



PacifiCare Health Watch

What is a Referral?

Referrals to Specialists

Option 1/In-Network

When receiving care under the Option 1/In Network portion of your benefit, the Primary Care Physician you have selected will coordinate your health care needs.

- If your Primary Care Physician determines you need to see a specialist, he or she will make an appropriate specialist referral.
- Your Primary Care Physician will determine the number of specialist visits you require and will provide you with other necessary special instructions.

This referral may also be reviewed by the Participating or Contracting Medical Group Utilization Review Committee. For more information regarding the role of the Utilization Review Committee, please refer to the definition of "Utilization Review Committee" in your member materials. A Utilization Review Committee meets on a regular basis as determined by membership needs, special requests or issues and the number of authorization or referral requests to be addressed. Decisions may be made outside of a formal committee meeting to assure a timely response to emergency or urgent requests.

Express Referrals^{SM*}

PacifiCare's Express ReferralsSM program is available through a select network of Participating or Contracting Medical Groups for selected specialties. With Express ReferralsSM, your Primary Care Physician decides when a specialist should be consulted – no further authorization is required. For a list of Participating or Contracting Medical Groups offering

Express ReferralsSM, please contact PacifiCare's Customer Service Department, refer to your PacifiCare HMO *Provider Directory* or visit our Web site at www.pacificare.com.

Referral Notification and Decisions

Your Participating or Contracting Medical Group will notify you of an authorization for an In-Network referral by telephone or in writing. You will be notified of any denials in writing. The denial notification you receive will also outline your right to appeal the denial. Please refer to your member materials for additional information, including a complete description of the Appeals Process.

PacifiCare and your Participating or Contracting Medical Group work together to provide access to the services your Primary Care Physician recommends. The practice of denying requests or keeping you from receiving the care you need to maintain your health is not rewarded or acceptable to PacifiCare or our providers. The decision to authorize or deny a referral is made only by qualified individuals based on the medical appropriateness of the service being requested.

Option 2/PPO Preferred Provider* (Triple Option Only)

You may choose to self-refer to any provider in the PacifiCare PPO Provider Directory for specialist care.

Option 3/Out-of-Network* (Any licensed provider)

You may choose to self-refer to any licensed provider for specialist care.

Second Opinions

Option 1/In-Network

You or your treating Primary Care Physician may submit a request for a Second Medical Opinion to the Participating or Contracting Medical Group or PacifiCare. The request will be evaluated by the Participating or Contracting Medical Group (or a PacifiCare Medical Director) based on the nature of the recommended procedure or disease progression and your signs and symptoms. Please refer to your member materials for an explanation of the process by which you can obtain a Second Medical Opinion.

Option 2/PPO Preferred Provider* (Triple Option Only)

You may choose to self-refer to any provider in the PacifiCare PPO Provider Directory for a second opinion.

Option 3/Out-of-Network* (Any licensed provider)

You may choose to self-refer to any licensed provider for a second opinion.

*Not available in Oregon and Washington.

Questions?

Call the

Customer Service

Department

toll-free at

1-800-531-3341.