



Maryland
INSURANCE ADMINISTRATION

HOW TO USE YOUR HEALTH PLAN

WHAT ARE REFERRALS AND PRIOR AUTHORIZATIONS

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Some health plans, mainly Health Maintenance Organizations (HMOs), **require** a referral before you get care from some providers. A referral is an order from your Primary Care Provider for you to see a specialist or get certain medical services. If you don't get a referral first, the plan may not pay **any** of the costs of the services.

Other types of health plans, not just HMOs, may require prior authorization for some services. If you need a special treatment, service, or medical equipment, you may need to get approval first from your health plan. This is called prior authorization. A health plan gives prior authorization when a service is medically necessary. Without it, your health plan may not pay **any** of the costs. You can ask your provider if you need prior authorization. Some providers will ask the health plan for prior authorization.



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For non-emergency situations, you will generally need prior approval before visiting an out-of-network specialist. You must follow your health plan's process for seeking approval. This can be found by calling the number on the back of your insurance card or visiting: <https://bit.ly/miaccp> to find out about the referral process.

<https://bit.ly/miaccp>



How to use your health insurance card:

<https://content.naic.org/consumer/health-insurance/understand-your-insurance-card.htm>




NEED ASSISTANCE?

The Health Coverage Assistance Team (H-CAT) can help you:

- Get answers to your health insurance questions.
- Address health insurance problems or concerns.
- File a complaint about your health insurance issue or concern.
- Connect you to resources.



 hcat.mia@maryland.gov

 410-468-2442



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