

Referral Life Cycle

Step 1: Provider Generates Referral within 1-3 business days of the visit



Step 2: Referral Coordinator submits preauthorization for the service to insurance-
1-3 business days if STAT and 5 business days if routine

(Urgency level is determined by the insurance)



Step 3: Insurance reviews and, if approved, provides authorization within 1-3
business days for urgent and 14 days for routine



Step 4: Referral Coordinator notifies patient within 1 business day of receiving
insurance's decision

**The entire process may take up to 20 days

Step 5: Referral Coordinator reaches out to patient by call within 7 days (if urgent)
and text within 14 days (if nonurgent)

Referral Coordinator will send text message with contact info and instructions

If you are unable to schedule your specialty appointment, please follow these steps:

- Contact the Referral Team as soon as possible if you encounter issues such as insurance requirements, missing medical records, or incomplete referral information. Our contact information is: (916) 341-0575 **option 4** for the referral department.
- A referral coordinator will review your referral, identify any missing or required information, and work with your provider and insurance as needed.
- The coordinator will follow up with you to ensure the issue is resolved and to support timely scheduling of your appointment.

If you are approved for a specialty referral and need it to be sent elsewhere, you can contact your insurance provider to get approval to go to a different specialty provider.

See below for instructions.

How to Redirect Referrals

A) Patient-initiated redirection:

Qualifiers: You have not been seen by the specialty office yet, AND,

- The current specialty office does not answer, or
- The location is too far away, or
- You want a different provider/ office, or
- You are requesting an out-of-network provider.

Who to contact:

- **Nivano:** 844-889-2273
- **Imperial:** 626-838-5100
- **Vivant:** 916-228-4300 EXT. 2707
- **Molina:** 888-665-4621
- **Anthem:** 1-844-285-5159
- **Anthem Medicare Advantage:** 1-855-715-5316
- **Health Net:** 1-888-926-4988

B) Referral Department Redirection:

Qualifiers:

1. The specialist no longer takes your insurance.
2. Coding or technical issues.
3. Authorization Expired
4. The patient should be referred to a different specialist

Important to note:

- If you have already been seen and had a bad experience or are requesting a second opinion, you will need a new referral to be placed by your PCP.
- All referrals are sent to specialists based on specialists contracted with your insurance.

Dental Referrals

Please note that the referrals department only submits the authorization request (and necessary supporting documents). Your dental insurance selects the provider you need to see, and the insurance will mail you a notice with the referral information.

For members with the DentaQuest and Delta Dental plans, the Dental Department will give you an external referral form. You will need to contact DentaQuest or Delta Dental to find a dental specialist in their network. The Referrals Department does not handle these referrals, but we can help send X-rays and dental records if needed.

If you are approved for a specialty dental service but want to go to a different location or see a different provider, please contact your dental insurance provider to arrange that.

Who to contact:

- **Liberty Dental Plan:** 1-888-273-2997
- **Denta Quest Plan:** 1-888-278-7310

Contact the Referral Team as soon as possible if you encounter issues such as insurance requirements, missing medical records, or incomplete referral information. Our contact information is: (916) 341-0575 **option 4** for the referral department.

Referrals for Uninsured/ Patients with Non-Contracted Insurances

If you were referred by your primary care provider and you are uninsured:

- The Referral Department will send your paperwork to the Spirit Program for approval.
- If you qualify, the Spirit Program will contact you directly.
- If you do not hear back within 4–6 weeks, call the Referral Department at 916-341-0575.
- If you do not qualify for the Spirit Program, the Referral Department will prepare a referral packet for you to take to a provider of your choice.

If you were referred by your primary care provider and you have non-contracted (out-of-network) insurance:

- We cannot access non-contracted insurance portals, so we cannot process or follow up on these referrals.
- The Referral Department will inform you that your insurance is out-of-network and will provide the documents you need.
- You will need to contact your insurance company to find an in-network specialist.
- Contact your insurance company to find a contracted/in-network specialist.