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.

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.