



home state health™

MemberConnections® Referral Form

Use this form to refer a Home State Health Plan (Home State) member for a visit from a Home State MemberConnections Representative.

Date: _____

Member Name: _____

MMIS ID #: _____

Member Address: _____

Member Phone #: _____

Provider Fax # & Contact Name: _____

Please check the reason for the referral:

- Non-Compliance
- Missed Appointments (minimum of three)
- High Emergency Room Usage
- Other (please explain):

Please give details as to the reason for the referral and your expectation of the MemberConnections visit:

Provider Name: _____

Provider Phone Number: _____

Home State Health Plan
16090 Swingley Ridge Rd
Suite 500
Chesterfield, MO 63017
Phone: 1-855-694-HOME (4663)
Fax: 1-866-390-4011