



September 6, 2011

Bravo Health Providers:

Effective January 1, 2012, Bravo Health will implement a referral process for most specialist visits. This will include the majority of members who seek specialty visits after January 1, 2012. We believe that this process will provide better coordination of care which will lead to improved outcomes for your Bravo Health members.

Primary Care Provider's (PCP) Referral Responsibilities:

- The PCP is required to obtain a referral for the member by accessing Bravo Health's online portal at <http://hsconnect.bravohealth.com> prior to the specialist visit. Electronic submission of referrals helps to ensure accuracy and timeliness of processing the referral as well as accuracy in claims payment. By submitting referral requests via the online portal, PCPs will experience ease in transaction and fast response times.
- All referrals must be obtained prior to specialist services being rendered. The patient should not return to the PCP to request a referral after the service has been rendered. PCPs should not issue retroactive referrals.
- Patients are to be referred to in-network providers.
- Each referral is valid for 120 days starting from issue date.
- Referrals to non-participating providers always require prior authorization from Bravo Health.

Specialist Referral Responsibilities:

- Specialists must obtain a referral from the PCP prior to seeing the member. Specialists may verify that a referral is on file and secure the referral number prior to the date of the visit by visiting Bravo Health's online portal at <http://hsconnect.bravohealth.com>.
- Specialists are required to communicate to the PCP via consultation reports any significant findings, recommendations for treatment and the need for any ongoing care.
- Specialists may not refer the patient directly to another specialist. If a patient needs care from another specialist, he/she must obtain the referral from his/her PCP.
- If a referral is not in place, contact the patient's PCP before the office visit.
- For patients that have seen a participating specialist prior to January 1, 2012, and will require additional related visits that span into 2012, to ensure continuity of care, the specialist can obtain a referral for the member by calling Bravo Health's Prior Authorization Department at 1-888-454-0013.

Self-referral Services – No referral required*

While most specialist care requires a referral, the member may self refer for some services. These include but are not limited to:

- Dentist - dental care (certain procedures require a prior authorization)
- Nephrology (applies to dialysis care only)
- Podiatrist (Pennsylvania plans only)
- Optometry routine eye care: annual eye exam (based on the members benefit allowance for frames, lenses and contact lenses when using a participating provider)
- Obstetric and Gynecological care (routine care, family planning)
- Psychiatrist, Psychologist, Licensed Clinical Social Worker (mental health participating providers)
- Nutritionist (diabetes and renal disease diagnosis only - 10 session annually by approved provider; additional visits require prior authorization)
- Flu Shots and pneumonia vaccinations
- Emergency medicine (emergency care as defined in the provider contract)

*Members may be assessed a copay or coinsurance for some services depending on coverage limits.

Convenient Ways to Obtain a Referral:

There are two (2) ways a PCP can obtain referrals to in-network specialists:

1. Bravo Health Provider Portal and HS Connect – The electronic system is the fastest and most convenient way to enter and obtain a referral. The electronic system can be accessed by visiting <http://hsconnect.bravohealth.com>.
2. For those PCPs who do not have web access, a request for a specialist referral may be obtained by calling 888-454-0013.

Special Notes:

- POS and PPO Plans (Bravo Gold Rx (HMO-POS), Bravo Classic Plus (HMO-POS), Bravo Premier Plus (HMO-POS), Bravo Achieve Plus (HMO-POS) and Bravo Freedom (PPO)) members may receive services from specialist without a referral from their PCP. There is a strong incentive for members who obtain a referral and remain within the provider network. Members will enjoy the highest benefit levels for covered services and lowest out-of-pocket expenses.
- A referral is not a guarantee of payment. Payment is subject to eligibility on the date of service, plan benefits, limitations, and exclusions under the benefit plan.
- Participating specialists seeing members in an active course of treatment should call Bravo Health's Prior Authorization Department at 1-888-454-0013 to request a continuity of care referral.

A complete listing of the referral process and resources will be included in our 2012 Provider Manual and available on our website at <http://hsconnect.bravohealth.com> and through our Provider Services Department at 1-866-948-8759, Monday through Friday, 8 a.m. to 7 p.m.

Sincerely,

Provider Network Department