Altura Management Services

Policy and Procedure

Policy Title:	Tertiary Level of Care
Policy No.:	UM-RPP-059
Issuing Dept.:	Utilization Management
Applicable To:	☒ M-Cal ☒ Comm ☒ Medicare
Effective Date:	02/18/2025
Last Review Date:	02/18/2025

Purpose

1. To define what the Risk Bearing Organization (RBO) c/o Altura MSO considers to be Tertiary or Quaternary level of care.

Policy

1. The RBO has an established network adequacy for members to access key types of providers or services (refer to policy MC-PNM-003).

2. The RBO will process referrals to Tertiary or Quaternary providers/centers when the member's individual medical needs cannot be met by a community-based provider/center or in the event higher level of care is requested from an inpatient admission.

3. An example of services that are not appropriate to Tertiary or Quaternary providers/centers is:

    3.1. Ancillary services (e.g., radiology or laboratory testing) that will not result in a delay of treatment or care.

Procedure

1. Requests for specific tertiary or quaternary provider/centers may be subject to redirection based on the following factors:

    1.1. Services requested can be provided equivalently by a community-based provider/center

        1.1.1. General Acute Care Hospital

        1.1.2. Ambulatory Surgical Center

        1.1.3. Outpatient Infusion Center

    1.2. No delay in treatment or compromise in care quality

    1.3. No disruption to continuity of care

    1.4. Pharmacy services (e.g., chemotherapy) can be safely administered in outpatient settings

1.4.1. Regimen is stable and non-emergent, and evaluation may occur at tertiary centers, however infusion therapy (e.g., chemotherapy) should be redirected to outpatient settings when clinically appropriate.

1.4.2. Patient is clinically appropriate for outpatient setting

2. Should the RBO receive a request for Tertiary or Quaternary Hospital care the following will be required:

2.1. The member to have documentation of why they need a higher level of care in the form of a specialized diagnostic approach, treatment, or procedure.

2.2. When continuity of care (COC) documentation stating the member is in the middle of treatment of an acute medical need and has seen the provider within the last 12 months (Refer to UM-RPP-015 Continuity of Care).

2.3. Documentation noting redirection may result in the delay of necessary medical treatment.

2.4. Documentation requesting a consultation with a specialist(s) that have limited access in the community or are not available in the community (e.g., neuro-oncology, and perinatology).

3. Redirection of Care Process

3.1. Upon receipt of a referral request for tertiary or quaternary care, the following steps will be followed to determine if redirection to a community-based provider is appropriate:

3.1.1. Intake and Validation

3.1.1.1. The Utilization Management (UM) Coordinator:

3.1.1.1.1. Validates the requesting provider's privileges and network status.

3.1.1.1.2. Ensures all required documentation is included with the referral.

3.1.2. Clinical Review

3.1.2.1. The UM Nurse Reviewer:

3.1.2.1.1. Assesses the medical necessity of the requested service.

3.1.2.1.2. Determines whether the requested care can be safely and effectively provided by a community-based provider (e.g., General Acute Care Hospital, Ambulatory Surgical Center, or Outpatient Infusion Center).

3.1.2.1.3. If redirection is appropriate, the nurse will determine an appropriate community provider that meets access and availability standards.

3.1.2.1.4. Confirms appointment availability and service capacity.

3.1.2.1.5. Prepares redirection details for communication.

3.1.3. Provider Communication

3.1.3.1. The UM Team:

3.1.3.1.1. Contacts the referring provider to communicate the redirection decision and provide alternative provider options.

3.1.3.1.2. Offers support in coordinating the transition of care.

3.1.4. Escalation and Final Determination

3.1.4.1. If the referring provider disagrees with the redirection:

3.1.4.1.1. The case is escalated to an appropriate licensed clinician (e.g., physician reviewer, pharmacist).

3.1.5. The clinician conducts a final review based on:

3.1.5.1.1. Medical necessity

3.1.5.1.2. Appropriateness of care level

3.1.5.1.3. Member's clinical condition and treatment needs

3.1.6. The clinician issues a final determination to either:

3.1.6.1.1. Approve care at the tertiary facility, or

3.1.6.1.2. Redirect care to a community provider.

Forms & Resources

1. N/A

References and Citations

1. The list of Level I and Level II trauma centers is available through the California Emergency Medical Services Authority at: https://emsa.ca.gov/trauma/
2. W&I Code Section 14000 et seq
3. W&I Code Section 14029.91
4. California Health and Safety Code §1300.67.2.2
5. 45 CFR §156.230 & §156.235

Definitions

Term	Definition
Tertiary Hospital	A "tertiary" hospital is a children's hospital specified in Welfare and Institutions Code section 10727, or a hospital that has been designated as a Level I or Level II trauma center by the Emergency Medical Services Authority established pursuant to Section 1791.1 of the Health and Safety code.
General Acute Care Hospital	General acute care hospital means a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory,

	radiology, pharmacy, and dietary services as specified by Health and Safety Code 1250.
Ambulatory Surgical Center	An ambulatory surgical center is a health care facility that operates exclusively for the purpose of providing surgical services to patients who do not require hospitalization. These centers offer same-day surgical care, including diagnostic and preventive procedures, and must meet licensing and certification requirements as specified by federal and state regulations.
Quaternary Care	Quaternary care refers to an advanced level of specialized medical care that extends beyond tertiary care. It typically involves experimental medicine, highly specialized surgical procedures, and treatments for rare or complex conditions, often provided at academic medical centers or research hospitals.
Provider	A provider is an individual or entity licensed or certified to deliver health care services. This includes, but is not limited to, physicians, nurse practitioners, hospitals, clinics, and other health care professionals or facilities authorized under state and federal law to furnish medical care.
Outpatient Infusion Center	An outpatient infusion center is a medical facility where patients receive intravenous (IV) therapies, such as medications, fluids, or biologics, without being admitted to a hospital. These centers are staffed by licensed healthcare professionals and are equipped to provide safe, monitored treatment for conditions requiring regular or complex infusions, in accordance with state and federal health regulations.
Pharmacy Services	Pharmacy services refer to the preparation, dispensing, and appropriate use of prescription medications and related health supplies by licensed pharmacists. These services include medication counseling, drug interaction monitoring, and collaboration with healthcare providers to ensure safe and effective pharmacological care, as defined by applicable state and federal laws.

Company/Client Approval(s)

Date	Company/Client	Approve By (Full Name – Title)

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Version History

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02/13/2025	LaSalle Medical Associates	Initial Adoption and Approval
02/18/2025	AltaMed Health Services	Initial Adoption and Approval
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