



Western Physicians' Alliance



NEWSLETTER

March 2014

Prior Authorization vs. Referral - What's the Difference?

News from Saint Mary's:

In order to effectively manage member care and optimize health care value, SMHP has certain requirements to ensure that the right care is given at the right time—from the right provider.

Like most health plans, SMHP uses a system of referrals and prior authorization (i.e., approval) to make sure our members are getting the care they need. Here's a quick breakdown of what we mean by the words **referral** and **prior authorization**.

Prior authorization - A process by which a health care provider obtains approval from SMHP for a member to receive a covered service or procedure from another provider within the network **prior** to the receipt of the service or procedure. The request is reviewed against established medical criteria for appropriateness

and proven effectiveness, available benefits and member eligibility. There may be financial consequences if prior authorization for certain services or procedures is not obtained before services are rendered. To view services and procedures that require prior authorization from SMHP, visit www.saintmaryshealthplans.com > **Health Plan Members** > **Prior Authorization / Precertification**.

Referral - A provider recommendation, usually from your primary care practitioner (PCP), that you be evaluated and treated by another provider, usually a specialist. Unless listed on SMHP's prior authorization list, referrals do not require a prior authorization from SMHP. Always make sure, however, that the services to which you are being referred are a covered benefit under your plan. Referring providers may not always be

aware which services are covered under your health plan, so always check your Summary of Benefits (SOB) or contact Member Services if you are unsure.

Note: All HealthFirst (HMO) members are required to obtain a referral for specialty care. Specialty care received without a referral may result in claims being denied. OB/GYN services do not require a referral.

If you have any questions about referrals or prior authorization, please contact Member Services at 775.770.6060 or 800.863.7515 (HealthFirst HMO/POS members) or 775.770.6900 or 800.433.3077 (Health Choice PPO members).

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