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Blue Care Network

How referrals work with an HMO plan

Blue Care Network members need a referral to see a specialist from their primary care providers.

How it works

When a BCN member gets a skin rash, for example, they would first go to their primary care provider. If their doctor can't treat them, their doctor might send them to a specialist, such as a dermatologist. The doctor will provide a referral, allowing the specialist to provide care.

All members need to do is check that the specialist participates in their plan's network.

A referral for treatment with a specialist can range from 90 days to 365 days. It's the specialist who decides on the services to be provided and the number of visits required for treatment. It's important to discuss the length of treatment with a specialist.

With an HMO plan, if a member sees a specialist without a referral from their primary care provider, or one who doesn't participate in the network, then the member may be responsible for most or all costs.

When a member changes their primary care provider while seeing a specialist, the treatment referral may change. The member will need to contact their new primary care provider and get a new referral for their specialized treatment.

Members can view referrals

Our online member account includes a record of all referrals for medical services from as far back as June 1, 2017. Use the Blue Cross mobile app or log in at bcbsm.com to:

- Make sure the referral is approved
- See when the referral expires
- Have proof of the approvals

Note: Referral requirements work differently in some regions within Michigan and don't always need to be submitted to Blue Care Network. If a member has questions about how referrals work in their



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area, they should call the Customer Service number on the back of their Blue Care Network member ID card.

Blue Care Network is only available in select counties in Michigan.



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