

(III) THE MEMBER.

(4) A TREATMENT PLAN MAY:

(I) LIMIT THE NUMBER OF VISITS TO THE SPECIALIST;

(II) LIMIT THE PERIOD OF TIME IN WHICH VISITS TO THE SPECIALIST ARE AUTHORIZED; AND

(III) REQUIRE THE SPECIALIST TO COMMUNICATE REGULARLY WITH THE PRIMARY CARE PROVIDER PHYSICIAN REGARDING THE TREATMENT AND HEALTH STATUS OF THE MEMBER.(5) THE PROCEDURE BY WHICH A MEMBER MAY RECEIVE A STANDING REFERRAL TO A SPECIALIST MAY NOT INCLUDE A REQUIREMENT THAT A MEMBER SEE A PROVIDER IN ADDITION TO THE PRIMARY CARE PHYSICIAN BEFORE THE STANDING REFERRAL IS GRANTED.~~(C) (1) EACH CARRIER THAT DOES NOT ALLOW DIRECT ACCESS TO SPECIALISTS SHALL ESTABLISH AND IMPLEMENT A PROCEDURE BY WHICH A SPECIALIST MAY ACT AS THE PRIMARY CARE COORDINATOR FOR THE TREATMENT OF A SPECIFIC DISEASE OR CONDITION IN ACCORDANCE WITH THIS SUBSECTION.~~~~(2) THE PROCEDURE SHALL AUTHORIZE A SPECIALIST TO ACT AS THE PRIMARY CARE COORDINATOR FOR THE TREATMENT OF A SPECIFIC DISEASE OR CONDITION OF A MEMBER IF:~~~~(I) THE MEMBER HAS A DISEASE OR CONDITION THAT:~~

- ~~1. IS LIFE THREATENING, DEGENERATIVE, CHRONIC, OR DISABLING; AND~~
- ~~2. REQUIRES SPECIALIZED MEDICAL CARE FOR AT LEAST 1 YEAR;~~

~~(II) THE MEMBER REQUESTS THAT A SPECIALIST ACT AS THE MEMBER'S PRIMARY CARE COORDINATOR WITHIN 30 DAYS AFTER:~~

- ~~1. ENROLLMENT; OR~~
- ~~2. THE MEMBER IS DIAGNOSED WITH A LIFE THREATENING, DEGENERATIVE, CHRONIC, OR DISABLING DISEASE OR CONDITION; AND THE CARRIER, THE PRIMARY CARE PHYSICIAN, AND THE SPECIALIST DETERMINE THAT THE MEMBER'S CARE WOULD MOST APPROPRIATELY BE COORDINATED BY A SPECIALIST FOR THE SPECIFIC DISEASE OR CONDITION; AND~~

~~(III) THE SPECIALIST:~~

- ~~1. HAS EXPERTISE IN TREATING THE LIFE THREATENING, DEGENERATIVE, CHRONIC, OR DISABLING DISEASE OR CONDITION; AND~~
- ~~2. IS PART OF THE CARRIER'S PROVIDER PANEL.~~