

Coordinated Care Organization (CCO) FAQs

Do CCO plan members have to pick a primary care provider (PCP)?

Yes, CCO plan members are required to select a PCP. Our CCO plans are designed to create a lasting relationship between the PCP and a member.

What kind of providers can be PCPs?

Member can select an in-network general practitioner, family practitioner, internist, pediatrician or OB/GYN as a PCP.

Is a PCP referral required to see a specialist? Or can CCO plan members see any in-network specialist without a referral?

Yes, a PCP referral is required to receive covered services from a specialist at the in-network benefit level. Seeing a specialist without a referral could result in higher out-of-pocket costs.

If members need care right away, where can they go?

When they need care right away, members can visit any emergency room (ER) or urgent care facility. To avoid any extra costs that may be billed by an out-of-network hospital or clinic, members should learn which ERs or urgent care clinics are in network. If members need to visit a specialist for more care after the ER or urgent care visit, the PCP must submit a referral.

What if members travel outside Idaho and need emergency care?

Members can visit any ER or urgent care facility when they need care right away. If the facility contracts with their local Blue Cross Blue Shield plan, services will be covered as in network through BlueCard and will not be subject to balance billing.

After the ER or urgent care visit, if members need to visit a specialist – including an out-of-state and/or out-of-network specialist – for more care, they need a PCP referral that's approved by Blue Cross of Idaho for their care to be billed as in network. Non-emergency care outside Idaho or from an out-of-network provider without a PCP referral will be billed as out of network.

If members have dependents living outside of Idaho, how can they get care?

Members enrolled in a CCO network should contact the Blue Cross of Idaho Customer Service Department. They will help make an out-of-area dependent referral.

What if CCO plan members need services from a type of specialist who is NOT available in their network?

Our CCO plans require a gap-in-network referral and authorization for services provided outside of the network in order to be billed as in network. This referral must be submitted by the in-network PCP and is reviewed by Blue Cross of Idaho. When a gap-in-network referral to a specific provider or facility is authorized by Blue Cross of Idaho, the services will be billed as in network. When a gap-in-network referral is not obtained or is not authorized by Blue Cross of Idaho, the services will be billed as out of network.

How does the referral process work?

When members need care from a specialist, the PCP will submit a referral based on the type of service needed. The Blue Cross of Idaho Customer Service Department can assist members with any referral questions.

How long does it take to get a referral approved?

A referral to an in-network specialist is approved immediately. If a referral to an out-of-network specialist is required, the process can take up to 14 days.

Is there a difference between ConnectedCare plans and CCO plans?

ConnectedCare is the name of the Blue Cross of Idaho product. CCO have become the general ways to refer to the plans and organizations. They are largely interchangeable when referring to options in the market.