

EPO Plan Open Access Automatic Tier 2 Services

What does Open Access mean?

Open Access means, if a specialist or service is **not available** in the Tier I provider network then members can access the Tier II provider network for medical services.

**Note, services rendered by a BCBS Tier 2 provider will be subject to the Tier 2 benefits.

Below is a list of services and specialist that are considered as Open Access:

Services not available:

- Adult Audiology
- Cardiac MRI
- Durable Medical Equipment (DME)
- Hemodialysis/Peritoneal Dialysis
- Home Health and Home Hospice Care outside of Delaware County
- In-Patient Hospice
- Occuloplastic Surgery
- Oncology ICU
- Orthopedic Oncology
- Skilled Nursing
- Sub-Acute Rehab
- Transplants, other than kidney transplants (kidney transplants are offered at CCMC)
- Urgent Care



OPEN ACCESS / REFERRAL FORM

Name of Employee (<i>insured</i>)	Member ID
Name of Patient	Patient Date of Birth
PHYSICIAN INFORMATION	
Referring Physician Name	Referring Physician's Tax ID
DIAGNOSIS INFORMATION	
Diagnosis	
Date of Service Start	Date of Service End
Frequency	
Procedure Code(s)	
REFERRING TO:	
Physician Name	Telephone Number
Facility or Group Practice Name	
Authorized Date of Service Start	Authorized Date of Service End

This Authorization shall apply only to the covered individual and only for the authorized period listed above. During the authorized period benefits for the covered individual will be subject to the terms, conditions and limitations contained in the Plan, including deductibles, copayments and coordination of benefits with other coverages, except those consistent with the terms of this administrative determination.

Please send completed forms to HC-Referrals@healthcomp.com