



home state health™

Referral Process

Provider Training

June 2018

Training Overview



Why?

The purpose of this training is to provide an overview of the new Referral Access process and how it will impact services under the Home State Health Medicaid health plan.

Who is this training intended for?

Primary Care Physicians (PCP) & Specialty Providers participating with Home State Health plans.

What do we hope to accomplish?

- Provide an overview of how the Referral Access process will work and how it impacts you as a provider
- Discuss how Referrals can be submitted and what needs to be done for your claims to process correctly
- Review additional resources available to you to assist in the process
- Answer any questions you may have regarding the process

How Will the Process Work?



Effective **June 1, 2018**, Home State Health Plan will require an active referral from the **Primary Care Physician (PCP)** for patients prior to seeing an in-network specialist in one of the following specialty areas:

1. **Otolaryngology**
2. **Urology**
3. **Cardiology**
4. **Gastroenterology**
5. **Orthopedic Surgery**

Referrals will be active for 6 months from the date of submission for the specialist indicated on the referral.

How Does This Impact You?



If you are a PCP...



You are the **only** person that can submit a referral for your patients.



Referrals are only for in network specialists*. Any out of network requests require prior authorization.



Referrals can be submitted online via the health plan's provider portal, phone or fax.

*In-network specialists include: Otolaryngology, Urology, Cardiology, Gastroenterology, Orthopedic Surgery

How Does This Impact You?



If you are a Specialist...



If you are a specialist that requires a referral, you need to ensure your patient has an active referral on file prior to see the patient.



You can check the status of a patient's referral by logging onto the Provider Portal and looking in the member records. Select "View Authorizations" to find the status of the referral.



If a patient does NOT have a referral on file, you can contact the patient's PCP to submit the referral.



You cannot submit a referral to another specialist. Referrals must be submitted by the PCP.

How to Submit a Referral Using Your Secured Provider Portal

Create a New Authorization



Eligibility Patients Authorizations Claims Messaging

Viewing Eligibility For : Home State Health

[Back to Eligibility Check](#)

Overview

Cost Sharing

Assessments

Health Record

Care Plan

Authorizations

Member Services

Coordination of Benefits

Claims

Summary of Benefits

Document Resource Center

Notes

There are no current authorizations for this patient.

[Create a New Authorization](#)

After logging onto the provider portal and verifying member's eligibility, a provider can submit a Referral by selecting "Authorizations" and then "Create a New Authorization"

Referral Service Type



Viewing Authorizations For : Home State Health

Authorization For

DOB: Member NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ☐

After hours emergent and urgent admissions, inpatient notifications or requests will need to be provided telephonically. Electronic requests will not be monitored after hours and will be responded to on the next business day. Please contact our NurseWise line at 866-246-4358 for after-hours urgent admission, inpatient notifications or requests. ☐

Please select Service Type.

For assistance in selecting the correct service type, [click here](#)

Enter Authorization

1. PROVIDER REQUEST

☐ Urgent Request

Select a Service Type

- Medical Outpatient
 - Biopharmacy
 - Cochlear Implants & Surgery
 - DME
 - Drug Testing
 - Experimental/Investigational
 - Genetic Testing & Counseling
 - Home Health
 - Hyperbaric Oxygen Therapy
 - Infertility
 - Inpatient Services (S&P)
 - Neuropsych Testing
 - Observation
 - Office Visit
 - Outpatient Services
 - Outpatient Surgery
 - Pain Management
 - Radiation Therapy
 - Referral
 - Sleep Study
 - Therapy-Treatment
 - Transport
- Medical Inpatient
 - C-Section Delivery
 - Long Term Acute Care
 - Medical
 - Premature/False Labor
 - Rehab Inpatient
 - Skilled Nursing

2. SERVICE LINE

3. FINISH UP

Referrals will appear in the drop down menu under Provider Request. Referrals should only be used for Otolaryngology, Urology, Cardiology, Gastroenterology, Orthopedic Surgery.

Requesting Provider

Viewing Authorizations For : Home State Health

Authorization For

DOB: Member NBR:

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ☐

After hours emergent and urgent admissions, inpatient provided telephonically. Electronic requests will not be responded to on the next business day. Please contact your provider for after-hours urgent admission, inpatient notifications. ☐

Please select Service Type. ☐

For assistance in selecting the correct service type, [click here](#)

Enter Authorization

1. PROVIDER REQUEST

☐ Urgent Request

Referral

Requesting Provider

1154

NPI:

TIN: *****0263

Name: JONES,

Primary Diagnosis

K35.2

ACUTE APPENDICITIS W/GEN PERITONIT

CODE LOOKUP: [ICD-10](#)

Add Additional Diagnosis

2. SERVICE LINE

3. FINISH UP

Provider will enter their information as the requesting provider along with the primary diagnosis the referral is for.

Servicing Provider


Eligibility Patients Authorizations Claims Messaging

Viewing Authorizations For : Home State Health

Authorization For

DOB: Member NBR:

PROVIDER REQUEST

 Service Type: Referral
JONES
FAMILY PRACTICE

Primary Diagnosis: K352: ACUTE APPENDICITIS
NPI:
TIN:
Phone:

If you need an authorization for an out-of-network provider, click on the "Out of Network" tab.

Enter Authorization

1. PROVIDER REQUEST

2. SERVICE LINE

Now adding new service line

Servicing Provider

☐ Same as Requesting Provider

Start Date - End Date

Units/Visits/Days

Primary Procedure

Procedure Code

[CODE LOOKUP](#)

Add Additional Procedures

Add New Service Line

3. FINISH UP

Servicing providers can be searched for by last name or NPI, click on tab to initiate search.

Servicing Provider



Viewing Authorizations For

Create Authorization

Authorization For

PROVIDER RECORD

Service Type: JON
OB GYN

Primary Care: NPI: TIN: Phone: 8

If you need an authorization for an out-of-network provider, please contact 866-329-4701.

EDIT

Date

Select a Provider

PROVIDER NAME	PHONE NUMBER	TAX ID	NPI	SPECIALTY DESC	SELECT
THOMAS -				FAMILY PRACTICE	Select
THOMAS -				FAMILY PRACTICE	If you need an authorization for an out-of-network provider, please contact 866-329-4701.
THOMAS -				FAMILY PRACTICE	If you need an authorization for an out-of-network provider, please contact 866-329-4701.
THOMAS				CERTIFIED CLINICAL NURSE SPECIALIST	Select
THOMAS				DIAGNOSTIC RADIOLOGY	Select

Select the correct Servicing Provider and continue completing the form. Be sure to click "Submit" at the end of the form and make note of the confirmation number.

Referral Submission



If you cannot access the Provider Portal there are alternative ways to submit a referral:

- **Call us.** Our Referral Specialist will ask you a few questions to get the process started.
- **Fax it.** Use our **Referral Fax Form** available on the health plan's website - <https://www.homestatehealth.com/providers/medicaid-referrals.html>

Please note that using the Provider Portal is the quickest and easiest way to obtain a referral approval.

Important Information



- Referrals are applicable for the 5 in network specialty providers only: Otolaryngology, Urology, Cardiology, Gastroenterology, Orthopedic Surgery
- Only PCPs can submit a referral
- There has been no change to the Prior Authorization process. Any out-of-network provider or service will continue to require a prior authorization
- Referrals will remain active for 6 months from the date of submission
- The Provider Portal is the quickest and easiest way to submit and receive approval for a referral
- You do not need to do anything different in terms of billing. So long as a referral is on file, your claim will be processed

Resources



The following resources are available on Home State Health's website:

<https://www.homestatehealth.com/providers/medicaid-referrals.html>

- Provider FAQ document
- Referral fax form
- Printable Instructions "How to Submit a Referral"