

Healthy Connections Referral Form

Medicaid Participant Information	
Patient Name:	Date:
Medicaid ID #:	DOB:
Appointment (Day/Date):	
Medicaid Provider & Referral Information	
Length of Referral: <input type="checkbox"/> 1 Visit <input type="checkbox"/> ___ Visits <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 12 Months <input type="checkbox"/> Other: _____ <i>(maximum length of referral not to exceed 12 months – referrals for ongoing services must be renewed at least annually)</i>	
<input type="checkbox"/> Referral Mailed <input type="checkbox"/> Referral Faxed	
Name of Specialist/Provider:	
Address:	
Phone Number:	
Or, Referral for the following diagnosis/problem:	
Remarks:	
<input type="checkbox"/> Authorize specialist/provider to pass on this referral to Medicaid providers for services specific to this diagnosis/treatment (e.g. hospital, physical therapy, and durable medical equipment)	
Type of Service Requested	Mental Health (MH) Services (Adult and Children)
<input type="checkbox"/> Evaluate & Recommend Treatment	<input type="checkbox"/> Psychosocial Rehabilitation <input type="checkbox"/> Case Management
<input type="checkbox"/> Diagnose & Treat	<input type="checkbox"/> MH Clinic Services <input type="checkbox"/> Substance Abuse Treatment
<input type="checkbox"/> Follow patient jointly	<input type="checkbox"/> Assessment, Evaluation and/or Plan Development
<input type="checkbox"/> Assume care of patient	<input type="checkbox"/> Other:
<input type="checkbox"/> Surgery, if needed	
<input type="checkbox"/> Durable Medical Equipment (description):	Developmental Disability (DD) Services (Adults and Children)
<input type="checkbox"/> One visit referral for this service, no further Referrals issued until patient is seen by the Healthy Connections (HC) primary care provider (PCP) <input type="checkbox"/> Other: _____ _____ _____	<input type="checkbox"/> Developmental Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Service Coordination <input type="checkbox"/> Intense Behavioral Intervention (IBI)
	<input type="checkbox"/> Assessment, Evaluation and/or Plan Development
	<input type="checkbox"/> Other:
<input type="checkbox"/> Please Send Written Report <input type="checkbox"/> Please Phone With Report <input type="checkbox"/> Please Fax Report	
HC Provider Referral Number:	
PCP Signature:	
PCP: (Typed, printed or stamped)	Name: Mailing Address: Phone: Fax:
For questions regarding this referral please ask for:	
Notes to specialists/providers:	<ul style="list-style-type: none"> In all cases, communicate your assessment and recommendations back to the PCP If services beyond those authorized are needed, contact the PCP
See Reverse Side Regarding:	<ul style="list-style-type: none"> Medicaid covered services which require a referral Medicaid covered services which do not require a referral Changes to original referral must be authorized by Primary Care Provider

The following services require a referral from the Healthy Connections Primary Care Provider (PCP)

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| <ul style="list-style-type: none"> • Ambulatory Surgical Center Services • Case Management • Developmental Therapy • Durable Medical Equipment and Supplies (DME) • Home Health Service • Hospice Services • Hospital Services: Inpatient and outpatient services. (Some inpatient stays require PA through Qualis Health) • Intensive Behavioral Intervention (IBI) • Mental Health Clinic Services • Occupational Therapy | <ul style="list-style-type: none"> • Oxygen and Related Services • Physician Services: Not provided by the Healthy Connections (HC) PCP. Including any pre-operative exams for surgical services. • Physical Therapy • Prosthetic and Orthotic Services • Psychosocial Rehabilitation Services • Service Coordination • Speech Therapy • Substance Abuse Treatment Services • Urgent Care Centers |
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Note: Some services require a prior authorization (PA) from the Department **and** a referral from the Healthy Connections PCP. For more information regarding Healthy Connections referral requirements, please refer to your Idaho Medicaid Provider Handbook.

The following services do not require a referral from the Healthy Connections Primary Care Provider (PCP)

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| <ul style="list-style-type: none"> • Anesthesiology • Audiology Services (Performed in the office of a certified audiologist) • Chiropractic Services (Performed in the office) Medicaid does not reimburse chiropractors for x-rays. • Dental Services • Emergency Services (Performed in an emergency department of a hospital) • Family Planning Services: Counseling and supplies to prevent pregnancy. • Home and Community Based Services (Waiver): Requires PA from the department. • Immunizations: Only when vaccine(s) is billed alone or in conjunction with an administration fee. Specialty physicians/providers administering immunizations are asked to provide the participant's PCP with immunization records to assure continuity of care and avoid duplication of services. • Indian Health Clinic Services • Influenza Shots Pneumococcal Vaccine: Only when vaccine is billed alone or in conjunction with an administration fee. • Laboratory and Pathology Services | <ul style="list-style-type: none"> • Long-Term Care Facilities: Nursing Facilities and intermediate care facility requires authorization from the department. • Personal Care Services: Requires PA from the department. • Personal Care Service Coordination: Requires PA from the department. • Pharmacy Services: For prescription drugs only. DME provided by pharmacies such as infusion pumps will require a referral and may require a PA from the department. • Podiatry Services: Performed in the office. Services provided outside the Podiatrist's office (hospital or ambulatory surgery center) will require a referral from the PCP. • Radiological Services. • School-based Services: Medicaid-covered medical services delivered by a school district or the Infant/Toddler Program. • Screening Mammographies: Limited to one per calendar year for women age 40 or older. • Sexually Transmitted Disease: Diagnosis and/or treatment. • Vision Services: Performed in the offices of ophthalmologists and optometrists, including eye glasses. This does not include services performed in a hospital or ambulatory surgery |
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For more information on Idaho Medicaid requirements, please refer to your *Idaho Medicaid Provider Handbook*.