

## Northeast PHO Referral Management Policy 2023

The Northeast Physician Hospital Organization (PHO) has a comprehensive network of community based specialists who partner with our Primary Care Providers (PCPs) to provide well-coordinated care for our patients. The Northeast PHO is part of a larger network, Beth Israel Lahey Health Performance Network (BILHPN). If services are not available in the Northeast PHO network, referrals may be directed to BILHPN providers and facilities. In an effort to facilitate and improve care coordination for the patients of Northeast PHO network, the following referral management process has been put in place.

1. BCBS, Fallon, Harvard Pilgrim, Tufts, and Tufts Medicare Preferred HMO patients seeking specialty care referrals outside of the Northeast PHO network may be subject to review.
2. Preferred Tertiary providers are:
  - Lahey Hospital & Medical Center and Beth Israel Deaconess Medical Center for services not available within the Northeast PHO network.
3. The following criteria must be met in order for an out of PHO or out of BILHPN referral request to be approved.
  - a. **Pre-existing relationship** - Clinical notes will be required to authorize a pre-existing relationship
    - i. The patient must have seen the out of network (OON) specialist within 12 months for the same condition
    - ii. Follow up to current surgery or complication of current surgery or therapy
    - iii. PCPs should make efforts to redirect care to a Northeast PHO, or when necessary BILHPN, specialist where clinically appropriate
  - b. **Services not in PHO network** - Clinical notes will be required to support this request
    - Patient to be directed to Preferred Tertiary provider at Lahey Hospital & Medical Center or Beth Israel Deaconess Medical Center or other BILHPN provider
  - c. **Coordination of Care** - Clinical notes will be required to support this request
  - d. **ER follow up** - Clinical notes will be required to support this request
    - i. One visit to an OON Specialist will be approved if the patient had a face to face visit with that specialist during the ED visit.
    - ii. No referral will be approved for an appointment made with an out of PHO specialist if there was no direct face to face visit with the specialist (i.e. no established relationship)
  - e. **Second Opinion** – Clinical notes will be required to support this request
    - i. Second Opinions should be to a Northeast PHO specialist, or BILHPN specialist if services are not available in Northeast PHO
    - ii. After the second opinion to a Northeast PHO or BILHPN specialist, an OON second opinion will be approved if requested by a patient

- iii. PCP follow up is required for discussion of best options for treatment after the OON second opinion
- 4. **Access to Specialty Care** - All efforts should be made to schedule patients to see a Northeast PHO specialist for
  - a. Non-routine care
    - i. within 7 days of the request
    - ii. no later than 48 hours after an out of PHO specialist appointment (not authorized by the PCP)
  - b. Oncology or other High Risk Conditions
    - i. appointment as soon as possible
    - ii. no later than 48 hours, or 2 business days, after the request
    - iii. further decisions on where ongoing care should be received will be at the discretion of the PCP
- 5. In PHO Orthopedic Policy
  - a. Patients should see a Northeast PHO Orthopedic Specialist prior to being referred to an out of PHO or Preferred Tertiary Orthopedic Specialist
- 6. Pediatric Referral Rules
  - a. Referrals for the following pediatric specialties will be approved **without** PHO review:
    - i. Cardiology
    - ii. Endocrinology
    - iii. Gastroenterology
    - iv. Infectious Disease
    - v. Nephrology
    - vi. Neurology/Neurosurgery
    - vii. Plastic Surgery
    - viii. Pulmonology
    - ix. Rheumatology
    - x. Urology
  - b. Orthopedic referrals must be in PHO **excluding** the following reasons
    - i. Scoliosis
    - ii. Malignant Tumors
    - iii. Congenital anomalies/issues
    - iv. Club Feet
    - v. Growth Plate Fractures for patients under 24 months
- 7. Referrals for the following services will not be subject to review:
  - a. Chiropractic Care
  - b. Optometry
  - c. Physical Therapy
  - d. Occupational Therapy
  - e. Speech Therapy