



Blue Care
Network
of Michigan

What you need to know about BCN referrals

HMO

EDUCATE

ENGAGE

EMPOWER



Care starts with your primary care provider

As a member of Blue Care Network, you must select a primary care provider 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 provider. 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 provider. 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 provider knows where you're going and for what treatment.

In general, most Blue Care Network plans require a referral and 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 see a specialist without a PCP referral. Check with 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?

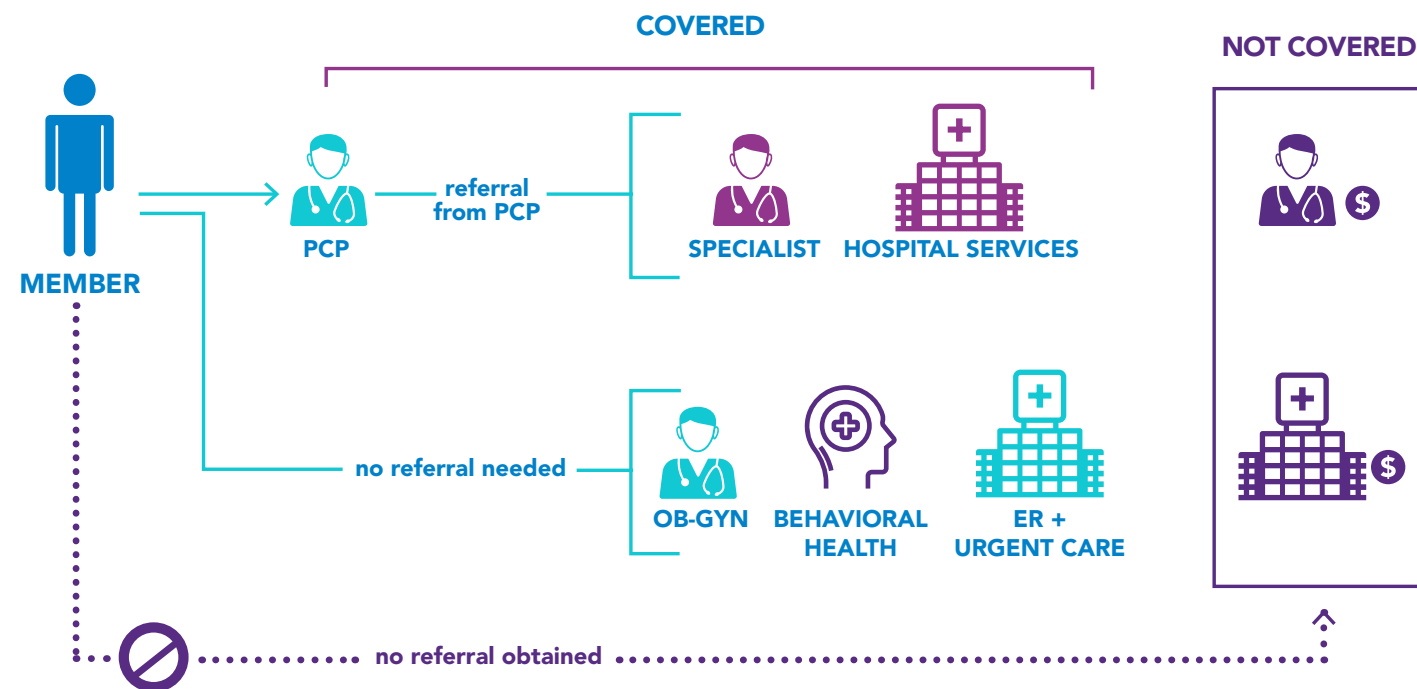
Your primary care provider will provide most of your referrals. But women can also have their network gynecologist or obstetrician refer them to specialists for obstetrical or gynecological care. No other referral is needed.



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 provider while a specialist is treating you may change your treatment referral. You'll need to contact your new primary care provider 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

Getting a referral doesn't guarantee your plan will pay for everything. Certain medical services and services from specialists may also require prior approval by BCN to be covered.

Questions?

If you have questions about which services require a referral or an authorization, you can log in to your member account at bcbsm.com or contact BCN Customer Service at the number on the back of your ID card.

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

إذا كنت أنت أو شخص آخر تساعد بحاجة لمساعدة، فليد الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711، إذا لم تكن مشتركاً بالفعل.

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Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.