

Referral Policies

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The health carrier's procedures for making referrals within and outside its network.

This information is provided as part of Harvard Pilgrim's 2017 Health Care Access Report as required by the State of New Hampshire's network adequacy requirements. For current Harvard Pilgrim policies, please refer to the most current Provider Manual, available on www.harvardpilgrim.org.

REFERRAL, NOTIFICATION, AND AUTHORIZATION—REFERRAL

Referral Policy and Procedures

Unless otherwise specified, information in this policy does not apply to members with the Choice or Choice Plus products offered through Passport ConnectSM. For UnitedHealthcare's related policies/procedures, please go to www.UnitedHealthcareOnline.com or call 800-708-4414.

Who Requires Referrals

Referrals for most specialty care are required for members enrolled in Harvard Pilgrim's HMO and POS plans. (Members may self-refer to in-network providers for routine eye exams and routine OB/GYN services.)

- POS plan members have the option of receiving specialty care without a referral from their PCP. (Refer to *When a Referral is Not Required*.)
- Referrals are *not* required for members enrolled in PPO or Medicare Enhance plans.
- Additional referral requirements are in place for Massachusetts and Maine providers (please see below for details).

Connecticut Open Access HMO

For the Connecticut Open Access HMO product, no referral is required to see a contracted specialist.

Specialty Care Referral

Referring Provider Role

The PCP refers the member to a specialist in the member's care unit for medically necessary care. Through the referral, the PCP communicates the scope of the services and the number of visits approved to the specialist (e.g., one consult only, a consult and treatment, etc.).

- If the specialty care is not available in the member's care unit, the PCP should refer the member to a specialist participating in the Harvard Pilgrim network.
- Referral to a non-participating provider (i.e., outside the Harvard Pilgrim network) requires Harvard Pilgrim authorization (not applicable to POS, PPO, or Medicare Enhance members).

Servicing Provider Role

The specialist treats the member according to the PCP's request (scope and number of visits) and exchanges clinical information with the member's PCP. When possible, behavioral health providers are expected to obtain member consent to exchange relevant treatment information with the PCP, as appropriate, for the coordination of the member's care. Prior to delivering services, the specialist or other servicing provider should ensure that a referral has been made and approved.

Coordination of Care

It is important that the Referring Provider coordinate care with the Servicing Provider. In Massachusetts some of this coordination happens naturally through the referral transaction process (see below); in this case, specialists may review the referral transaction through HPHConnect to review important information. However, when providers in other states initiate a referral, the referring provider should contact the servicing provider (specialist) and provide essential information about the referral, including his/her name and National Provider Identifier (NPI), the reason for the referral, and the number of visits approved.

Member Visits without Referral

- If an HMO member does not have a valid referral, but visits a specialist for services that require a PCP referral, the specialist should contact the member's PCP to obtain a referral.
 - If the PCP does not approve the referral, the specialist should inform the HMO member of his/her financial liability and ask the member sign a financial liability statement.

Behavioral Health Self-Referral

Harvard Pilgrim members may self-refer to initiate Harvard Pilgrim's Behavioral Health Access Center (888-777-4742) to initiate behavioral health services. Referral from the PCP is not required.

Behavioral health practitioners and providers play a major role in ensuring that the appropriate exchange of information is coordinated.

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- Harvard Pilgrim expects behavioral health practitioners and providers to:
 - Discuss the importance of communicating relevant information to the PCP and other treating physicians.
 - Ask members routinely to authorize the release of relevant information to the PCP and other treating physicians as needed to effectively coordinate care.
- If the member consents, the behavioral health practitioner is responsible for:
 - Providing relevant information (including diagnosis, proposed treatment plan, and medication) to the PCP or treating physician.
 - Documenting the authorization and communication in the permanent record.

Covering PCP Referral

When a covering PCP (i.e., a PCP other than the member's PCP) provides services to a member:

- A referral is not required if the PCP providing services is participating in the member's care unit.
- A referral is required if the PCP providing services is not participating in the member's care unit.

Secondary Referral

If a specialist decides that a member needs care that the specialist cannot provide, the specialist must consult with the member's PCP, who will initiate a new referral to the appropriate specialist.

Standing Referral

A standing referral may be made when a member's PCP determines that it is appropriate for a participating specialist to routinely treat a patient for a condition that may be chronic or require continuing attention, and:

- The participating specialist agrees to a treatment plan for the member and provides the PCP with all necessary clinical and administrative information on a regular basis.
- The health services to be provided are consistent with the terms of the member's coverage.

Standing referrals are valid for 364 days.

Initiating a Referral

The member's PCP (referring provider) initiates the referral process through one of the following channels.

Electronic

Submit a transaction record with required information using the *HPHConnect* or *NEHEN* transaction service.

- Detailed *HPHConnect* instructions are available at www.harvardpilgrim.org/providers (Refer to the user guides at *HPHConnect*/User Guides.)
- For *NEHEN* instructions refer to your *NEHEN* documentation.

Harvard Pilgrim Response

An immediate confirmation is available online.

- For information on claims resubmission or appeals, please refer to the *Appeals* section of the *Provider Manual*.

Telephone or Mail

While electronic submission is encouraged, providers may also initiate referral requests with Harvard Pilgrim by telephone, mail, or fax. When making this request by mail or fax, providers should complete a *Harvard Pilgrim Referral Form* found in the *Referral, Notification, and Authorization* section of this *Provider Manual*. The completed form must include requested patient and provider information, relevant clinical information (i.e., diagnosis, and reason for referral), the number of visits and type of services authorized, and preferred site of service if applicable.

Fax or mail the completed form to:

- *Mail* Harvard Pilgrim Health Care
Referral and Authorization Unit
1600 Crown Colony Drive
Quincy, MA 02169
- *Fax* 800-232-0816
- *Phone* 800-708-4414

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Massachusetts Providers

- For members in HMO or POS products, Massachusetts PCPs must submit requests for referrals to Harvard Pilgrim prior to the services being rendered. An approved referral transaction is necessary for reimbursement of covered services.
- If the PCP has an established referral circle with Harvard Pilgrim (usually among specialists in the PCP's care unit), a referral transaction is not required. However, if a Massachusetts PCP is referring an HMO or POS product member outside of their referral affiliation, a referral transaction is necessary.

Maine Providers

- Prior to services being rendered, providers in Maine should submit requests for referrals to Harvard Pilgrim through *HPHConnect* or by faxing the completed referral form to 800-232-0816.
- If approved, Harvard Pilgrim will mail a letter to the member and specialist(s) that includes the PCP's name and Harvard Pilgrim provider number, the reason for referral, and number/type of visits requested and approved.

Verifying PCP of Record**Member's PCP**

The PCP is responsible for verifying member eligibility and the member's PCP of record by one of these methods:

- Accessing electronic (*HPHConnect* or *NEHEN*) online member eligibility information
- Reviewing the most current PCP panel report via *HPHConnect*
- Calling the Provider Service Center at 800-708-4414

If the PCP determines that he or she is not the member's PCP of record, he/she is responsible for bringing that to the attention of the member so the member can contact Harvard Pilgrim to correct the information.

- The change can be accomplished at the time of service by calling Harvard Pilgrim's Member Services Department at 888-333-4742 Mon.–Fri., 8 a.m.–5:30 p.m.
 - A PCP cannot be retroactively assigned to a member.
- Until the change is made, the treating physician must evidence a referral from the PCP of record on any claim for service, unless he or she is participating in the same care unit as the member's PCP of record.

Specialist

The specialist should verify that the PCP name and identification number on the referral is the member's PCP of record by:

- Accessing electronic (*HPHConnect* or *NEHEN*) online member eligibility information
- Calling the member's PCP

If the PCP's name and identification number differ from the referral information, you need to determine if the provider listed on the referral is a covering PCP who participates in the member's care unit by:

- Accessing *HPHConnect's* online *Provider Directory*
- Calling the member's PCP

Filing Specialty Referral Claims

Specialist claims for most services require evidence of a referral from the member's PCP indicating that the specialist provided care at the request of the member's PCP.

- A claim for services rendered by a covering PCP who does not participate in the member's care unit also requires evidence of a referral.
- Enter the following information on the CMS-1500 claim form as evidence of a referral

Box	Enter
17	Referring PCP's name
17b	Referring PCP's National Provider Identifier (NPI) ¹

Failure to include complete referral information, including accurate referring provider name and Harvard Pilgrim provider identification number or National Provider Identifier (NPI) on the claim, will result in an administrative denial.

If a PCP initiates an in-network retroactive referral, it must be received no later than 90 days from the date of service.

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Publication History

01/01/12	removed First Seniority Freedom information
06/15/14	added Connecticut Open Access HMO referral information
11/20/15	updated referral submission information
12/23/15	added coordination of care information; clarified the submission process; added the Massachusetts Providers section; updated the Maine Providers section
02/19/16	updated retroactive referral information; added standing referrals are valid for 364 days

¹Harvard Pilgrim requires that all requests for services be submitted with a valid NPI for the requesting and servicing providers.