

What you need to know about BCN referrals

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Care starts with your primary care physician

As a member of Blue Care Network, you must select a primary care physician who will be your trusted partner in health care.

Whether you need a routine checkup or an immunization, treatment for a chronic illness or hospitalization for an injury, your starting point is your primary care physician. He or she is responsible for managing all the care you receive, from providing preventive health services to treating your illness to coordinating your care with specialists.

Referrals: How we coordinate care

When you get a skin rash, for example, you would first go to your primary care physician. If your doctor can't treat you, he or she might send you to a specialist, like a dermatologist. Your doctor will provide a referral, allowing the specialist to provide care.

The referral can be a form that's sent electronically to the specialist. It can be a paper document that you take with you to the specialist. Or it can be both. Whatever format it's in, it's the start of a tracking process that makes sure your primary care physician knows where you're going and for what treatment.

In general, most Blue Care Network plans don't cover care outside the network, except in an emergency. The exception to this rule is if you're in one of the few plans that allows members to pay more to see doctors outside their network. Check your benefits administrator to find out what type of plan arrangement you have.

Please note: Referral requirements work differently in some regions within Michigan and don't always need to be submitted to Blue Care Network. If you have questions about how referrals work in your area call the Customer Service number on the back of your BCN ID card.



Who can make referrals?

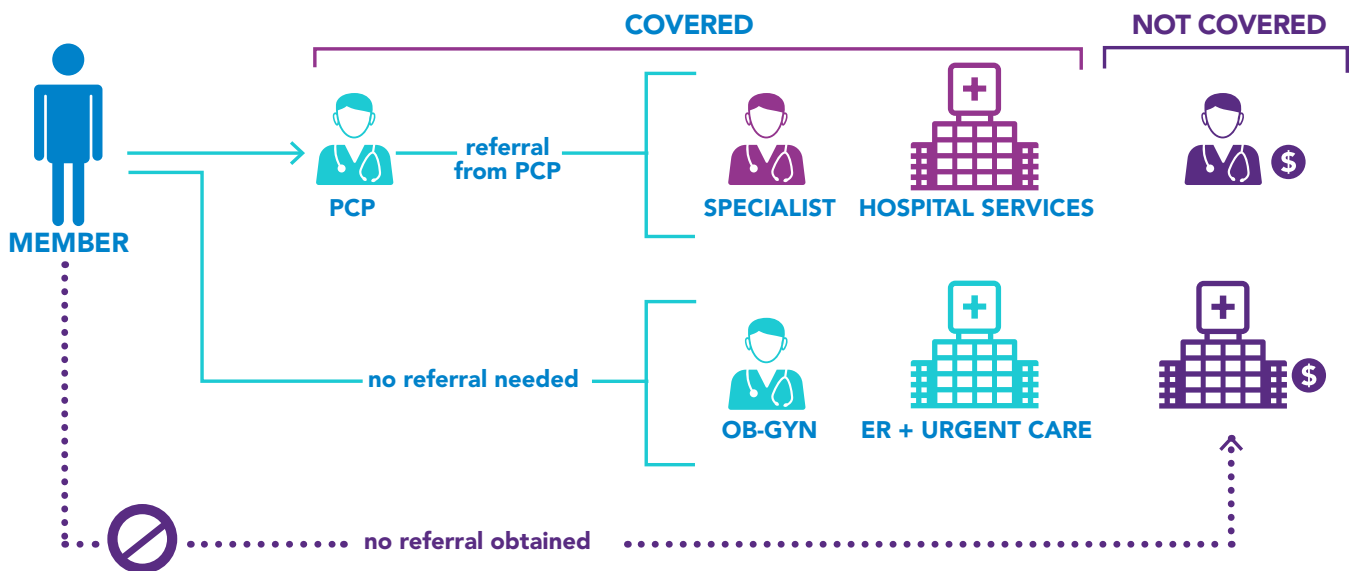
Your primary care physician will provide most of your referrals. But women can also have their network gynecologist or obstetrician refer them to specialists for obstetrical or gynecological care. No other referral is needed.



Who determines type of treatment?

Your 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.

Changing your primary care physician while a specialist is treating you may change your treatment referral. You'll need to contact your new primary care physician and get a new referral for your specialized treatment.



When you don't need a referral

You don't need a referral for the following:

- **Emergency care**
(You can get emergency care anywhere.)
- **Behavioral health services**
(You must see an in-network provider.)
- **If you need to see a gynecologist or obstetrician for annual well-woman visits and obstetrical care**
(The gynecologist or obstetrician must be in your plan's network.)



Authorizations

You'll need special approval from us for certain services and for services from specialists who aren't part of your plan's network.

