


PRIMARY CARE PROVIDERS

Referral Authorizations – OUTGOING REFERRALS

A guide for determining when a Referral Authorization is issued by the Primary Care Provider in the Winchester PHO.

Applicable Payer Contracts: BCBS HMO, HPHC HMO, Tufts HMO.

WINPHO PCP REFERS TO: 	If REFERRED-TO SPECIALIST is a member of the following referral circles:				
If referred specialist is enrolled in the following managed care Payer Plan:	WinPHO (EPIC: WPA, LPCO)	Lahey Medical Center (LCBUR, LC....)	NEPHO (Beverly & Addison Gilbert Hospital and Affiliates) (NMP)	Highland IPA (WINHIPA)	All others (outside referral circles)
Tufts Health Plan (COMMERCIAL ONLY, excludes TMP and Tufts Public)*	No Authorization needed	No Authorization needed	Authorization Needed	Authorization Needed	PHO Review Authorization Needed
BCBS HMO/POS	No Authorization needed	Authorization Needed	Authorization Needed	Authorization Needed	PHO Review Authorization Needed
HPHC HMO and HMO Stride	No Authorization needed (if WinPHO specialist is enrolled)	No Authorization needed (if WinPHO specialist is enrolled)	Authorization Needed	Authorization Needed	PHO Review Authorization Needed
ALL PPO plans	No Authorization needed	No Authorization needed	No Authorization needed	No Authorization needed	No Authorization needed

Practices are responsible for obtaining authorizations as needed for all other payer plans that are not part of the Winchester PHO contract.

Notes:

- HPHC Atrius POS plans needs referrals even when patient sees a WINPHO (or any LHS) specialist within a referral circle.
- BCBS HMO Select Plans – specialty services are NON-PAR if specialist is not PRIMARY AFFILIATED with BCBS in the WinPHO. Patients' claim will be **denied** even with a referral authorization.
- BCBS Anthem NH plans have separate referral guidelines. Please check patient benefits. Standard referral simplification rules do not apply.
- BCBS MEDEX (a Medicare supplemental plan) will **always** need an authorization from the PCP. Standard referral simplification rules do not apply.

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SPECIALIST PROVIDERS

Referral Authorizations – INCOMING REFERRALS

A guide for determining when a Referral Authorization is needed when the patient's Primary Care Provider is in the Winchester PHO.

Applicable Payer Contracts: BCBS HMO, HPHC HMO, Tufts HMO.

	If the PATIENT'S PRIMARYCARE is a member of the following referral circles:				
I am a specialist enrolled in the following managed care Payer Plan with WinPHO:	WinPHO (EPIC: WPA, LPCO)	Lahey Medical Center (LCBUR, LC....)	NEPHO (Beverly & Addison Gilbert Hospital and Affiliates) (NMP)	Highland IPA (WINHIPA)	All others (outside referral circles)
Tufts Health Plan (COMMERCIAL ONLY, excludes TMP and Tufts Public)*	No Authorization needed	No Authorization needed	Authorization Needed (If you are also part of NEPHO, no auth is needed)	Authorization Needed (If you are also part of HIPA, no auth is needed)	Contact the Primary Care Office to obtain authorization.
BCBS HMO/POS	No Authorization needed	Authorization Needed for PHO (No auth is needed if you are a LACU employed specialist)	Authorization Needed (If you are also part of NEPHO, no auth is needed)	Authorization Needed (If you are also part of HIPA, no auth is needed)	Contact the Primary Care Office to obtain authorization.
HPHC HMO and HMO Stride	No Authorization needed (Auth needed if SPC is not enrolled with WPHO's HPHC.)	No Authorization needed (Auth needed if SPC is not enrolled with WPHO's HPHC.)	Authorization Needed (If you are also part of NEPHO, no auth is needed)	Authorization Needed (If you are also part of HIPA, no auth is needed)	Contact the Primary Care Office to obtain authorization.
ALL PPO plans	No Authorization needed	No Authorization needed	No Authorization needed	No Authorization needed	No Authorization needed