

# McLAREN HEALTH PLAN'S REFERRAL PROCESS CHANGES

## Effective May 2010

McLaren Health Plan (MHP) is pleased to announce changes to simplify the Notification and Authorization requirements for both Commercial and Medicaid products.

- An In-Network Specialist can now complete the **Provider Referral Form** to request authorization for services in the non-office setting, such as outpatient surgery, MRI, or physical therapy.\*
- It remains the responsibility of the specialist to communicate with the member's Primary Care Physician of the ongoing care the member is receiving.
- **Pre-Authorization** requirements are listed on the back of the provider referral form.
- Referral requirements are the same for both the Commercial and Medicaid products, unless otherwise noted.

The **Provider Referral Form** has been revised to reflect these new changes. Please discard all old referral forms. **Only use the new form dated May 2010.**

MHP has made these changes in an effort to streamline processes for our participating practitioners and members. MHP remains committed to the Primary Care Physician as the gatekeeper and the medical home for our members. While the referral process has changed, ongoing coordination of care remains the Primary Care Physician's responsibility. MHP will continue to educate our members on the importance of discussing all health care needs with their Primary Care Physician.

**Please contact MHP at (888) 327-0671 with any questions.**

*\*The only exception is injectable medications administered in the office. These services require Pre-Authorization from MHP.*