

Home State Health Medicaid Referrals Provider FAQs

Why do I need to get a referral for my patient?

Primary Care Physicians (PCP) are in charge of our members' healthcare. The referral ensures that the member is getting appropriate, affordable, coordinated care by the right Specialist, at the right time.

When do I need to get a referral for my patient?

The referral is a communication tool between the PCP and the Specialist. A referral is required for the following Specialist visits:

- Otolaryngology
- Urology
- Cardiology
- Gastroenterology
- Orthopedic Surgery

What is the difference between a referral and a prior authorization?

- *Prior Authorization* - or pre-certification, is required prior to a member receiving a service or procedure and is subject to a medical necessity review.
- *Referral* –approval required prior to a member seeing a specific in-network specialty provider. It is not subject to medical justification or review.

Who is responsible for generating referrals?

The member's PCP or a PCP within the same tax ID number.

What's the turn-around time for my referral request being approved?

- If *urgent*: a response will be issued within 1 business day.
 - Please note – **Urgent** requests should be submitted via **phone**
- If *routine*: a response will be issued within 5 business days.

How much notice do I need to give Home State Health when submitting a referral?

Providers should give 5 business days' notice.

Can another specialist see my patient if they are in the same office?

Referrals will cover the member's office visits to the specialist indicated on the referral or another specialist in the group of same specialty and Tax ID. A partner in the same group

can see the member if he/she is not on the referral as long as the specialist on the referral has the same specialty and they share the same TIN.

How long will my referral be good for?

A member's referral is active for 6 months from date of submission and covers unlimited office visits related to the specialty indicated on the referral. After 6 months, the PCP may submit another referral to Home State Health.

Is a new referral needed if a member needs to see another Specialist or return for additional visits after the referral has expired?

Yes. The member's PCP must be contacted to consider an additional referral.

How can a Specialist confirm if a referral is on file from the member's PCP before seeing the member?

A specialist and/or PCP can view the referral on the Provider Portal in the member records. Select "view authorizations" to find the status of the referral.

In order for the plan to pay the claim there must be an active referral on file. If there is not an active referral you must contact the PCP for that member and have him/her submit a referral. A claim will not be paid without an active referral.

What happens if I don't get a referral and my patient sees a Specialist?

If the member doesn't have a referral, the Specialist claims may be denied. Member is held harmless.

How do I submit a referral?

Referrals can be submitted by the member's PCP in one of three ways:

Submit a Referral via the Provider Portal

1. Log onto Provider Portal
2. Click on "Authorization" button on left hand side of the screen
3. Click on "Create New Referral"
4. From the drop down, select "Referral"
5. Fill in all required fields
6. Click "Submit" button
7. Make note of referral ID # for tracking purposes

To Submit a Referral via Fax

1. Access Fax referral form here - <https://www.homestatehealth.com/providers/medicaid-referrals.html>
2. Select "referral" as the Service Type
3. Fill in all required fields
4. Fax form to 855-286-1811

To Request a Referral via Phone (Urgent Requests)

1. Make sure you have the following information ready: Your Provider's NPI, Diagnosis, Name or NPI of provider you would like to refer your member to
2. Call Home State Health at (855) 694-HOME and follow the IVR prompts for Referrals
3. Provide requested information to HSH Referral Specialist

Can a Specialist refer a member to another Specialist?

No. Only the PCP can refer a member to a Specialist.

What if the member needs treatment or a procedure by the Specialist?

A Referral only covers the office visit(s) for a given Specialist or another Specialist within the same group who share the same specialty and TIN. If after the office visit a member requires additional services or procedures, the provider should utilize the Prior Authorization Tool. If the needed procedure is not on the list, no further approval is needed. If the needed procedure is on the Prior Authorization list, the provider must first submit a Prior Authorization request before providing the needed procedure.

What if my patient already has an appointment with a specialist scheduled after June 1st?

PCP should submit the Referral to Home State Health as soon as possible to obtain the referral approval prior to the specialist visit.

What is the timeframe to obtain a referral for orthopedic specialist casting/fracture care?

A Referral request related to casting (fracture dx) will be issued up to seven (7) days post-service. PCP's should submit these requests by fax or phone. A referral is still required for reimbursement of the specialist's claim.

Is a referral required for a newborn infant?

Newborn infants ages 0-3 months (0-90 days old) are exempt from this referral requirement.

Where can I find more information?

You can find more information on the Home State Health website under the "Medicaid Referrals" drop down within the Provider menu. -

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