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 Connect℠. For UnitedHealthcare's related policies/procedures, please go to www.uhcprovider.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.
- See specific referral requirements by state below.

Open Access HMO and POS

A clinical For Open Access HMO and POS products, 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 to sign a financial liability statement.

Behavioral health referral

Harvard Pilgrim does not require referrals for behavioral health services. When behavioral services are needed, members should contact the member services team using the phone number on their member ID card for assistance in accessing mental health and substance abuse services.

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.

Verifying PCP of record

Member's PCP

The PCP is responsible for verifying member eligibility and the member's PCP of record. Refer to the Determining eligibility section for details.

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 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

Initiating a referral

For Massachusetts and Rhode Island members

For HMO or POS products, 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 PCP is referring an HMO or POS product member outside of their referral affiliation, a referral transaction is necessary.

Submitting a referral

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

- Detailed *HPHConnect* instructions are available at www.harvardpilgrim.org/providers
- For NEHEN instructions refer to your NEHEN documentation.

You may also submit by fax to 617-509-4297. If you have questions or need assistance with referral submission, please contact our Provider Service Center at 800-708-4414. Please have all relevant information on hand (such as patient and provider information, relevant clinical information, the number of visits if applicable, etc.).

Harvard Pilgrim response

An immediate confirmation is available online.

For Maine and New Hampshire members

Specialist claims for most services require evidence of a referral indicating that the specialist provided care at the request of the member's PCP; it is necessary for the servicing provider to file evidence of the referral (see Specialists: Filing Evidence of Referral, below)

- In Maine, direct health care providers may also make referrals. (see instructions below)

Additional information

- If a PCP initiates an in-network retroactive referral, it must be received no later than 90 days from the date of service.
- For information on claims resubmission or appeals, please refer to the Appeals section of the Provider Manual.
- 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.

Specialists: filing evidence of referral

To indicate evidence that an appropriate referral has been obtained, the member's Primary Care Physician's name and National Provider Identifier (NPI) should be included on the CMS-1500 claim form. Enter the following information on the CMS-1500 claim form as evidence of a referral.

Box 17 **Enter:** Referring PCP's name

Box 17b **Enter:** Referring PCP's National Provider Identifier (NPI)

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

Maine direct health care providers: Maine also allows direct health care providers to make referrals. To submit evidence of a referral, direct health care providers should contact the Provider Service Center at 800-708-4414, rather than following the process outlined above.

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
07/01/18	updated the Open Access referral information
10/01/18	updated the Maine Providers and Filing Specialty Referral Claims sections
10/01/19	added Verifying PCP of Record section; updated Initiating a Referral section; updated Specialists: Filing Evidence of Referral section
01/01/23	reviewed; no changes
09/01/23	updated for behavioral health insourcing effective on 11/01/23
11/09/23	updated hyperlinks
11/01/24	updated the Initiating a Referral section to include a fax number
03/01/26	updated reference to Maine direct health care providers to reflect new terminology
11/15/26	added link to Determining eligibility in *Verifying PCP of record* section; administrative updates