


No. UM-004	Canopy Health Alliance Referral Program	
Effective Date: 01/1/2022	POLICY AND PROCEDURE	
Committee Approval: 01/11/23 Previous Versions: See revision history on last page		
DMHC TAG: Utilization Management		

Canopy Health Alliance Referral Program

SUMMARY

Canopy Health is committed to creating an integrated healthcare experience for our enrollees across the Bay Area. When clinically appropriate, Canopy Health expects primary care physicians to refer to any participating Canopy Health specialist. Prior authorization requirements vary by Health Plan product. When prior authorization is required and has been delegated by the upstream Health Plan to Canopy Health, Canopy Health subsequently delegates review of those requests, determination and communication about decisions to our contracted medical groups/IPAs. Such referrals are entered into the medical group’s/IPA’s authorization system.

Approval of referral requests of many specialty consultations and follow up visits

For EPO products, referrals to specialists for consultation and follow up visits do not require prior authorization.

For commercial and Medicare Advantage products, referrals of enrollees from their home medical group/IPA to specialists in a different medical group/IPA within Canopy Health’s network require prior authorization. Referrals are approved for one consultation and one or more follow up visit(s) over a 90-day period. Approval prompts standard notification to the enrollee, the referring provider and the “referred to” specialist. The specialties requiring prior authorization for consultations and follow up visits outside the enrollee’s home medical group/IPA are listed here:

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|--|---|--|
| <ul style="list-style-type: none"> Allergy and Immunology Breast Center Cardiology Cardiothoracic Surgery Colorectal Surgery Critical Care Medicine Dermatology Ear, Nose and Throat Endocrinology Gastroenterology | <ul style="list-style-type: none"> General Surgery Gynecologic Oncology | <ul style="list-style-type: none"> Hematology/Oncology HIV/AIDS Specialist Infectious Disease Nephrology Neurology Neurosurgery Obstetrics/Gynecology (see details below for exceptions) Ophthalmology Orthopedic Surgery |
|--|---|--|

Pain Management
Palliative Care
Perinatology

Physical Medicine (PMR)
Podiatry
Pulmonary Disease
Radiation Oncology

Rheumatology
Urology
Vascular Surgery
Wound Care

- For commercial and Medicare Advantage products, referrals to the specialties for consultation listed below require review to ensure that enrollees meet the clinical criteria for the services that specialist would be asked to offer:
 - Bariatric surgery
 - Hyperbaric oxygen
 - Plastic surgery
 - Reproductive Endocrinology and Fertility

- Per California law, Canopy Health enrollees may access the following services from any Canopy Health provider without requiring authorization, regardless of health plan product. When an enrollee requests these services from a Canopy Health network provider outside of his or her home medical group/IPA, those referrals are entered into the medical group's/IPA's utilization management referral system for tracking.
 - OB/GYN providers for routine reproductive and sexual health care services, for prevention and treatment of pregnancy and STDs, including HIV
 - Screening mammography

- Other services that do not require prior authorization for Canopy Health enrollees with any health plan product include the following:
 - Routine laboratory tests
 - Diagnostic imaging: plain x-rays and non-contrast ultrasound

- Minor office procedures and studies performed by the specialist who was approved to see the enrollee, such as (but not limited to):

Allergy:	Allergy testing
Breast center	Breast abnormality evaluation, including mammogram, ultrasound, biopsy procedures, pathology studies,
Cardiology:	EKG, trans esophageal and transthoracic echocardiogram
Dermatology:	Skin biopsies
ENT:	Nasal endoscopy, turbinate injection
Eye:	Vision/eye pressure tests
GI:	Flex sigmoidoscopy
Orthopedics	Steroid / anesthetic injections, joint aspirations
Physical Medicine	Steroid / anesthetic injections, joint aspirations
Rheumatology:	Steroid / anesthetic injections, joint aspirations
Podiatry:	Nail procedures
Pulmonary:	Pulmonary function tests, walk tests, O2 saturation monitoring
Surgery:	Biopsies
Urology:	Cystoscopy, urodynamic studies
Wound care:	Wound cultures, wound debridement, incision and drainage

Canopy Health Network Referral Program

Overview

Canopy Health is committed to creating an integrated healthcare experience where quality care and coverage are provided by an alliance of top caregivers across the Bay Area, allowing people to access the best options for their personal needs.

Canopy Health promotes clinically appropriate access for our enrollees to the entire Canopy Health alliance of providers across our entire service area. Canopy Health values personal primary care physicians, their judgement and expertise, and their relationship with their patients. Therefore, Canopy Health expects primary care physicians to refer enrollees initially for clinically appropriate specialty services and programs. When clinically appropriate, the enrollee's treating physician may initiate a referral to any participating Canopy Health specialist.

Participating IPA/Medical Groups

Meritage Medical Network, John Muir Health Physicians Network, Hill Physicians Medical Group, Santa Clara County Independent Practice Association, Providence Medical Network and Dignity Health Medical Network – Santa Cruz providers participate in the Canopy Health Network. Referrals of Canopy Health enrollees within each medical group/IPA remain governed by the policies and procedures defined by those medical groups/IPAs.

Referrals of enrollees to specialists aligned with a different Canopy Health medical group/IPA are governed by the policies and procedures defined in this document. Where there is a conflict between the policies of the medical group/IPA and the Canopy Health Network Referral Program, the Canopy Health Network Referral Program shall take precedence for Canopy Health enrollees.

Definitions of "In Area", "In Network", "In Service Area", and "Out of Area"

"In Area" refers to a Canopy Health medical group/IPA's catchment area, including its own outpatient facilities and affiliated hospitals. "In area" geography for medical groups/IPAs and their affiliated hospitals may overlap. See DOFR for financial risk for specified services delivered in area.

"In Network" refers to Canopy Health's entire network, comprised of all its allied medical groups/IPAs and their affiliated hospitals.

"In Service Area" refers to the total geography for which Canopy Health is financially responsible for any emergency hospital services. "In service area"

geography for Canopy Health is determined by contract with upstream Health Plans. Financial responsibility for services outside a medical group/IPA's area but inside Canopy Health's service area may be Canopy Health's responsibility, as determined by contract with each medical group/IPA (see DOFR for details).

“Out of Area” refers to the geography for which the Health Plan is financially responsible for any emergency services. “Out of Area” emergency services for Canopy Health enrollees are Health Plan risk. Certain other services within Canopy Health’s service are also Health Plan risk (see DOFR for details).

In Network hospitals for Canopy Health are displayed on Canopy Health’s website, www.CanopyHealth.com. That list includes the following and is updated as hospitals are added or deleted.

- UCSF: Mission Bay, Mount Zion, Parnassus
- UCSF Benioff Children’s Hospitals: San Francisco and Oakland
- Saint Francis Memorial Hospital: San Francisco
- St Mary’s Medical Center: San Francisco
- John Muir Medical Centers: Concord and Walnut Creek
- San Ramon Regional Medical Center
- Marin General Hospital
- Sonoma Valley Hospital
- Alameda Health Systems:
 - Alameda Hospital
 - Highland Hospital
 - San Leandro Hospital
- Washington Hospital
- Regional Medical Center of San Jose
- Good Samaritan Hospital
- Sequoia Hospital
- Zuckerberg San Francisco General Hospital (for OB and Ward 86: HIV/AIDS services)
- Watsonville Community Hospital
- Chinese Hospital
- AHMC Seton Medical Center
- AHMC Seton Medical Center Coastside
- Dignity Health Dominican Hospital
- Healdsburg Hospital
- Petaluma Valley Hospital
- Providence Queen of the Valley Medical Center
- Providence Santa Rosa Memorial Medical Center
- St. Rose Hospital

Initiating a Canopy Health Network referral

Enrollees or physicians may request referral to a specialist in any Canopy Health medical group/IPA. For EPO products, referrals to specialists for consultation and follow up visits do not require prior authorization. For Commercial HMO and Medicare Advantage products, when they are clinically appropriate and when prior authorization is required, referrals are initiated by requesting physicians on paper or electronic submission to their medical

group/IPA’s authorization system. Such requests will be approved when they meet the Canopy Health Network Referral Program policy. Approval prompts standard notification to the enrollee and the “referred to” specialist, including the number of visits and other services approved and time frame allowed before the referral expires.

Canopy Health Network Referral Participating Specialties

For Commercial HMO and Medicare Advantage products, when prior authorization is required, referrals from one Canopy Health Network provider to another Canopy Health Network provider are approved for *one consultation and follow up visits over a 90-day period*. These approvals are issued by the enrollee’s home medical group/IPA Utilization Management department for the following specialties.

Allergy and Immunology	Gynecologic Oncology	Pain Management Palliative
Breast Center Cardiology	Hematology/Oncology	Care Perinatology
Cardiothoracic Surgery	HIV/AIDS Specialist	Physical Medicine (PMR)
Colorectal Surgery Critical	Infectious Disease	Podiatry
Care Medicine	Nephrology	Pulmonary Disease
Dermatology	Neurology Neurosurgery	Radiation Oncology
Ear, Nose and Throat	Obstetrics/Gynecology	Rheumatology
Endocrinology	Ophthalmology	Urology
Gastroenterology General	Orthopedic Surgery	Vascular Surgery
Surgery		Wound Care

- For Commercial and Medicare Advantage products, referrals for the specialty consultations listed below require review to ensure that enrollees meet the clinical criteria for the services that specialist would offer:
 - Bariatric surgery
 - Hyperbaric oxygen
 - Plastic surgery
 - Reproductive endocrinology and fertility

Routine laboratory tests, plain x-rays and non-contrast ultrasound and minor office procedures and studies may be performed by the specialist who has been approved to see the enrollee, without requiring prior authorization. Examples of such services include but are not limited to the following:

Specialty	Services
Allergy	Allergy testing
Breast Center	Breast abnormality evaluation: mammogram, ultrasound, biopsy, pathology studies
Cardiology:	EKG
Dermatology	Skin biopsies
ENT	Nasal endoscopy, turbinate injection
Eye	Vision/eye pressure tests
GI	Flex sigmoidoscopy
Orthopedics, Physical Medicine, Rheumatology	Steroid injections, anesthetic injections, joint aspirations
Podiatry	Nail procedures
Pulmonary	Pulmonary function tests, walk tests, O2 saturation
Urology	Cystoscopy, urodynamic studies
Wound care	Wound cultures, wound debridement

Prior Authorization

Prior authorization is required and must be requested from the enrollee's home medical group/IPA for all services that currently require prior authorization. That list includes but is not limited to the following:

- Biofeedback
- Dental anesthesia required for medical indications
- Dialysis
- Durable medical equipment
- Orthotics and prosthetics
- Home health
- Hospice
- Home monitoring equipment (e.g., continuous EEG monitoring, cardiac monitoring)
- Moh's surgery
- Specialty care that extends beyond the initially authorized number of services/visits or timeframe
- Scheduled tests and procedures that currently require prior authorization
- Non-routine laboratory tests
- Diagnostic imaging studies (nuclear medicine, MRI, MRA, PET)
- Pain management treatments
- Planned hospitalizations
- Planned surgeries
- Psychological testing done as part of medical benefit
- Non-emergent medical transport or ambulance care
- Rehabilitation services if not currently capitated, including: physical therapy, speech therapy, occupational therapy, cardiac rehabilitation and pulmonary rehabilitation.
- Services from non-participating providers, except in urgent or emergency situations.
- TMJ treatment
- Injectable and infused medications currently requiring prior authorization, whether self-injectable or administered in a provider's office
- Blood & blood products

Authorization will be granted under Canopy Health Network Referral Program for services that are consistent with the diagnosis and treatment course for which an enrollee is referred and when the service requested is a covered benefit under the enrollee's health plan product. Visits, services or procedures will not be routinely approved if they are unrelated to the diagnosis or treatment for which the enrollee was referred or if they fall outside reasonable timelines; instead, the enrollee should be directed to his or her PCP to review treatment needs and options.

Services that are the financial responsibility of the enrollee's Health Plan must be approved by that Health Plan or its designated vendor. Examples may include the following, noting that authorization and financial responsibility may differ by Health Plan:

- Out of area emergency care
- Transplant-related services
- Clinical trials
- Second opinions out of area
- Experimental/investigational services and new technologies
- Some level III prescription drugs

Other services must be authorized by the designated vendor, such as:

- Mental health and substance abuse services
- Routine vision care
- Acupuncture and chiropractic when accessed by enrollee self-referral through specialty networks contracted with the enrollee's health plan

Other accessible services not requiring prior authorization per State or Federal law

Through the Canopy Health Alliance Referral Program, enrollees may access the following services from any Canopy Health Network provider. When obtained through the enrollee's home medical group/IPA, prior authorization is not required. When requested of another medical group/IPA, the enrollee's home medical group/IPA Utilization Management Department issues approval for tracking purposes only:

- OB/GYN providers for routine reproductive and sexual health care services, for prevention and treatment of pregnancy and STDs, including HIV (per California law AB 1954)
- Screening mammography (per FDA Code of Federal Regulations Title 21, Part 900).

Billing for Canopy Health Network Referral Program

Specialists outside the enrollee’s home medical group/IPA who render Canopy Health Network services should send their bill for services directly to the enrollee’s home medical group/IPA for reimbursement. The enrollee’s home medical group/IPA is listed on his/her insurance card.

Retrospective Network Review

At least annually, Canopy Health will report on Canopy Health Network Referral Program activity, using medical group/IPA encounter data. The review may include these metrics or others: volume of visits, dollars paid, utilization of lab, urgent care, specialties, etc. Other review may include trends in enrollee changes in PCP selection across Canopy Health’s medical groups/IPAs, to detect correlation with care obtained outside the enrollee’s initially assigned medical group/IPA.

See the Canopy Health Referral Policy for further details.

Revision History:

Version Date	Edited By	Reason for Change
7/26/16	M. Durbin	Creation date
4/18/17	M. Durbin	Updated to add precision and clarity
7/25/17	M. Durbin	Updated in response to the Health Net UM audit to add screening for mammography
12/14/17	A. Kmetz	Updated to add in additional Canopy Health parent plans
12/19/17	M. Durbin	Removed service area map and other references to Health Net B&G, reformatted list of Canopy Health hospitals & removed distinction between in network for IPAs vs. Canopy Health, some wordsmithing and changing term from “auto-approval” to “auto-adjudication” per DMHC preference.
3/21/18	M. Durbin	Removed urgent care from the list of services that require prior authorization. Added FDA Code specifying mammogram self-referral option

3/22/18	A. Kmetz	Added Canopy Health next to “Network” per Health Net auditor feedback.
9/6/18	M. Durbin	Updated to add SCCIPA, clarified details.
7/17/20	R. Scott	Updated to add Dignity Health Medical Network and Zuckerberg San Francisco General Hospital. Added Medicare Advantage prior authorization requirements and language to accommodate products for which prior authorization of certain services is not required (i.e., Doctors Plan EPO).
1/1/21	R. Scott	Updated to add Watsonville Community Hospital.
1/1/2022	R. Scott	Updated to add Chinese Hospital. Changed references from members to enrollees to better reflect upstream health plan responsibility for member administration.
01/1/23	L. Sasaki	Updated to add Providence Medical Network. Updated list of in- network hospitals.