

# **MAKE YOUR HMO WORK FOR YOU – FOLLOW THESE EASY STEPS:**

## **Choosing or changing your Primary Care Physician (PCP) from the enclosed list**

- Make sure the PCP you have selected is on the enclosed list.
- Select or change your PCP by contacting our offices at 773-695-4800.

## **Choosing or changing your Woman's Principal Health Care Provider (WPHCP)**

- A WPHCP is an Obstetrician/Gynecologist (OB/GYN) selected to be directly accessible for treating and coordinating a female Member's health care needs.
- The WPHCP must have a referral arrangement with the female Member's PCP.
- Please make sure the WPHCP you have selected is on the enclosed list.
- You do not need to notify us of your WPHCP selection as long as the WPHCP is on the enclosed list.

## **Call your Primary Care Physician for a get-acquainted visit**

- Have your HMO Identification Card with you.
- Please be aware that co-payment amounts vary by HMO plan and are payable at the time of the visit.
- The availability of early morning, evening, and weekend hours vary by PCP. At your get acquainted visit your PCP will be able to advise you on how you can received services during these time frames.

## **Behavioral Health Care Services**

- If you are in need of Behavioral Health Care services, you should contact your PCP for a referral to one of our providers. Except for emergent services, most PCP's will require an initial visit with a new patient prior to issuing a referral for Behavioral Health Care services.

## **Chemical Dependency Services**

- If you are in need of Chemical Dependency services, you should contact your PCP for a referral to one of our providers. Except for emergent services, most PCP's will require an initial visit with a new patient prior to issuing a referral for Chemical Dependency Services.

## **Medical Records and Patient Confidentiality**

- If you have medical records that need to be transferred to your PCP, please do so as soon as possible.
- If you need a copy of your medical records, you must contact your PCP/WPHCP directly and submit a written request for your records to be released.
- Medical Records are held in strict confidence.

## **Emergency Services**

- Prior to seeking care in an emergency room, we recommend that you call your PCP for treatment advice.
- In situations where you feel you can't call your PCP, such as when you think you are having a heart attack or a stroke, go directly to the nearest emergency room. Notify your PCP as soon as possible of any treatment you receive.
- Please refer to the enclosed list of phone numbers to contact your PCP.

## **Urgent care and after hours care (early morning, evenings, weekends)**

- If you need medical care for a non-life threatening emergency and your PCP's office is closed, please contact your PCP's answering service. The physician on-call will direct your care. You may also seek services at our contracted Urgent Care Centers without a referral. A list of contracted Urgent Care Centers is enclosed.

## **A Referral May be required for services not directly provided by your PCP**

- Your PCP will coordinate your overall health care and determine the need for specialty care referrals for medically necessary services.
- All referrals undergo a review process.
- If a referral is denied, the reason for the denial, the alternative treatment, a telephone number for questions, and the mechanism for appeal will be communicated to you in writing.
- Be sure to verify the date and type of referral you receive.

## Utilization Management Process

- Pre-Admission Certification and Concurrent Review are two programs established to ensure that you receive the most appropriate and cost effective health care.
- Your PCP must obtain approval from your Participating IPA prior to all inpatient hospital admissions other than emergency situations.
- Your participating IPA may recommend other courses of treatment that could help you avoid an inpatient stay.
- It is your responsibility to cooperate with the recommendations made by your PCP.
- Concurrent Review ensures that your length of stay is appropriate given your diagnosis and treatment.
- You may contact us to discuss the Utilization Management Process or any issues regarding it by calling (773) 695-4800. Collect calls are accepted.

## Appeal Process

- Communication with your physician is an important part of your health care. If you do not understand any course of your care, please discuss this with your PCP.
- You can also contact our Patient Advocate at the RPPG by calling 773-695-4800. The role of the Patient Advocate is to help with Member issues or concerns that cannot be resolved through normal channels.
- As an HMO member, you have the right to appeal any payment or denial of covered services by contacting our HMO office at **773-695-4800** or in writing at:

**RPPG  
5860 West Higgins  
Chicago, IL 60630**

Or this can be initiated by contacting the HMOs of Blue Cross Blue Shield of Illinois at 800-538-8833 or in writing at the address listed below:

- If you are a HMO Illinois or Blue Advantage HMO member, a Blue Precision HMO Member (group number on your ID card begins with an R) or a BlueCare Direct Member (group number on your ID card begins with an A)

**Blue Cross and Blue Shield of Illinois  
Claims Review Section  
P.O. Box 2401  
Chicago, IL 60690**

- If you are a Blue Precision HMO (group number on you ID card begins with an I) or a BlueCare Direct Member (group number on your ID card begins with an I)

**Blue Cross and Blue Shield of Illinois  
Claims Review Section  
P.O. Box 3122  
Naperville, IL 60566-9744**

- Following an adverse determination for a clinical service, procedure or treatment that is not reviewed as medically necessary, any involved party may request an independent review.