

WESTERN HEALTH ADVANTAGE ADVANTAGE REFERRAL HANDBOOK

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SUMMARY OF ADVANTAGE REFERRAL

Membership with Western Health Advantage means choices and flexibility for specialty care. WHA's unique Advantage Referral program allows an enrollee to request that her primary care physician (PCP) refer her to many of the specialists in our network, not just within the enrollees' home medical group.

WHO HAS ACCESS TO ADVANTAGE REFERRAL?

Members whose PCPs are Hill Physicians Medical Group, Mercy Medical Group, Meritage Medical Network, NorthBay Healthcare, Woodland Clinic Medical Group and St. Joseph Health Medical Network are eligible for Advantage Referral.

WHAT IS ADVANTAGE REFERRAL?

Our partnership with our medical groups expands choices of specialty physicians. With Advantage Referral, eligible enrollees have access to specialists who are outside their own assigned medical group. If an enrollee's PCP is referring her to specialty services within the PCP's own group, an enrollee can ask her PCP to refer her to any of the specialists participating in the Advantage Referral program.

OB/GYN services for women and annual eye exams (when covered) are included in the Advantage Referral program. These services do not require a PCP referral or prior authorization, as long as the specialist is in the Advantage Referral program.

HOW CAN ENROLLEES FIND A SPECIALIST?

While the PCP will treat most health care needs, if the PCP determines that the enrollee requires specialty care, the PCP will refer enrollee to an appropriate provider within the PCP's own medical group. The enrollee may request to be referred to any of the WHA network specialists in the Advantage Referral program. Specialists are listed in WHA's online Provider Directory. At this time, all specialists in the WHA network (excluding University of California, Davis specialists), are included in Advantage Referral.

HOW DOES THE REFERRAL WORK?

Once the member requests an Advantage Referral, the PCP sends a written referral to her own medical group's Utilization Management department. A referral takes five days to complete for routine requests and 72 hours for an expedited request. Once the referral is processed, the home medical group sends notification with details of the referral.

ADVANTAGE REFERRAL POLICY & PROCEDURE

Title:	UM-Clinical Resources-POL-Advantage Referral Program		
Department:	Utilization Management	Release Date:	10/29/2020
Version:	4	Enabling Regulations:	NA
Applicable Business:	Medical Management	Owner:	Medical Management
APPROVED BY:			

1) **PURPOSE**

To provide a mechanism for referral, information and, where appropriate, claim payment when WHA members elect to utilize a Western Health Advantage (“WHA” or “Plan”) Participating Specialist of an Away Group, and, in some cases, an Away Facility, for medical services that are medically necessary and covered by the member’s benefit plan. The objective of this policy is to remain competitive in the market and allow WHA members the ability to exercise choice of Participating Specialists and Capitated Facilities.

2) **SCOPE:**

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

3) **RESPONSIBILITY:**

Not applicable.

4) **POLICY:**

The Advantage Referral Program (“Program” or “Policy”) does not include University of California Davis specialists and is not available to WHA members enrolled with UCD PCPs. For all other members, it is a special program that WHA maintains for members; however, WHA does not guarantee that Advantage Referral will be available at all times or that all providers will be included in Advantage Referral. While WHA intends for the members’ choice of Participating Specialists to include the entire physician and hospital networks described in Matrix #3, and has entered into provider agreements obligating its Delegated Groups and Delegated Facilities to participate, WHA retains the right to reduce the number and type of Participating Specialists and other providers who are available through Advantage Referral.

a. **DEFINITIONS**

Term	Definition
Advantage Referral Specialist	A Participating Specialist within a Delegated Medical Group; includes those Participating Specialists subcontracted to the Delegated Medical Group.

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Term	Definition
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	Mercy Medical Group, Woodland Clinic Medical Group, NorthBay Medical Group, St. Joseph Health Medical Network, Hill Physicians Medical Group (Sacramento and Solano), Meritage Medical Network (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 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.

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b. PROVIDER PARTICIPATION

Advantage Referral applies to all enrollees except those assigned to a UCD PCP. All Participating Specialists and Capitated Hospitals (except University of California Davis Medical Group, Medical Center and related providers), are automatically part of Advantage Referral as described in this document. All Delegated Medical Groups, Capitated Hospitals and other contracted providers, are bound by the terms of their respective provider agreements with WHA with respect to participation in Advantage Referral.

Note: Except as noted, the intent of the Advantage Referral program is that all providers participate. If and when provider groups or hospitals are added to or terminated from WHA's network, the appropriate revisions will be made to this document to add or delete participating hospitals and provider groups. WHA will not seek approval for this type of change in the document. Status of participation in Advantage Referral will be as of the date that the provider is added to or terminated from the WHA network.

Marketing and educational efforts to members about the Advantage Referral Program are the responsibility of the Plan, in conjunction with the Delegated Medical Groups' marketing departments.

c. OVERVIEW OF ADVANTAGE REFERRAL

Four factors distinguish an Advantage Referral from other out-of-network¹referrals:

1. The member requests that the PCP make a referral to a Participating Specialist that is not part of the member's Home Group but is part of a Delegated Medical Group, based on the member's preference or convenience. A referral outside of WHA's network is not an Advantage Referral; a referral at the request of the PCP because the PCP's Home Group does not have a medically necessary service available is not an Advantage Referral; and
2. The Home Group has the service available within its own network. Only those services that could have been performed by the Home Group, are eligible for Advantage Referral. Matrix #1 - AR Specialty Matrix sets forth the specialties available at each Delegated

¹ Out-of-network here means outside of the member's Home Group, not outside of WHA's network.

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Medical Group. It is the responsibility of each Delegated Medical Group to notify WHA if it adds a specialty to its network so that Matrix #1 can be updated; and

3. Advantage Referral services are reimbursed to the Away Group or Away Facility at the transfer pricing rates in the WHA provider agreements.
4. For a newborn who is covered under Mom’s WHA coverage, the parent may obtain services from a pediatrician that is not in Mom’s PCP’s Delegated Medical Group as set forth in detail below. This does not require a referral from any PCP.

If the PCP has determined that a specialist referral is medically necessary and that the specialist services are covered by the Plan, a member may request that the PCP refer the member to an Away Group Advantage Referral Specialist. If the Participating Advantage Referral Specialist determines that facility services or other services are required, a member may, under certain circumstances described in this document, have the services performed by the Away Hospital and other providers within the Away Delegated Medical Group and Away Capitated Hospital Networks.

An initial Advantage Referral does not require prior authorization except as provided in this document. The Advantage Referral is made by the PCP at the request of the member. The Advantage Referral must be data entered into the Home Group’s authorization system for the issuance of a “tracking number.” This assignment of a “tracking number” allows tracking of Advantage Referrals versus regular referrals. The tracking number also enables appropriate adjudication of claims. The “tracking number” is issued by the Home Group’s UM department or its designee department upon receipt of a copy of the referral from the PCP.

d. SCOPE OF SERVICES AVAILABLE UNDER ADVANTAGE REFERRAL

i. 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.

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

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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.

ii. 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.

iii. 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.

iv. THERAPY, REHABILITATION AND ANCILLARY SERVICES

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

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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

v. 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.

vi. 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.

vii. 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.

e. ADVANTAGE REFERRAL SERVICES THAT DO NOT REQUIRE A REFERRAL

i. CERTAIN SELF REFERRALS

A member may go to an Away Group Advantage Referral Specialist without a PCP referral in three (3) instances:

- An annual eye exam (when covered); and

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- An annual Well Woman exam. Services directly related to the well woman exam, such as pap smear, insertion, or removal of a birth control device/product, and other services typically provided as part of the well woman annual visit are covered under Advantage Referral.
- Services for a newborn post-discharge for the first thirty days after birth, obtained from a pediatrician that is not a part of the Mom's Delegated Medical Group, as limited in this Policy.

ii. 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.

f. PAYMENT RATES

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

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.

g. 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

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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.

5) 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:
 - 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.

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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.

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.

6) EXCEPTIONS:

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

7) 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.

8) 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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9) **APPENDIX:**

	Dignity / Mercy	Woodland	NorthBay	Hill Physicians	Meritage	St. Joseph Health Medical Network
Allergy	X	X		X	X	X
Anesthesia			X	X	X	X
Cardiac Surgery	X		X	X	X	X
Cardiology	X	X	X	X	X	X
Dermatology	X	X		X	X	X
Endocrinology	X	X	X	X	X	X
ENT	X	X	X	X	X	X
Gastroenterology	X	X	X	X	X	X
General Surgery	X	X	X	X	X	X
Geriatrics	X			X	X	X
Gynecology	X	X	X	X	X	X
Hand Surgery			X	X	X	X
Heme/Onc	X	X	X	X	X	X
Hospital-Based Physicians	X		X		X	X
Infectious Disease	X	X	X	X	X	X
Infertility	X	X (Basic Only)	X	X	X	X
Lab (Out-Patient)	X	X	X	X	X	X
Mental Health	X	X	X			X
Neonatology			X	X	X	X
Nephrology		X		X	X	X
Neuro Critical Care	X		X			X
Neurology	X	X	X	X	X	X

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	Dignity / Mercy	Woodland	NorthBay	Hill Physicians	Meritage	St. Joseph Health Medical Network
Neurosurgery		X	X	X	X	X
Obstetrics	X	X	X	X	X	X
Ophthalmology	X	X		X	X	X
Orthopedic Surgery	X	X	X	X	X	X
Pain Medicine	X	X	X	X	X	X
Pathology		X		X	X	X
Pediatrics (for newborn provisions of this Policy)	X	X	X	X	X	X
Pediatric Rheumatology	X					X
Physical Medicine and Rehabilitation	X		X	X	X	X
Plastic Surgery (Including Breast Reconstruction)	X		X	X	X	X
Podiatry	X		X	X	X	X
Pulmonary Disease – Critical Care	X	X	X	X	X	X
Radiology	X (Out-Patient Only)	X	X	X	X	X
Rheumatology	X	X	X	X	X	X
Sports Medicine	X		X		X	X
Therapeutic Radiology	X		X	X	X	X
Thoracic Surgery	X	X	X	X	X	X
Urology	X	X	X	X	X	X
Vascular Surgery	X	X	X	X	X	X
Wound Care			X	X	X	X

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	Dignity / Mercy	Woodland	NorthBay	Hill Physicians	Meritage	St. Joseph Health Medical Network
X-Ray (Out-Patient)	X	X	X	X	X	X

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

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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)
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
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	
Mercy Medical Group	Mercy San Juan, Mercy General, Mercy Folsom, Methodist Hospital
Woodland Clinic Medical Group	Woodland Memorial Hospital
Hill Physicians Medical Group	Mercy San Juan, Mercy General, Mercy Folsom, Methodist Hospital
NorthBay Healthcare	VacaValley Hospital, Fairfield Hospital
Meritage Medical Network	Santa Rosa Memorial, Queen of the Valley, Petaluma Valley Hospital, Healdsburg District Hospital, Marin County Medical Center, Sonoma Valley Hospital
St. Joseph Health Medical Network	Santa Rosa Memorial, Queen of the Valley, Petaluma Valley Hospital, Healdsburg District Hospital

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10) 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, UCD references removed, Hill Solano references added, Medicare references added.

STEP-BY-STEP FOR GROUP UM DEPARTMENTS

Initial Referral:

1. PCP determines medical necessity for referral to specialist.
2. Member requests specialist in another WHA medical group (Away Group).
3. PCP submits referral to Home Group for tracking.
4. Referral is approved for:
 - consult + 2 follow up visits
 - routine labs, basic office diagnostics and plain x-rays.

Subsequent Services:

1. Specialist submits authorization request to Home Group for additional office visits and/or other services (surgery, invasive testing).
2. Home Group reviews prior authorization request for medical necessity at the in-network facility the specialist uses.
3. If the requested service is medically necessary and a covered benefit, Home Group issues authorization.
4. The following services are NOT included:
 - OP ancillary services (DME, therapy, home health, etc.)
 - Non-acute facility services, such as SNF or other step-down facilities.
5. If an authorization request is received for a service that is not included in the Advantage Referral Program, the Home Group UM will deny the request as out-of-network and redirect the service to a provider in the Home Group.

WHA network facility outside the Home Group (Away Facility):

1. Authorization requests for services (surgery) at an Away Facility should be approved for medically necessary, included services with the approved Advantage Referral physician.
2. Emergency admissions at an Away Facility
 - When a member is stable for transfer, the member may request to stay in Away Facility. Home Group will conduct review for medical necessity.

ADVANTAGE REFERRAL FAQs

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

A: No. First, Advantage Referral is triggered by the member proactively asking the PCP for a referral to a specific specialist that is in an Away Group. Second, if the medical group is making a specialist referral because the group does not have the ability to provide the medically necessary services, this is not an Advantage Referral.

Q: Is there any special paperwork required?

A: The UM of the Home Group must enter a tracking number in the system to designate that the referral is an Advantage Referral.

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

A: Hospitals, Ambulatory Surgery Centers and Providers are listed in the Provider Directory on the WHA website so this is an easy option to find if a facility or provider is in the WHA network. For convenience, the list of WHA network hospitals is in the Advantage Referral Policy & Procedure. Groups may also contact the Away Group to confirm a provider or facility status. See Contacts in this Handbook.

Q: Does Advantage Referral cover non-participating specialists?

A: No.

Q: Can a member be re-directed back to a Home Group specialist?

A: No. As long as the services are medically necessary and a covered benefit, the member must be allowed to continue care with the Away Group specialist.

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

A: If the requested service is not medically necessary or not a covered benefit or is for a service that is not included in the Advantage Referral Program, the request should be denied.

WHA AND MEDICAL GROUP UM CONTACTS

Hill Physicians Medical Group		
Elham (Ellie) Rahimi Prior Auth Supervisor	EMAIL PHONE FAX	elham.rahimi@hpmg.com (925) 327-6599 (925) 327-6599
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Mercy Medical Group		
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