



Referral Program: Overview

Introduction

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

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

Who Requests Referrals?

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

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/Providers. Referrals must be made to Physicians/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 referral authorization before the patient receives services from a Specialty Care Physician/Provider.* This referral **must** be initiated by the PCP and must be obtained through BlueLINK **prior** to the services being rendered.

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

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

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Important Notes: Referral Program

Referral Program

The following outlines important information about the HMO Blue Texas referral program.

- **Peer Clinical Review** — Medical necessity information may be requested for out-of-network requests. The case will be referred to the HMO Blue Texas Medical Director for review.
- **Notification** — HMO Blue Texas will mail letters to the specialty care/servicing Physician/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/Providers** — Referrals to Specialty Care Physicians/Providers, except OB/GYNs, *must* be initiated by the Primary Care Physician to participating Physicians/Providers within the same Provider Network. Medical Director approval is needed for all out-of-network/plan referrals.

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

Refer to the detailed information and instructions in the section that discusses the BlueLINK System for referrals.

Once the BlueLINK System issues a confirmation number to the Primary Care Physician for the referral to the Specialty Care Physician/Provider, the system will automatically generate notification letters to the Specialty Care Physician/Provider and to the HMO Blue Texas member.

The Primary Care Physician may provide the HMO Blue Texas member with the BlueLINK referral confirmation number to take on his/her appointment to the Specialty Care Physician/Provider.

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Important Notes: Referral Program, Continued

Referral Program

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

Note: The Specialty Care Physician/Provider cannot refer on to other Specialty Care Physicians/Providers. (EXCEPTION: participating OB/GYN physicians have the ability to directly manage and coordinate a woman's care for gynecological and obstetrical conditions, including obtaining referrals through BlueLINK for gynecologically related specialty care and testing to other participating HMO Blue Texas Physicians/Providers 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/Provider other than the Primary Care Physician or a participating OB/GYN 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/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.

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. For requests that are approved, the Utilization Management Department will forward an approval letter to the Out-of-Plan or Out-of-Network Physician/Provider. Medical Director approval is required for out-of-network/plan referral.

Requests for Out-of-Plan or Out-of-Network referral should be directed to:

HMO Blue Texas
1-800-441-9188

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