



## Medicare Specialist Referral Requirement Provider Frequently Asked Questions (FAQ)

**Q: Which Health Partners Plans products does the specialist referral requirement apply to?**

A: This new requirement will include all Health Partners Medicare Special (HMO SNP) members as well as Health Partners Medicare Prime, Health Partners Medicare Value and Health Partners Medicare Basic members who reside in Philadelphia, Bucks, Chester, Delaware and Montgomery counties.

Specialist referrals will *not* be required for those members enrolled in our Health Partners Medicare Prime and Health Partners Medicare Value plans who live in Lancaster, Lehigh and Northampton counties. Please refer to the chart below for more information.

Referral Requirements for Health Partners Medicare Members								
Plan	Philadelphia	Bucks	Chester	Delaware	Montgomery	Lancaster	Lehigh	Northampton
Prime	Yes	Yes	Yes	Yes	Yes	No Referrals	No Referrals	No Referrals
Value	Yes	Yes	Yes	Yes	Yes	No Referrals	No Referrals	No Referrals
Special	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Basic	Yes	Yes	Yes	Yes	Yes	N/A	N/A	N/A

*Yes = Referrals required as of 1/1/2018; N/A = Plan not available in these counties*

**Q: Will members' Health Partners Medicare ID cards indicate whether their plan requires referrals?**

A: Yes, this information will be printed on the back of the ID cards for affected members starting with the 2018 plan year.

**Q: When is the specialist referral requirement effective?**

A: The requirement is effective beginning January 1, 2018.

**Q: When can I start sending or requesting specialist referrals?**

A: Health Partners Plans is prepared to start taking referral requests in mid-November to prepare for member appointments starting January 1, 2018, and after. Referrals are good for 90 days.



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### **Q: For which types of providers/services will a referral be required?**

A: All services rendered by a specialist will require a referral from the primary care physician (PCP), with the following exceptions:

- Ob/Gyn (including perinatologists, neonatologists, gynecological oncologists and family planning) – *services outside of routine gynecology require a referral*
- Behavioral health, including substance abuse
- Acupuncture
- Preventive services
- Emergent/urgent care
- Dialysis
- Routine eye exams and eyewear (*all medical vision services require a referral*)
- Dental

### **Q: Is a referral required for lab/radiology?**

A: The referral requirement only applies to services rendered by a network specialist in their office. Lab and radiology services performed outside the specialist's office, do not require a referral. (Example: Routine bloodwork in a specialist office would require a referral. However, an X-ray or ultrasound in a hospital or outpatient facility would not require a referral.)

### **Q: Is a referral required for a non-participating specialist visit or service?**

A: Non-participating specialist visits require pre-authorization by Health Partners Plans. This fulfills the referral requirement if the request is approved.

### **Q: Can a specialist submit a referral for another specialist?**

A: No. All referrals must be issued by the PCP. If a specialist (including Ob/Gyn) refers a patient to another specialist for additional services, it is the member's responsibility to request a PCP referral for that specialist.

### **Q: How long is a referral good for?**

A: A referral is good for 90 days from the date of issue. If a service is required beyond 90 days, a new referral must be issued by the PCP.

### **Q: Will a long-standing referral be permitted?**

A: No. The 90-day time period mentioned above will apply to all specialists/services for which a referral is issued.

### **Q: Will back-dating of a referral, or retroactive referrals, be allowed?**

A: Yes. A five day retroactive (back-dated) referral will be allowed in the provider portal, [HP Connect](#).

### **Q: What is the format for submitting a referral?**



Health Partners Plans

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A: HPP's provider portal, [HP Connect](#), will be the preferred tool. However, we will also accept paper referral forms, which will be available on our website at [HPPlans.com/providers/resources/form-and-supply-requests](http://HPPlans.com/providers/resources/form-and-supply-requests). [Form available online after 11/15/17] The paper referrals can be faxed to Health Partners Plans at **215-849-7096**, mailed to the address below, or processed via phone by calling **1-866-500-4571** (8 am to 5 pm).

### Mailing Address:

Health Partners Plans  
901 Market Street, Suite 500  
Attn: Pre-Certification Referral Department  
Philadelphia, PA 19107

### Q: How quickly will a referral be approved by HPP?

A: Referrals submitted through [HP Connect](#), or via phone, will be approved immediately. Any referral submitted via fax will be approved within 24-48 hours. All mailed referrals will be approved within 10 business days. See the table below for details:

Referral format	Turnaround time
<a href="#">HP Connect</a>	Immediately
<b>Phone</b> 1-866-500-4571	Immediately
<b>Fax</b> 215-849-7096	24-48 hours
<b>Mail</b> (See address above)	10 business days

### Q: What about any emergent/urgent referral requests?

A: There is no special policy for urgent requests. As noted above, requests through the [HP Connect](#) portal are approved immediately. Providers without portal access may submit requests by phone at **1-866-500-4571** (8 am to 5 pm) for immediate approval.