Blue Essentials, Blue Advantage HMO<sup>SM</sup> and Blue Premier<sup>SM</sup> Provider Manual - Referral Notification Program

**Please Note**
Throughout this provider manual there will be instances when there are references unique to Blue Essentials, Blue Advantage HMO and Blue Premier. These network specific requirements will be noted with the network name.

**In this Section**
The following topics are covered in this section:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Essentials Only Important Note</td>
<td>D — 1</td>
</tr>
<tr>
<td>Referral Notification Process</td>
<td>D — 2</td>
</tr>
<tr>
<td>Who Requests Referrals?</td>
<td>D — 2</td>
</tr>
<tr>
<td>When is a Referral Necessary?</td>
<td>D — 2</td>
</tr>
<tr>
<td>Important Information About the Referral Notification Program Process</td>
<td>D — 3</td>
</tr>
<tr>
<td>Information Necessary for Referral Notification</td>
<td>D — 5</td>
</tr>
<tr>
<td>Notification Procedure Through iExchange</td>
<td>D — 5</td>
</tr>
<tr>
<td>Non-iExchange Prior Notification Procedure</td>
<td>D — 6</td>
</tr>
<tr>
<td>Referrals Out of Network/Plan Procedure Due To Network Inadequacy or Continuity of Care</td>
<td>D — 7</td>
</tr>
<tr>
<td>Blue Advantage Plus HMO (Point of Service) Only Out-Of-Network Referral When an In-Network Provider Is Available</td>
<td>D — 7</td>
</tr>
</tbody>
</table>

**Blue Essentials Only Important Note:**

Blue Essentials physicians, professional providers, facility and ancillary providers who are contracted/affiliated with a capitated IPA/Medical Group must contact the IPA/Medical Group for instructions regarding referral and preauthorization processes, contracting, and claims-related questions. Additionally, Blue Essentials physicians, professional providers, facility and ancillary providers who are not part of a capitated IPA/Medical Group but who provide services to a Blue Essentials member whose PCP is contracted/affiliated with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions. Blue Essentials physicians, professional providers, facility and ancillary providers who are contracted/affiliated with a capitated IPA/Medical Group are subject to that entity's procedures and requirements for Blue Essentials physician, professional provider, facility and ancillary complaint resolution.

**Continued on next page**
Please Note

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Referral Notification Process

The referral notification process is a mechanism by which a primary care physician/provider (PCP) or professional provider can refer his or her members for care and services to specialty care physicians or professional providers.

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

Who Requests Referrals?

Blue Essentials, Blue Advantage HMO and Blue Premier referrals may be requested by either the patient’s primary care physician/provider or backup primary care physician/provider.

When is a Referral Necessary?

Each Blue Essentials, Blue Advantage HMO or Blue Premier member must select a PCP who is responsible for managing all aspects of the patient’s care, including referrals to specialty care physicians, professional providers, facility or ancillary providers. Referrals must be made to physicians, professional providers facilities or ancillary providers who participate in the same Provider Network. Authorization for out-of-network providers is granted only when a participating provider is not available.

Blue Essentials, Blue Advantage HMO and Blue Premier members require a referral before the patient receives services from a specialty care physician, professional provider, facility or ancillary 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 or professional provider must direct the patient to an out-of-network physician or professional provider, a referral must be authorized by the Blue Essentials, Blue Advantage HMO or Blue Premier 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 Blue Essentials, Blue Advantage HMO and Blue Premier physicians, professional providers, facilities or ancillary providers who participate in the same Provider Network as the Blue Essentials, Blue Advantage HMO or Blue Premier member’s PCP.

Continued on next page
Blue Essentials, Blue Advantage HMO and Blue Premier
Provider Manual - Referral Notification Program

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Important Information About the Referral Notification Program

The following outlines important information about the Blue Essentials, Blue Advantage HMO and Blue Premier 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, Blue Advantage HMO or Blue Premier Physician Reviewer for review. Additional medical information may be necessary in these cases.

- **Notification** — Blue Essentials, Blue Advantage HMO or Blue Premier will mail letters to the specialty care/servicing physician or professional provider and the Blue Essentials, Blue Advantage HMO or Blue Premier 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 Professional Providers** — Referrals to specialty care physicians or professional providers, except OBGyns, must be initiated by the Blue Essentials, Blue Advantage HMO or Blue Premier PCP to participating Blue Essentials, Blue Advantage HMO or Blue Premier physician or professional provider within the same Provider Network. An Blue Essentials, Blue Advantage HMO or Blue Premier Utilization Management Department approval is required for all out-of-network/plan referrals. A PCP may not refer to himself/herself as a specialty care physician or professional provider when treating the member who is already on his/her PCP 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 physician or professional provider and the Blue Essentials, Blue Advantage HMO or Blue Premier member.

Continued on next page
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Important Information About the Referral Notification Program, cont’d

If the specialty care physician or professional provider determines that an Blue Essentials, Blue Advantage HMO or Blue Premier member needs to be seen by another Blue Essentials, Blue Advantage HMO or Blue Premier specialty care physician or professional provider, the Blue Essentials, Blue Advantage HMO or Blue Premier member must be referred back to the member’s PCP.

Note: The specialty care physician or professional provider cannot refer on to other specialty care physicians or 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 Blue Essentials, Blue Advantage HMO or Blue Premier physicians who participate in the same Provider Network as the Blue Essentials, Blue Advantage HMO or Blue Premier member’s PCP.

• Self-Directed Care — If an Blue Essentials, Blue Advantage HMO or Blue Premier member is treated by an Blue Essentials, Blue Advantage HMO or Blue Premier physician or professional provider other than the PCP or a participating OBGyn without a referral, the service provided will not be covered by Blue Essentials, Blue Advantage HMO or Blue Premier.

• Benefit Decision — The decision to provide treatment is between the patient and the PCP or specialty care physician or professional provider. Blue Essentials, Blue Advantage HMO or Blue Premier determines what is covered and payable under the benefit plan.

Note: Referral confirmation is not 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.

Continued on next page
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**Information Necessary for Referral Notification**

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

- Patient’s full name
- Member ID number
- Policy or group number
- Anticipated date(s) of service
- Diagnosis (ICD-10 code)
- Procedure(s) anticipated (CPT code)
- Referring physician or professional provider name and iExchange ID
- Specialty care physician or professional provider name, iExchange ID and phone number

**Notification Procedure Through iExchange**

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<thead>
<tr>
<th>Method</th>
<th>Action by PCP</th>
<th>Action by BCBSTX</th>
</tr>
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<tbody>
<tr>
<td>iExchange Web application</td>
<td>Access <a href="#">iExchange</a> 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.</td>
<td>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.</td>
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</tbody>
</table>

For more information on how to access and use iExchange refer to section C of the Blue Choice PPO provider manual or refer to [iExchange](#) on the [bcbstx.com/provider](#) website.

*Continued on next page*
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Non-iExchange Prior Notification Procedure

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

<table>
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<tr>
<th>Method</th>
<th>Action by PCP</th>
<th>Action by BCBSTX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td><strong>Medical Care Management Department</strong>&lt;br&gt;- call 800-441-9188 between 6:00 a.m. and 6:00 p.m. (CT), Monday through Friday; 9:00 a.m. and 12 noon (CT) on weekends and legal holidays.&lt;br&gt;After hours and overflow calls are answered electronically. These calls are returned within 24 hours in the order in which they are received.</td>
<td>Sends notification letters to the SCP and member.</td>
</tr>
<tr>
<td>Fax</td>
<td>Fax request to: <strong>800-252-8815 or 800-462-3272</strong></td>
<td>Sends notification letters to the member and SCP.</td>
</tr>
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Continued on next page
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Request for Out-of-Network Referrals When No In-Network Provider is Available or for Continuity of Care

Blue Essentials, Blue Advantage HMO and Blue Premier Utilization Management must review all requests for Out-of-Plan or Out-of-Network referrals prior to an Blue Essentials, Blue Advantage HMO or Blue Premier patient receiving care. The PCP must contact the Blue Essentials, Blue Advantage HMO or Blue Premier Utilization Management Department at the applicable number listed on the next page to request consideration of an Out-of-Plan or Out-of-Network referral. The request will be reviewed and the Blue Essentials, Blue Advantage HMO and Blue Premier Utilization Management Department will forward a determination letter to the Out-of-Plan or Out-of-Network physician or professional provider.

Blue Advantage Plus HMO (Point of Service benefit plan) Utilization Management must review all requests for Out-of-Plan or Out-of-Network referrals prior to a Blue Advantage Plus HMO enrollee receiving care. The PCP must contact the Blue Advantage Plus HMO Utilization Management Department at the applicable number listed on the next page to request consideration of an Out-of-Plan or Out-of-Network referral. The request will be reviewed and the Blue Advantage Plus HMO Utilization Management Department will forward a determination letter to the Out-of-Plan or Out-of-Network physician or professional provider.

Prior to referring a Blue Advantage Plus HMO (Point of Service benefit plan) enrollee to an out-of-network provider for non-emergency services, if such services are also available through an in-network Blue Advantage HMO Provider, as a participating network provider you must complete the appropriate form below:

- **Out-of-Network Care - Enrollee Notification Form for Regulated Business** (use this form if "TDI" is on the member's ID card)

- **Out-of-Network Care - Enrollee Notification Form for Non-Regulated Business** (use this form if "TDI" is not on the member's ID card)

As the referring network physician you must provide a copy of the completed form to the enrollee, and retain a copy in his or her medical record files. Use of this form is subject to periodic audit to determine compliance with this administrative requirement outlined in this provider manual Section G – Principles of Medical Record Documentation.

Please note: The Out-Of-Network Enrollee Notification Form is not applicable for Out-of-Plan or Out-of-Network referrals due to network inadequacy or continuity of care. In these cases, the referring network physician should contact the Utilization Management Department at the applicable number on the next page for consideration of approval for out-or-network referral or authorization.

*Continued on next page*
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Utilization Management Department
Blue Essentials Member – call 855-896-2701

Blue Advantage HMO Member – call 855-896-

2701 Blue Premier – call 800-876-2583

Hours: 6:00 a.m. – 6 p.m., CT, Monday-Friday and non-legal holidays and 9:00 a.m. to 12 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 professional provider determines that additional care is needed, the physician or professional provider must obtain authorization from the Blue Essentials, Blue Advantage HMO and Blue Premier Utilization Management Department for the additional care. All specialty physicians or professional providers are expected to inform the Blue Essentials, Blue Advantage HMO or Blue Premier member’s PCP of their findings.