

BILH PERFORMANCE NETWORK CONTRACTED HEALTH PLANS WITH REFERRAL SIMPLIFICATION PROGRAMS

Tufts Health Plan, Blue Cross Blue Shield of MA, and Harvard Pilgrim Health Care have eliminated the need for an administrative referral (a request to the health plan for approval of payment) for specialty office visits referred within the BILH Performance Network. Patients should still contact their PCP’s office to notify their PCP that they desire specialty care so that the PCP may direct that care to a BILHPN specialist, as appropriate.

These referral simplification programs do not change the prior authorization process. Any services requiring notification or authorization will continue to do so.

Confidential & Proprietary

<u>PLAN</u>	<u>PRODUCTS INCLUDED</u>	<u>PROCESS</u>	<u>IMPORTANT NOTES</u>
<p>Tufts Health Plan</p>	<p>The below products are included for both fully and self-insured products:</p> <p><u>HMO</u></p> <ul style="list-style-type: none"> • <i>Premium (MA, RI & Commonwealth)</i> • <i>Value (MA & RI)</i> • <i>Basic (MA, RI & Commonwealth)</i> • <i>Non-Group (MA & RI)</i> • <i>RI Health Pact</i> • <i>Advantage HMO (all products)</i> • <i>Advantage HMO Saver (all products)</i> • <i>Your Choice HMO</i> • <i>Lifespan Premier Choice HMO</i> <p><u>Select and/or Limited Network*</u></p> <ul style="list-style-type: none"> • <i>HMO Premium Select</i> • <i>HMO Value Select</i> • <i>HMO Basic Select</i> • <i>Advantage HMO Select</i> 	<ol style="list-style-type: none"> 1. Patient obtains clinical approval for referral from PCP 2. PCP office confirms that specialist is in-network. For the latest listing of in-network providers please email: NetworkRelations@bilh.org 3. PCP office advises the patient that they will take care of the referral authorization number 4. PCP office documents the referral and specific provider in electronic health record (EHR) 5. If the provider is out-of-network, the practice or designee must continue to obtain the referral authorization 	<ul style="list-style-type: none"> • Providers must be primary with one of the BILHPN Provider Organizations / Risk Units in order for referral simplification to apply. Providers <u>MUST</u> ensure primary affiliation is confirmed <u>OR</u> request PCP referral where applicable. • Please note the Tufts BILHPN referral simplification program is for Commercial Plans only. Tufts Public Plan, Tufts Medicare Preferred and Tufts Senior Care Option plans will follow a risk group’s current referral simplification program. • Limited networks are included in the referral simplification program; however, a referral is needed if the provider is NOT in the limited network. *BILHPN does not participate in the Limited/Tier Network HMO. • For specialists to see *Select and Spirit members, their primary affiliation, (if it is not primary in the BILH Performance Network) must participate in Select or Spirit or the claim will deny as patient responsibility.

BILH PERFORMANCE NETWORK CONTRACTED HEALTH PLANS WITH REFERRAL SIMPLIFICATION PROGRAMS

<ul style="list-style-type: none"> • <i>Commonwealth Select Advantage HMO</i> <p>POS</p> <ul style="list-style-type: none"> • <i>MA Exclusive Provider Organization</i> • <i>MA Point of Service</i> • <i>MA Out of Service Area</i> • <i>MA Point of Service</i> • <i>Advantage EPO Saver</i> • <i>Your Choice EPO & POS</i> • <i>Limited or Tiered Network EPO</i> • <i>Lifespan Premier Choice EPO</i> • <i>Saver Point of Service</i> • <i>Your Choice Saver POS</i> • <i>Navigator by Tufts Health Plan</i> • <i>Granite EPO</i> • <i>Granite Premier Choice EPO Saver</i> • <i>Granite Premier Choice EPO</i> • <i>Granite Advantage EPO Saver</i> • <i>Granite Traditional EPO</i> • <i>Granite Premier Choice EPO Saver</i> • <i>Granite Premier Choice EPO</i> • <i>Granite Advantage EPO Saver</i> • <i>Granite Advantage EPO</i> 		<ul style="list-style-type: none"> • There are no exclusions on referral services when referral simplification is in place. However, if a service requires a prior authorization, rather than a referral, the prior authorization requirement remains in place. Please visit https://tuftshealthplan.com/provider/home for more details on when a prior authorization may be needed. • BIDCO currently has referral simplification in place for above and only includes referrals within legacy BIDCO. • Lahey Hospital and Medical Center/LACU currently has referral simplification in place for Tufts Medicare Preferred and only includes referrals within Lahey Hospital and Medical Center/LACU
---	--	--

BILH PERFORMANCE NETWORK CONTRACTED HEALTH PLANS WITH REFERRAL SIMPLIFICATION PROGRAMS

<u>PLAN</u>	<u>PRODUCTS INCLUDED</u>	<u>PROCESS</u>	<u>IMPORTANT NOTES</u>
<p>Blue Cross Blue Shield MA</p>	<p>The below products are included for both fully and self-insured products:</p> <ul style="list-style-type: none"> • <i>HMO Blue</i> • <i>HMO Blue New England</i> • <i>Blue Choice 1</i> • <i>Blue Choice New England</i> • <i>Blue Choice 2</i> • <i>Blue Choice New England Plan 2</i> • <i>Blue Choice New England</i> • <i>Network Blue</i> • <i>Network Blue New England</i> • <i>HMO Blue New England</i> • <i>Access Blue</i> • <i>Managed Blue for Seniors</i> • <i>Blue Choice ASO POS</i> • <i>Medicare Advantage HMO Products</i> 	<ol style="list-style-type: none"> 1. Patient obtains clinical approval for referral from PCP 2. PCP office confirms that specialist is in-network. For the latest listing of in-network providers please email: NetworkRelations@bilh.org 3. PCP office advises the patient that they will take care of the referral authorization number 4. PCP office documents the referral and specific provider in electronic health record (EHR) 5. If the provider is out-of-network, the practice or designee must continue to obtain the referral authorization 	<ul style="list-style-type: none"> • Limited networks are included in the referral simplification program; however, a referral is needed if the provider is NOT in the limited network. • Specialists who belong to more than one provider network must use the TIN or Type 2 NPI associated with the BILH Performance Network (e.g., legacy BIDCO, legacy LCPN, and MACIPA) to get paid without a referral. • Effective 1.1.2021 Podiatry is included in all BILH Performance Network (e.g., legacy BIDCO, legacy LCPN and MACIPA) referral simplification program. • There are no exclusions on referral services when referral simplification is in place. However, if a service requires a prior authorization, rather than a referral, the prior authorization requirement remains in place. Please see the BCBSMA website for more details on when a prior authorization may be needed.

BILH PERFORMANCE NETWORK CONTRACTED HEALTH PLANS WITH REFERRAL SIMPLIFICATION PROGRAMS

<u>PLAN</u>	<u>PRODUCTS INCLUDED</u>	<u>PROCESS</u>	<u>IMPORTANT NOTES</u>
<p>Harvard Pilgrim Health Care</p>	<p>The below products are included for both fully and self-insured products:</p> <ul style="list-style-type: none"> • <i>BILH Domestic and Community HMO</i> • <i>BILH HMO Plus</i> • <i>BILH Tiered POS</i> • <i>ChoiceNet HMO</i> • <i>ElevateHealth Options HMO</i> • <i>Focus Network - MA HMO</i> • <i>GIC Independence Plan POS</i> • <i>GIC Primary Choice Plan HMO</i> • <i>Harvard Pilgrim HMO</i> • <i>Harvard Pilgrim HMO - Flex</i> • <i>Harvard Pilgrim HMO - LP</i> • <i>Harvard Pilgrim POS</i> • <i>Harvard Pilgrim POS - LP</i> • <i>HMFP/APHMFP Choice Network</i> • <i>Hospital Prefer HMO</i> • <i>Maines Choice HMO</i> • <i>NetOption HMO</i> • <i>Reliant Select HMO</i> • <i>Stride Medicare Advantage</i> 	<ol style="list-style-type: none"> 1. Patient obtains clinical approval for referral from PCP 2. PCP office confirms that specialist is in-network. For the latest listing of in-network providers please email: NetworkRelations@bilh.org 3. PCP office advises the patient that they will take care of the referral authorization number 4. PCP office documents the referral and specific provider in electronic health record (EHR) 5. If the provider is out-of-network, the practice or designee must continue to obtain the referral authorization 	<ul style="list-style-type: none"> • Limited networks are included in the referral simplification program; however, a referral is needed if the provider is NOT in the limited network • Specialists whose primary affiliation is not BILH Performance Network (e.g., legacy BIDCO, legacy LCPN, or MACIPA) will require a referral • There are no exclusions on referral services when referral simplification is in place. However, if a service requires a prior authorization, rather than a referral, the prior authorization requirement remains in place. Please see the HPHC website for more details on when a prior authorization may be needed. • Effective 1.1.2022 inter-BILHPN referrals are not required for Stride Medicare Advantage • BILH Performance Network providers do not participate in HPHC’s Elevate Health HMO; therefore, patients need a prior authorization to see any providers in that network • HPHC Health Plans Inc. is not included in the referral simplification program; therefore, a referral or authorization may be required.