

## Referral Notification Program

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**Note:**

**Physicians and other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group must contact the IPA/Medical Group for instructions regarding referral and precertification process, contracting and claims related questions. Additionally, Physicians or other Professional Providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions. Physicians or other Professional Providers who are contracted/ affiliated with a capitated IPA/Medical Group are subject to that entity's procedures and requirements for Physician or other Professional Provider complaint resolution.**

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## Referral Notification Program, continued

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### Introduction

The referral notification process is a mechanism by which a Primary Care Physician can refer his or her members for care and services to Specialty Care Physicians or other Professional Providers.

**Note:** Refer to the “Behavioral Health” section of this Manual for information on referral for behavioral health.

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### Who Requests Referrals?

HMO Blue Texas referrals may be requested by either the patient’s Primary Care Physician or backup Primary Care Physician.

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### When is a Referral Necessary?

Each HMO Blue Texas member **must** select a Primary Care Physician who is responsible for managing all aspects of the patient’s care, including referrals to Specialty Care Physicians or other Professional Providers. Referrals must be made to Physicians or other Professional Providers who participate in the same Provider Network. Authorization for out-of-network specialists is granted only when a participating specialist is not available. Members require a referral before the patient receives services from a Specialty Care Physician or other Professional Provider. This referral **must** be initiated by the PCP and must be obtained through iEXCHANGE **prior** to the services being rendered.

If a participating Physician must direct the patient to an out-of-network physician or other professional provider, a referral must be authorized by the HMO Blue Texas Utilization Management Department **prior** to the services being rendered.

**EXCEPTION:** Participating OBGyn Physicians have the ability to directly manage and coordinate a woman’s care for gynecological and obstetrical conditions, including obtaining referrals through iEXCHANGE for gynecologically related specialty care and testing to other participating HMO Blue Texas Physicians or other Professional Providers who participate in the same Provider Network as the member’s Primary Care Physician, if applicable.

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## Referral Notification Program, continued

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### Important Information About the HMO Blue Texas Referral Notification Program

The following outlines important information about the HMO Blue Texas Referral Notification Program.

- **Peer Clinical Review** — If information received in the out-of-network referral notification process does not satisfy established criteria, the case will be referred to an HMO Blue Texas Physician Reviewer for review. Additional medical information may be necessary in these cases.
- **Notification** — HMO Blue Texas will mail letters to the specialty care/servicing Physician or other Professional Provider and the member. This notification will be sent upon completion of the initial referral process, upon completion of a referral extension or upon denial of an initial referral or extension.
- **Referrals to Specialty Care Physicians or other Professional Providers** — Referrals to Specialty Care Physicians or other Professional Providers, except OBGyns, **must** be initiated by the Primary Care Physician to participating Physicians or other Professional Providers within the same Provider Network. HMO Blue Texas Utilization Management Department approval is required for all out-of-network/plan referrals.

A Primary Care Physician may not refer to himself/herself as a Specialty Care Physician or other Professional Provider when treating the member who is already on his/her Primary Care Physician list.

**Refer to the detailed information and instructions in Section C which discusses the iEXCHANGE System for referrals.**

The iEXCHANGE System provides an immediate referral confirmation number at the end of each transaction and notification letters are automatically generated to the Specialty Care Physicians or other Professional Provider and the member.

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## Referral Notification Program, continued

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**Important  
Information  
About the  
HMO Blue  
Texas  
Referral  
Notification  
Program,**  
continued

If the Specialty Care Physician or other Professional Provider determines that an HMO Blue Texas member needs to be seen by another Specialty Care Physician or other Professional Provider, the HMO Blue Texas member **must** be referred back to the member's Primary Care Physician.

**Note:** The Specialty Care Physician or other Professional Provider cannot refer on to other Specialty Care Physicians or other Professional Providers. (**EXCEPTION:** participating OBGyn physicians have the ability to directly manage and coordinate a woman's care for gynecological and obstetrical conditions, including obtaining referrals through iEXCHANGE for gynecologically related specialty care and testing to other participating HMO Blue Texas Physicians who participate in the same Provider Network as the member's Primary Care Physician.)

- **Self-Directed Care** — If a member is treated by a Physician or other Professional Provider other than the Primary Care Physician or a participating OBGyn without a referral, the service provided will not be covered by HMO Blue Texas.
- **Benefit Decision** — The decision to provide treatment is between the patient and the Primary Care Physician or Specialty Care Physician or other Professional Provider. HMO Blue Texas determines what is covered and payable under the benefit plan.

**Note:** Referral confirmation is not a verification and does not guarantee payment. Payment is subject, but not limited to eligibility, contractual limitations, and payment of premium on the date(s) of service.

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## Referral Notification Program, continued

### Information Necessary for Referral Notification

Please have the following information readily available when initiating a referral notification:

- Patient's full name
- BCBSTX subscriber ID number
- Policy or group number
- Anticipated date(s) of service
- Diagnosis (ICD-9 code)
- Procedure(s) anticipated (CPT code)
- Referring Physician or other Professional Provider name and iEXCHANGE ID
- Specialty Care Physician or other Professional Provider name, iEXCHANGE ID and phone number

### Notification Procedure Through iEXCHANGE

Method	Action by PCP	Action by BCBSTX
<ul style="list-style-type: none"> <li>• iEXCHANGE Web application <b>or</b></li> <li>• iEXCHANGE Interactive Voice Response System (IVR) which is accessed through your Touch-Tone telephone.</li> </ul>	Access iEXCHANGE 24 hours a day/7 days a week to complete a referral. Once you have accessed iEXCHANGE, you will be guided through all the required steps to complete the referral.	The iEXCHANGE System provides an immediate referral confirmation number at the end of each transaction. Notification letters are automatically generated to the SCP and subscriber.

### Non-iEXCHANGE Prior Notification Procedure

If iEXCHANGE is not available, non-iEXCHANGE **prior** referral notification can be initiated by:

Method	Action by PCP	Action by BCBSTX
Telephone	<p><b>Toll-free 800-441-9188</b></p> <p>Call between 6 a.m. and 6 p.m. (Central time), Monday through Friday; 9 a.m. and 12 p.m. on weekends and legal holidays.</p> <p>After hours and overflow calls are answered electronically. These calls are returned within 24 hours in the order in which they are received.</p>	Sends notification letters to the SCP and subscriber.
Fax	<p>Fax request to:</p> <p><b>Toll-free 800-572-0864</b></p>	Sends notification letters to the subscriber and SCP.

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## Referral Notification Program, continued

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### **Referrals Out-of- Network/Plan Procedure**

HMO Blue Texas Utilization Management **must** review all requests for Out-of-Plan or Out-of-Network referrals **prior** to an HMO Blue Texas patient receiving Care. The Primary Care Physician must contact the Utilization Management Department at the number listed below to request an Out-of-Plan or Out-of-Network referral. The request will be reviewed and the Utilization Management Department will forward a determination letter to the Out-of-Plan or Out-of-Network Physician or other Professional Provider. Requests for Out-of-Plan or Out-of-Network referrals should be directed to:

#### **HMO Blue Texas Utilization Management Department 800-441-9188**

- Hours: 6:00 a.m. – 6:00 p.m., CT, M-F and non-legal holidays and 9:00 a.m. to 12:00 noon CT, Saturday, Sunday and legal holidays

Messages may be left in a confidential voice mailbox after business hours.

If the Out-of-Network/Plan Specialty Care Physician or other Professional Provider determines that additional care is needed, the Physician or other Professional Provider must obtain authorization from the Utilization Management Department for the additional care. All Specialty Physicians or other Professional Providers are expected to inform the member's Primary Care Physician of their findings.

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