Anthem Blue Cross

Medicare Advantage HMO Referral Reminder- PCPs
Do Not Need to Call Anthem to Obtain a Referral

Anthem Blue Cross (Anthem) values the role that primary care physicians play in helping to coordinate care for our Medicare Advantage HMO members. As such, we ask that you serve as their primary contact for referring them to other specialist and providers and that you document such referrals in individual member’s medical records.

To ensure the highest level of benefits and coordination of care for Anthem members and streamline the approval process for your office, it’s important that you refer members to in network providers whenever possible. When you do, you will not need to contact the plan (Anthem) for preapproval of those referrals. Additionally, for in-network providers, members do not need a new referral simply because they are being seen in a new calendar year.

Referrals from a PCP are not required for emergency care or urgently needed care.

Certain routine care can be obtained without having an approval in advance from their PCP, such as routine women's health care (breast exams, screening mammograms, Pap tests and pelvic exams) and routine dental and vision care.

Please visit our website for more detailed information on when precertifications are required or contact Provider Services at the number on the back of the member's ID card. You can find Important Medicare Advantage Updates here.

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Anthem Blue Cross is an HMO plan with a Medicare contract. Enrollment in Anthem Blue Cross and Blue Shield depends on contract renewal.

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