BlueCross BlueShield of Texas

HMO Plans – PCP Selection and Referral Requirements

HMO Plans

- **Blue Advantage HMO**SM and **Blue Advantage Plus**SM HMO (Providers who sign a Blue Advantage HMO agreement are also in-network for Blue Advantage Plus)
- **Blue Essentials**SM
- **Blue Premier**SM and **Blue Premier Access**SM (Providers who sign a Blue Premier agreement are also in-network for Blue Premier Access)
- **MyBlue Health**SM (Only available in certain counties)

Referrals

When referrals are required for Blue Advantage HMO, Blue Advantage Plus HMO, Blue Essentials, Blue Premier and MyBlue Health, it must be initiated by the member's designated PCP and must be made to a participating physician or professional provider in the same provider network.

Open Access Plan

Blue Premier Access is considered an “open access” HMO plan. Therefore, no Primary Care Provider (PCP) selection or referrals are required when the member uses participating Blue Premier providers.

PCP and Referral Requirements

The table below defines when a PCP and referrals to specialists (except OB-GYN) are required and when they are not required.

Note:

- Members can self-refer to in-network OB/GYNs – no referrals are required.
- If an in-network physician, professional provider, ambulatory surgery center, hospital or other facility is not available in the member's applicable provider network, prior authorization is required.

HMO Plan	Designated PCP Required	Referrals Required for In-Network Providers	Out-Of-Network Benefits Available with Higher Member Cost Share[1]
Blue Advantage HMO	Yes	Yes	No
Blue Advantage Plus HMO	Yes	Yes	Yes
Blue Essentials	Yes	Yes	No
Blue Premier	Yes	Yes	No
Blue Premier Access (Open Access Plan)	No	No	No
MyBlue Health	Yes	Yes	No

[1] Before referring a Blue Advantage Plus HMO member to an out-of-network provider for non-emergency services, please refer to Section D Referral Notification Program, of the Blue Essentials, Blue Advantage HMO, Blue Premier and MyBlue Health Provider Manual for more detail including when to utilize the Out-of-Network Enrollee Notification forms for Regulated Business and Non-Regulated Business.

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HMO Plans – PCP Selection and Referral Requirements (cont.)

Prior Authorizations

Additional services for all HMO plans may require prior authorization. A list of services that may require prior authorization or referral for in and out-of-network benefits and how to submit requests electronically is available on the Blue Cross and Blue Shield of Texas (BCBSTX) provider website under Claims and Eligibility/Utilization Management. You can also contact the prior authorization number on the back of the member's ID Card.

Reminders:

- The Blue Essentials, Blue Advantage HMO, Blue Premier, Blue Premier Access and MyBlue Health providers are required to admit a patient to a participating facility, except in emergencies.
- Blue Advantage Plus HMO is a benefit plan that allows members to use out-of-network providers. However, members must understand the financial impact of receiving services from an out-of-network physician, professional provider, ambulatory surgery center, hospital or other facility.

Sample HMO ID cards and other benefit plan ID cards are available on the BCBSTX provider website.

Additional information on the HMO plans and other BCBSTX plans are available on the Network Participation page on the provider website.

Please note that verification of eligibility and benefits, and/or the fact that a service or treatment has been preauthorized or predetermined for benefits is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card.