

# Referrals

## **HMO, POS, HSP, PPO, EPO, Individual & Family Plans (CommunityCare HMO, PureCare HSP, and PureCare One EPO)**

Participating physician groups (PPGs) or primary care physicians (PCPs) are responsible for providing or coordinating all professional services to members, including care among participating and nonparticipating providers. A referral is required for care that is beyond the PCP's or the PPG's scope of practice.

## **EnhancedCare PPO, PPO, Individual & Family Plans (PPO, PureCare One EPO)**

A physician may decide that it is necessary for the member to receive treatment from another physician or specialist and should refer the member to a PPO in-network physician when possible. No prior authorization is required. If the member is referred to an out-of-network provider, the member's benefits are reduced and a higher out-of-pocket cost is incurred.

## **Self-referral services**

Your patient may self-refer to a specialist for certain services subject to benefit limitations.

For more detail on services your Health Net\* patients can self-refer to, refer to the Referrals section of your line of business provider operations manual in the Provider Library at [providerlibrary.healthnetcalifornia.com](http://providerlibrary.healthnetcalifornia.com).

## **Members enrolled in HMO, POS, HSP, PPO, EPO, Individual & Family Plans (CommunityCare HMO, PureCare HSP, and PureCare One EPO)**

Self-referral services must be received from a Health Net participating provider; further, members assigned to a delegated PPG must receive services from the physicians affiliated with the PPG.

Please follow your *Participating Provider Agreement (PPA)* to determine which services qualify for self-referral and which services have to be authorized before your patient receives these services.

(continued)



## What is an in-network provider?

An in-network provider (or participating provider) is a facility, physician, physician organization, or other health care provider, supplier or other organization that has:

- Met applicable credentialing and/or re-credentialing requirements, or
- Is governed by an effective written agreement directly with Health Net, or indirectly through another entity (such as another participating provider) to provide covered services.

## What is an out-of-network provider?

Out-of-network means that a doctor or physician does not have a contract with Health Net. Referring your patients to an out-of-network provider may result in higher prices.



## When to refer members to out-of-network providers

As a participating provider, you must refer your patients to another participating (in-network) provider except in emergencies or as otherwise required by law.

In situations outside of an emergency, you must determine whether an out-of-network referral is necessary and request prior authorization.