New Policy: Waiving Referral Approval for SOMOS-Emblem Members

Effective December 1, 2020, for members within the Innovator lines of business (Medicaid, CHP, HARP, EP), **referral forms and approvals are no longer required for patients to access specialty services within the SOMOS or Emblem provider network**.

Although the formal referral process is no longer necessary, members are still required to have their designated PCP introduce specialist care. Providers should continue to document specialist visits in charts and/or EMR records. SOMOS encourages providers to use SOMOS network providers whenever possible.

FAQs:

1. **When does this new policy take effect?**
   The new policy is effective December 1, 2020.

2. **What happens if I submit a referral to SOMOS UM after the new policy is in effect?**
   Referrals to specialist in the SOMOS or MCO network will be sent back to the PCP as no referral is required.

3. **What can I communicate to Emblem specialists that I refer to?**
   As described in the [Emblem provider website](#), SOMOS is now responsible for all UM and claims processing for SOMOS-Emblem members. Therefore, SOMOS has the ability to waive the referral requirement. If there are any questions, please have Emblem specialists call the SOMOS Helpdesk at (844) 990-0255.

4. **Are there any changes to prior authorizations?**
   There are no changes to the prior authorization process. Any services that required prior authorization will still require it. Prior authorizations for Emblem members can be obtained by phone at (844) 990-0255 or fax at (877) 590-8003.

5. **What happens to claims that were previously adjudicated as not paid due to lack of referral?**
   Claims denied for lack of referral between 10/1/2020 and 11/30/2020 will be reprocessed to confirm MCO specialist par status. Please allow for a few weeks for the updated claims adjudication.

6. **What happens if a patient is seeking care from a non-SOMOS and non-Emblem specialist provider?**
   Patients seeking care to out-of-network providers will continue to require prior authorizations and follow the out-of-network process (see the Out-of-Network Providers section of the Provider Manual for more details).