

Medicare Specialist Referral Requirement Frequently Asked Questions (FAQ)

UPDATED 6/1/2018

GENERAL

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: When is the specialist referral requirement effective?

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

Q: Within a 90-day period, is there a visit limitation by the PCP (e.g., three visits)?

A: *There is no limit to the number of visits to the 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.*

Medicare Specialist Referral Requirement Frequently Asked Questions (FAQ)

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: How specific does the reason for the referral need to be?

A: It can be general but must reflect the intent, such as “evaluate” or “evaluate and treat.”

Q: Is the online provider directory current for Health Partners Medicare?

A: Yes, our online directories are refreshed twice per week and are available [here](#).

TYPES OF PROVIDERS/SERVICES

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: For Ob/Gyn, what is considered routine and what would need a referral? For example, does a colposcopy require a referral?

A: No, Ob/Gyn is excluded from the referral requirement. Services outside of routine Ob/Gyn require a referral.

Q: If a patient goes to an orthopedic provider and they order an X-ray that they do in the office, is one referral needed for the orthopedic visit and one for the X-ray?

A: The referral to the orthopedic specialist who orders the X-ray is all that is required. A separate referral is not required for the X-ray.

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.)

Medicare Specialist Referral Requirement Frequently Asked Questions (FAQ)

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: Do we have to create a referral for a specialist that works within our same office?

A: *Yes, a referral is required for all office-based specialist services.*

Q: Do patients need a referral for routine labs done at Quest?

A: *A referral is not required for lab services performed at a Quest testing site.*

Q: Are referrals needed for anesthesia and pathology?

A: *Referrals are not required for anesthesia and pathology, but prior authorization may apply.*

Q: Are referrals required for outpatient surgery for specialists or the outpatient surgery center?

A: *Outpatient surgery does not require a referral, either for the specialist performing the surgery or to the outpatient surgery center. Referral to the specialist who may recommend the surgery is required and prior authorizations may apply.*

Q: Does an X-ray require a referral?

A: *Yes, if the X-ray is performed by a specialist in an office setting. If a specialist refers a patient for an X-ray, the X-ray does not require a referral, but the visit to the specialist does.*

Q: Does physical therapy require a referral?

A: *No, but prior authorization applies.*

Q: Are referrals required for routine bloodwork done in a specialist office?

A: *The specialist visit would need the referral, not specific services like bloodwork.*

Q: If we refer a patient to a specialist and they do an X-ray, should "evaluate and treat" be included on the referral?

A: *Yes, evaluate and treat should be included on all referrals.*

Q: Are referrals required for outpatient procedures, such as a colonoscopy?

A: *Yes, if a specialist is performing the services in an office setting.*



Medicare Specialist Referral Requirement Frequently Asked Questions (FAQ)

Q: We bill pathology in the office setting, so is a referral required?

A: Yes, if a specialist is performing the services in an office setting a referral is required.

Q: Does the servicing provider have to be a provider? What if you only have the facility's name? Can you enter the information?

A: Yes, the referral must be from a professional provider. Remember, referrals are needed for office-based specialist services. Facility-based services do not require a referral at this time.

Q: What about referrals for home healthcare?

A: Home healthcare services require prior authorization, which supersedes the need for a referral.

Q: If a PCP office has a visiting specialist, is the PCP office able to enter a referral for the specialist and retrieve it?

A: Yes, the referral should be submitted by the PCP and is retrievable by the specialist even if it is done by the same person as long as that person is associated with both entities.

HP CONNECT

Q: What is the format for submitting a referral?

A: Submit referrals online through the Aldera HP Connect Provider Portal at <https://hpconnect.alderaplatform.com>. Referrals are not currently available on NaviNet. However, you can visit HP Connect from NaviNet via the Health Partners Plans/Workflows section.

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

A: Referrals submitted through [HP Connect](#) 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 more information:

Referral format	Turnaround time
HP Connect	Immediately
Phone 1-866-500-4571	Immediately
Fax 215-849-7096	24-48 hours
Mail Health Partners Plans Attn: Pre-Certification Referral Department 901 Market Street, Suite 500 Philadelphia, PA 19107	10 business days

*** NOTE: THIS HIGHLIGHTED LANGUAGE IS TRUE ONLY UNTIL 7/1/2018. Effective 7/1/2018, all specialist referrals for our Health Partners Medicare members must be submitted through HP Connect**



Medicare Specialist Referral Requirement Frequently Asked Questions (FAQ)

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.* NOTE: THIS HIGHLIGHTED LANGUAGE IS TRUE ONLY UNTIL 7/1/2018.***

Q: I don't have access to HP Connect. How do I register?

A: *Visit the HP Connect Provider Portal at <https://hpconnect.alderaplatform.com> and click "Registration form" under "New Users: Providers." You can also visit the Health Partners Plans website at <https://www.healthpartnersplans.com/providers/provider-portals/register> to register.*

Q: Is there a limit to the number of users or logins for HP Connect per provider office?

A: *There is no limit to the number of users in a provider's office. However, each user needs to have a separate user ID and password. To register as a new user, follow the steps above.*

Q: Will referrals to specialists be to groups or individual providers?

A: *A referral should be made out to an individual provider/specialist. However, the member can see any specialist affiliated with the provider in the same group/practice.*

Q: Where do specialists obtain the referral? Will specialist offices automatically see the referrals issued to us?

A: *The referral will be visible to specialists and the PCP in the HP Connect portal. You must be registered and have a user ID to log into the portal. Once logged into the portal, click "Medicare Referrals/Referrals List" on the left navigation. Click "Search" to see all referrals or enter search criteria, then click "Search" to narrow to specific referrals.*

Q: When the specialist retrieves the referral, will they see attachments from the PCP?

A: *Yes. You will see a paperclip icon on the referral in the referral list if there is an attachment(s). To view the referral list, visit the HP Connect portal and click "Medicare Referrals/Referrals List" on the left navigation. Click "Search" to see all referrals or enter search criteria and click "Search" to narrow to specific referrals.*

Q: There is no referral list in NaviNet. How can I access this?

A: *Referrals are not currently in NaviNet. However, there is a link to HP Connect on NaviNet under Health Partners Plans/Workflows where you can access referrals or you can visit HP Connect directly at <https://hpconnect.alderaplatform.com>.*

Q: Does each employee at a provider's office need to register for the portal?

A: *Yes, each employee at a provider's office who will be accessing the HP Connect Provider Portal needs a separate login. The "super user" in your office can setup your user ID. If you are a new HP Connect user, visit <https://hpconnect.alderaplatform.com> and click "Registration form" under "New Users: Providers."*

Medicare Specialist Referral Requirement Frequently Asked Questions (FAQ)

You can also visit the Health Partners Plans website at
<https://www.healthpartnersplans.com/providers/provider-portals/register>.

Q: I am a referral coordinator and need to access multiple NPIs listed under one TIN. Can I do this?

A: *If your user ID is associated with multiple NPIs, you can submit and retrieve referrals from multiple NPIs in HP Connect.*

Q: Can the specialist office print referrals from the referral list?

A: *Yes. To see and print referrals issued to you, visit the HP Connect portal and click “Medicare Referrals/Referrals List” on the left navigation. Click “Search” to see all referrals or enter search criteria and click “Search” to narrow to specific referrals.*

MEMBER COMMUNICATION

Q: Have members been informed of this new referral rule?

A: *Yes, the referral requirement is on their member ID cards.*

Q: Is there a way a staff member scheduling a member can easily identify if the Health Partners Medicare member requires a referral?

A: *The member’s ID card can be viewed in HP Connect under “Member Detail.” The back of the member ID card will indicate if referrals are required for specialists based on the member’s plan and county of residence.*

Q: Is the PCP listed on the member’s ID card? Or is the rendering provider okay to request a referral?

A: *The referring provider must be a PCP to request a referral. The member’s PCP is printed on the back of the member’s ID card.*

Q: If a patient has an appointment on 1/2/18 and needs a referral, how do I submit it? Or will there be a back date window?

A: *You can enter referrals on the HP Connect Provider Portal now with a date range up to 90 calendar days starting any time after 12/31/2017.*

PRIOR AUTHORIZATION

Q: If a patient needs prior authorization do they also need a referral?

A: *No, prior authorization supersedes the need for a referral.*

Q: If a prior authorization is obtained for a procedure done in the specialist office, no referral is required, just prior authorization?

A: *Correct. Prior authorization supersedes the need for a referral.*

Medicare Specialist Referral Requirement Frequently Asked Questions (FAQ)

Q: Is there a place to look to see what tests need a prior authorization?

A: *These services are listed on the provider portal at <https://hpconnect.alderaplatform.com>.*

Q: If a Health Partners Medicare patient makes an appointment for a specialist, does the patient call the PCP for referral?

A: *The referral must be entered by the PCP. It is the responsibility of the specialist to ensure the member has a referral if one is required.*

Q: Is prior authorization required for outpatient physical therapy and occupational therapy billed in an office setting?

A: *Yes, and a referral is not required since prior authorization supersedes the need for a referral.*

Q: If an MRI is pre-certified by a specialist, does the patient need to get a referral from the PCP for the MRI?

A: *No.*