitation	EMG	CT,MRI

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Matrix #2: AR Specialty Test Matrix		
	Office-Based Tests and Services Included with Initial Referral Without Prior Authorization	Prior Authorization Needed (For Medical Necessity Only)
Plastic Surgery		Proced.
Pulmonary Disease	PFT, Skin Tests	CT, MRI,
Rheumatology		CT, MRI
Thoracic Surgery		CT, MRI
Vascular Surgery		Angiography, NI Vasc.
Urology	Cysto (office), USG Prostate Biopsy	Proced. IVP, CT, MRI, MN

Matrix #3: Capitated Medical Groups and Aligned Capitated Hospitals	
Hill Physicians Medical Group	Mercy San Juan, Mercy General, Mercy Folsom, Methodist Hospital
Mercy Medical Group	Mercy San Juan, Mercy General, Mercy Folsom, Methodist Hospital
NorthBay Healthcare	VacaValley Hospital, Fairfield Hospital
Providence Medical Network	Santa Rosa Memorial, Queen of the Valley, Petaluma Valley Hospital, Healdsburg District Hospital
Woodland Clinic Medical Group	Woodland Memorial Hospital

18) REVISION HISTORY:

Date	Vers	Section – Page	Change Description
June 2019	1	Throughout.	Extensive clarification as to participants, including references to Canopy, and other clarifications.
Sept 2019	2	Page 3; Matrix 2, Matrix 3	New language that future additions / deletions of WHA capitated/delegated providers to this Policy will be automatic. Added St. Joseph Health Medical Network.
Jan 2020	3	Throughout.	Added newborn provisions for services with an Away Group pediatrician; deleted references to Canopy; added Network definition.
Oct 2020	4	Throughout	Minor cleanup, removal of UCD, addition of Hill Solano, Medicare references added.
June 2023	5	Throughout	Minor cleanup, which mostly consisted for formatting.
June 2024	6	Review Only	Review Only
April 2025	7	Updates	Extensive clarification and removal of Meritage and Medicare references.