



An important
message from
Provider Relations



Part B Drugs Prior Authorization Update Effective 5/1/2019

Home State Health requires prior authorization as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Home State Health.

Home State Health is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the ordering physician in which we verify the medical necessity of a treatment in advance using independent, objective medical criteria.

It is the ordering provider's responsibility to determine which specific codes require prior authorization. Effective May 1, 2019, prior authorization requirements will be added to the Part B Drugs. A listing of the Part B drugs that will require prior authorization can be found on our website www.homestatehealth.com, For Providers, Allwell Provider Materials, News and Announcements. Beginning 5/1/19, reference the Pre-Auth Needed tool. Please refer to the information below for guidance regarding how to access the Pre-Auth Needed tool and obtain prior authorization from Home State Health.

FREQUENTLY ASKED QUESTIONS:

How do I determine if a specific treatment requires prior authorization?

- You may determine which specific codes require prior authorization by visiting our website at www.homestatehealth.com, For Providers, Allwell Provider Materials, News and Announcements to review the listing of Part B drugs requiring authorization. Beginning 5/1/19, utilize the Pre-Auth Needed Tool, which is located at www.homestatehealth.com, For Providers, Pre-Auth Needed Tool, Medicare. This is our Pre-Screen Tool. You will review and respond to the series of questions, then enter the procedure code to determine whether the service requires prior authorization.

How do I request a prior authorization for these services?

- **PROVIDER PORTAL:** You may submit the prior authorization request utilizing our Secure Web Portal at www.homestatehealth.com, Login. If you are not currently a registered user on our Secure Web Portal, you may create an account through this same link and your request will pend for verification.
- **FAX:** You may submit the prior authorization request by faxing the outpatient authorization form found on our website www.homestatehealth.com, For Providers, Allwell Provider Materials, Resource Documents, Outpatient Authorization Form. Fax your request to (844) 280-2630 as indicated on the form.
- **PHONE:** You may call our prior authorization department at (855) 766-1452.

➤ **Keep Up with Our Latest News and Announcements!** All of Home State's News and Announcements are located on our website at www.HomeStateHealth.com. Here you can also find our annual provider manual, provider training opportunities, quarterly provider newsletters, and so much more!



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What information will I be required to submit in connection with the prior authorization request?

- Pertinent clinical information related to the request
- CPT code(s)
- Diagnosis Code(s)
- Rendering provider's name, Tax ID number, and NPI number

If you have any questions regarding this information, you may contact Provider Services at MAPD: 1-855-766-1452 or D-SNP: 1-833-298-3361 or contact your dedicated Provider Partnership Associate.

Please verify eligibility and benefits prior to rendering services.

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Questions? Contact Provider Relations

MAPD: 1-855-766-1452 • D-SNP: 1-833-298-3361 • TTY: 711

Allwell.HomeStateHealth.com