

Effective Date: May 10, 2017

Subject: Out of Network Referrals

Policy:

HPHC covers medically necessary care provided by in-network providers to members enrolled in most HMO products with defined (limited) provider networks, and HMO members with Medicare as primary coverage. Elective referrals to Out Of Network (OON) providers¹ are covered only in limited situations described below.

- ❖ Unless otherwise specified (e.g., for members enrolled in HPHC's Connecticut Open-Access HMO), referrals to OON providers must be initiated, or approved by, the member's Primary Care Physician (PCP).

HPHC also provides coverage for Out of Area Dependents who reside outside HPHC's enrollment area. This coverage allows qualified Out of Area Dependents to obtain medically necessary care (e.g., outpatient behavioral health services, maternity services, follow-up treatment of an illness or injury) from non-contracted providers without obtaining referrals from their PCP.²

Authorization:

For members enrolled in most HMO products with defined (limited) provider networks, prior authorization from Harvard Pilgrim is required for most elective (non-urgent) referrals to OON providers.³

- ❖ For Out of Area Student Dependents, prior authorization is required for selected services listed on HPHC's member and provider sites, and for non-emergent referrals to OON specialists.

Criteria:

HPHC may authorize referrals to OON providers in limited situations described below:

1. For new members in active treatment⁴ at the time their HPHC membership becomes effective, continued (on-going) care is authorized for a defined transitional period (up to 30 days in most situations) as needed to minimize disruption of care:
 - a. New members in the second or third trimester of pregnancy, and in active treatment with an OON OB provider may be authorized to continue seeing that provider through the completion of postpartum care (up to six weeks post-delivery);
 - b. New members receiving hospice/palliative care for a terminal illness may be authorized to continue treatment with the OON provider(s) until the end of life;
 - c. Members enrolled through New Hampshire employer groups, and actively receiving mental health services are entitled to continue medically necessary treatment with the OON provider who provided services before enrollment, for one year after becoming effective with HPHC;

¹ Out of network providers are physicians or other health care providers who are not contracted with HPHC, or are not contracted to provide care to members enrolled in limited network HMO products (includes Authorized Access providers in HPHC's Focus Network- MA Limited Network Option).

² Out of Area Dependents enrolled in HMO products must utilize Optum/UBH providers for Mental Health Care and Drug/Alcohol Abuse Rehabilitation services.

³ Members enrolled in POS and PPO products may self-refer to non-contracted providers, and assume responsibility for applicable out-of-network coinsurance, deductibles, and balance bills as described in their Benefit Handbook or Schedule of Benefits.

⁴ Active treatment typically involves regular visits to the practitioner for monitoring the status of an illness or disorder that has not stabilized, providing direct treatment, prescribing medication or other treatment, or modifying a treatment protocol.

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Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

- d. New enrollees from Maine employer accounts that have changed insurance plans are allowed to continue treatment with OON provider(s) for up to 60 days after enrollment.

NOTE: Referrals for new members in active treatment do not need to be initiated, or approved by, the member's PCP.

2. In situations where an HPHC UM physician determines that appropriate (same or similar) medically necessary services (e.g., consultations, surgical referrals, operative interventions) are not available within the appropriate (product-specific) HPHC provider network.
 - ❖ PCP approval is required before OON referrals are authorized in these situations.
3. When emergent OON care has been provided, limited follow up care is authorized to minimize disruption of care (i.e., until the member's condition has stabilized, and/or the member is safely able to return to the enrollment area without intractable pain, deterioration in clinical condition, or permanent impairment of health).
 - ❖ PCP approval is required before OON referrals are authorized in these situations.
4. For members in active treatment for a chronic or acute medical condition with an in-network provider when the provider's HPHC contract is terminated for reasons other than quality deficiencies.
 - ❖ For members undergoing active treatment, continued treatment with the disenrolled practitioner may be authorized for up to 90 days.
 - ❖ For members in their second or third trimester of pregnancy, continuation of care through the postpartum period may be authorized.

NOTE: OON referrals for members in active treatment with an in-network provider when the provider's HPHC contract is terminated do not need to be initiated, or approved by, the member's PCP.

Coding: N/A

Exclusions:

HPHC does not authorize OON services when criteria above are not met.

In addition, HPHC does not authorize OON services for ANY of the following:

- ❖ HMO members who are not qualified Out of Area Dependents and require only routine monitoring of a chronic condition;
- ❖ HMO members who are outside the HPHC service area when:
 - The need for the requested service was reasonably foreseeable before the member left the service area; OR
 - The member is physically able to safely travel back to the service area without intractable pain, or deterioration or permanent impairment of health.
- ❖ Referrals that were not initiated, or approved, by the HMO member's PCP except in situations where HPHC does not require PCP approval (i.e., for new members in active treatment, for forseen care for qualified Out of Area Student Dependents, for members in active treatment with an in-network provider when the provider's HPHC contract is terminated for reasons other than quality deficiencies)
- ❖ Referrals to non-contracted providers whose HPHC contract was terminated for quality deficiencies or professional review actions.

Revisions:

- ❖ **Approved by UMCP: 5/10/17**
- ❖ **Revised: 3/04, 2/05, 9/05, 8/06, 10/07, 9/08, 7/09, 8/10, 8/11, 9/11, 4/12, 2/13, 3/14, 3/15; 4/16; 5/17**

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❖ **Initiated: 5/03**

Summary of Changes

Date	Revisions
5/17	Supporting information and and referneces have been updated, reissue
4/13/16	Minor formatting edits.
3/11/15	Minor language changes. Delete footnote listing only some limited network products.

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