



Important Updates Effective June 1, 2018

Referral Requirement, Ambulatory Surgery Optimization, and NIA Facility Selection Program

REFERRAL REQUIREMENT

Effective **June 1, 2018**, Home State Health will require an active referral from the **Primary Care Practitioner (PCP)** for Home State Health's Medicaid Managed Care members prior to seeing an in-network specialist in one of the following specialty areas:

Cardiology
Gastroenterology
Orthopedic Surgery
Otolaryngology (ENT)
Urology

Note: This notification is specific to the Medicaid line of business. For Allwell from Home State Health, please refer to www.HomeStateHealth.com for a list of specialties requiring referrals for Allwell members.

Referrals can be submitted via the Provider Web Portal, Fax or Phone. Any member seeking care from an out-of-network primary or specialty care provider will continue to require Prior Authorization, which is subject to Medical Necessity review.

As a participating PCP and/or Specialist in the Home State Health Network, it is important you understand the requirements for both the Referral and Prior Authorization processes to ensure your patients do not experience any disruption in care, and claims are paid in a timely and accurate manner. Please see the Referral Process outlined below for more detail.

Home State Health's Referral Process

Home State Health utilizes both Referrals and Prior Authorizations to help manage member care delivery.

Prior Authorization - or pre-certification may be required prior to a member receiving a service or procedure.

- Some covered services and procedures require a Prior Authorization even if the service is provided by an in network provider. Providers can access the Prior



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Authorization Tool at www.HomeStateHealth.com to check which services require a Prior Authorization.

- All services and procedures provided by an out-of-network provider require Prior Authorization

Referral –approval required prior to a member seeing a specific in-network specialty provider for an office visit.

- Effective June 1, 2018, referrals will be required for any in-network specialist associated with Cardiology, Gastroenterology, Orthopedic Surgery, Otolaryngology (ENT), and Urology.

Referral Submission:

- Referrals can be submitted by PCPs via phone, fax or provider web portal.
- Referrals will cover the member's office visits to the specialist indicated on the referral for a span of six months from the date of submission.
- If additional services or procedures are required following the specialist office visit, providers should utilize the Prior Authorization Tool located on Home State Health's Provider website to determine whether the needed procedure is covered or requires Prior Authorization before proceeding.
- Payment will be denied for any claims submitted by one of the above-listed specialty types if there is not an active referral in place on the date of service.
- A referral cannot be submitted for an out-of-network specialist.

If you are a Participating Specialist

- You can check the status of a patient's referral by logging onto the Provider Web Portal before you provide a service to a member.
- You can locate this policy (**MO.UM.54**) in the Home State Health Payment Policy Manual located at www.HomeStateHealth.com.
- Claims from any of the above listed specialty types will be denied without an active referral in place.
- If a member does not have a referral in place, you must contact the member's PCP to submit a request for the referral.

➤ **Secure Portal Registration:** If you haven't already do so, please go to www.HomeStateHealth.com to register for our Secure Portal. Functions on the portal include: Verification of eligibility, submission of claims, entering authorizations, viewing patient care gaps, etc. Use of the portal is FREE for all services!

➤ **Electronic Funds Transfer / Electronic Remittance Advice**

- Home State Health Plan partners with PaySpan Health for EFT/ERA services.
- Please register with PaySpan Health at www.payspanhealth.com

Questions?

Contact Provider Relations at 1-855-694-4663.



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- You cannot make or submit a referral to another specialist regardless of specialty type except in approved circumstances (please refer to MO.UM.54 Referrals for In-Network Specialty Services Policy)

If you are a Participating PCP

- You are responsible for managing the care for your patients, including the care provided by other clinicians.
- The referral process helps to facilitate adequate contact between you and the specialist to whom you are referring a member. It will help provide you with opportunities to complete health screenings, manage ongoing conditions, and understand how members are navigating available healthcare resources.
- The referral process outlined herein is aligned with current goals in healthcare around the “Triple Aim”- the right care, at the right time, in the right place.

AMBULATORY SURGERY OPTIMIZATION

To assist in ensuring that procedural care is being delivered at the most appropriate level of care and value, **effective June 1, 2018**, Home State Health will work with providers to determine optimal care locations where our members may receive procedures while taking into consideration provider privileges, facility quality, member availability and facility availability.

To view Home State Health’s full ASC policy (**MO.UM.56**) go to www.HomeStateHealth.com.

NATIONAL IMAGING ASSOCIATES (NIA) CHANGE IN PROCEDURE

NIA manages the provider network and the prior authorization process for non-emergency, advanced imaging services rendered to Home State Health Medicaid members.

Effective June 1, 2018, and for all dates of service thereafter, if you do not select a convenient, cost-effective, in-network imaging facility at intake for MR and CTs, NIA will assign one that is closest to the member’s zip code. The finalized authorization will reflect the imaging facility selected. In addition, the imaging provider selected or assigned pursuant to this process will become the **provider of record for claims**

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payment. Any claim billed with an imaging provider's Tax ID that differs from the imaging provider's Tax ID selected or assigned during this process will be denied. Claim denial reasons are:

EXNo-DENY Procedure code and Provider does not match auth

EXNq-DENY Provider and DOS does not match auth

EXNs-Deny Did not use authorized provider in network

EXy1- Deny: Services Rendered by Non Authorized Non Plan Provider

About the Process:

- You will continue to contact NIA for prior approval of advanced imaging studies.
- Once the study is approved as clinically necessary, you can select a convenient, cost-effective, in-network imaging facility, or NIA will assign one.
- If there is a clinical reason why the patient needs to be seen at a specific facility, you can let the NIA representative know by telephone, or if using RadMD, you can click on the *Identify a Facility* box, and you will have an opportunity to document the clinical reason for the specific facility. NIA may make an exception and authorize the specific facility requested.
- Please let members know which facility has been selected or approved to provide the radiology services that you are referring.
- Children under 10 years of age are excluded from this process.

Home State Health appreciates your participation and the care you provide to our members every day. If you have any questions or concerns regarding the referral process or ASC policy, please contact Home State Health at 1-855-694-HOME (4663). If you have questions regarding the NIA process, please contact NIA at 800-327-0641, extension 100070.

Thank you,

Home State Health

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