



**2026 Medicare Advantage
Plan Changes and Referral
Requirements**

January 28th, 2026

Effective January 1, 2026, Blue Cross of Idaho will be making significant changes to our Medicare Advantage (MA) plan requirements. This will allow us to continue to offer high-quality MA plan options to our members in a sustainable way.

Agenda

- Primary care providers (PCPs)
- Referral requirements and guidelines
- Specialists and ancillary providers
- Referrals vs. prior authorizations (PAs)
- Services that do not require a referral
- Entering a referral
- Questions

Primary Care Providers

Primary Care Providers Referral Details 2026

- Medicare Advantage (MA) members are required to enroll in a new MA plan for 2026. Members on 2026 MA plans are required to select a primary care provider (PCP).
- Referrals from PCPs are required for specialists, ancillary providers and out-of-network services.
 - Referrals are valid for one year from date of issue.
 - Referrals must be submitted through the Blue Cross of Idaho portal at least 7 days prior to the date of service.
- We know this adjustment may affect many patients and providers; a grace period will be provided at the beginning of the year to allow everyone time to get referrals in place. The grace period will end May 1, 2026.
- Who is considered a PCP?
 - Family practice
 - General practice
 - Internal medicine
 - OB/GYN
 - Pediatrics
 - Geriatrics

Primary Care Providers Referral Details Cont...

- The PCP will oversee the member's care and will guide the member to specialty care.
 - This will ensure that referrals are clinically appropriate.
- If the member has an established relationship with a specialist or ancillary prior to January 1, 2026, a referral from a PCP is still required.
- If you do not already have access to the Provider Portal, you will need to get access by reaching out to your website administrator or create an account at providers.bcidaho.com/account-admin/provider-registration.page.
- Referrals must be submitted prior to the member's visit to the specialist or ancillary provider.

A dramatic landscape photograph featuring a large, dark rock formation in the foreground, silhouetted against a vibrant sunset or sunrise sky. The sky transitions from deep blue at the top to bright orange and yellow near the horizon. The foreground is covered in low-lying green vegetation and scattered rocks. The overall mood is serene and majestic.

Referral Requirements and Guidelines

Referral Requirements and Guidelines

- Greater Good Health members (**Eastern Idaho only**) must get referrals from a Greater Good Health PCP only.
- True Blue plans:
 - Referrals to specialists or ancillary providers from an in-network PCP are required for all services for members on True Blue plans.
 - True Blue plans do **not** have an out-of-network benefit. Any out-of-network referral will require a GAP referral.
- Secure Blue plans do have out-of-network benefits at a higher cost to members but do not require a referral. Referrals are required for in-network specialty or ancillary provider visits.

Specialists and Ancillary Providers

Specialist or Ancillary Providers Responsibilities

- Specialists or ancillary providers are required to confirm the referral prior to the member's visit.
- If no referral is in JIVA, the treating specialist or ancillary provider will need to contact the PCP and request a referral for the member.
- The member cannot be seen by the specialist or ancillary provider until the referral is on file.
- If a member sees a specialist or ancillary provider and that provider determines the member needs to be referred to another subspecialty (or requests a facility), the PCP will need to submit a second referral for the second specialist. Referrals from a specialist or ancillary provider are not valid.
 - Services performed by a provider within the same group and specialty the referral on file applies to all of these providers. A separate referral would be required if the member needs to see a different type of specialists billing under the same TIN.

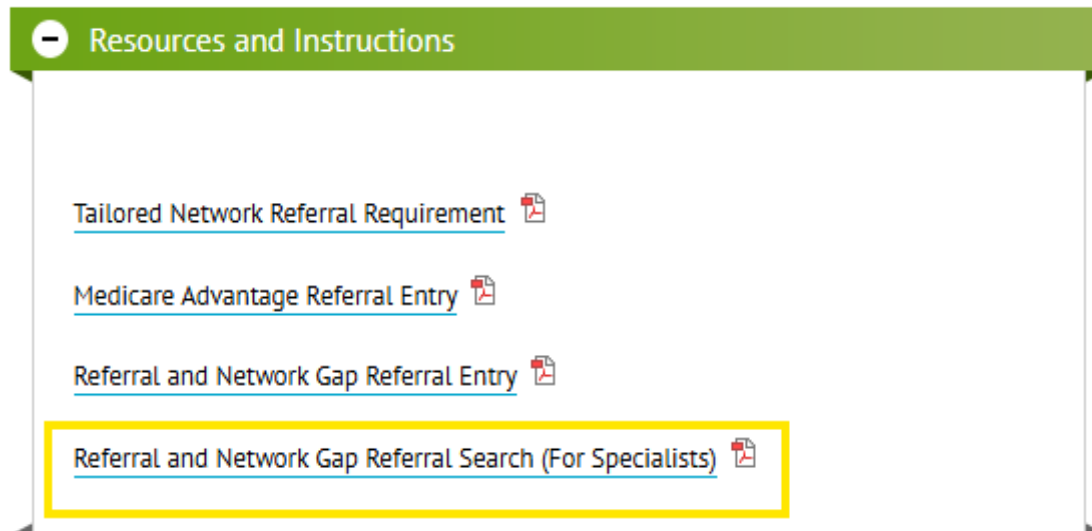
Specialist or Ancillary Provider Look Up

Referrals

Gap Referrals: Please submit all gap-in-network referral authorizations at least **14 days** prior to the scheduled date of service. We will process services provided by specialists outside of the member's tailored network without an approved gap-in-network referral authorization at out-of-network benefit levels.

Medicare Advantage (MA Referrals): Please submit MA referrals at least **7 days** prior to the scheduled date of service.

All referrals need to be submitted online by a PCP (primary care provider).



- Always verify the referral is on file before a visit.
- Instructions for looking up a referral are located on the provider portal under the ***Authorizations & Notifications*** tab- ***Authorization, Referrals and Notifications-Referrals-Resources and Instructions.***

Referrals vs. Prior Authorizations

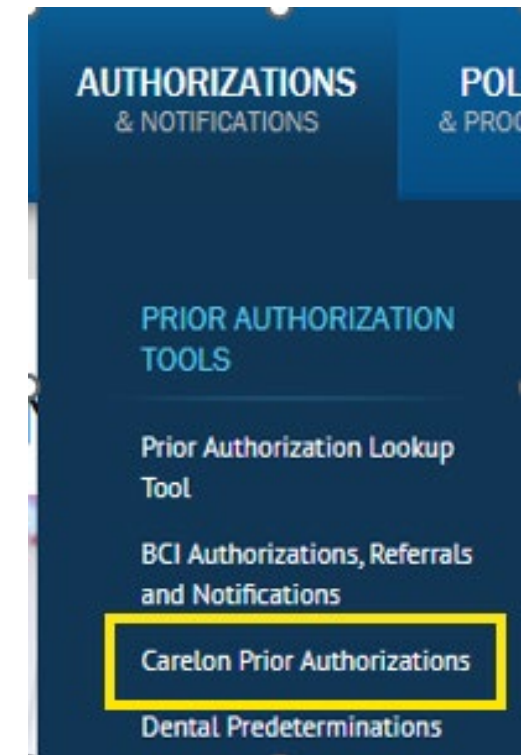
Referral vs. Prior Authorization

Referral (See MAPAP310): Used to notify Blue Cross of Idaho when a patient needs to see a provider other than their PCP. Referrals are provider-to-provider.

Prior authorization (PA) (See MAPAP300 & MAPAP301): The process of determining the medical necessity of elective and selected outpatient procedures, surgeries, inpatient admissions or drugs categorized as one of the following:

- High utilization
- High-cost
- Potentially cosmetic
- Prior authorization requirements are based on the member's benefit coverage. Please review the line of business on the Eligibility & Claims page of the Member Search tool.

Note: Carelon Authorization tool on the portal is for Blue Cross of Idaho's authorization requests for genetic testing, musculoskeletal services, radiology and sleep management only.



Services That Do Not Require a Referral

Services That Do Not Require A Referral

- In-network or out-of-network urgent and emergent services. A referral is not needed for a medical emergency.
 - Routine provider visits or treatments are not considered urgent even if the member is outside the plan's service area or network.
- Behavioral health services
- In-network routine women's health care, including:
 - Breast exams
 - Screening mammograms
 - Pap tests
 - Pelvic exams
- Kidney dialysis from a Medicare-certified facility
- Colorectal cancer screenings
- Preventive vaccinations covered in a member's benefit

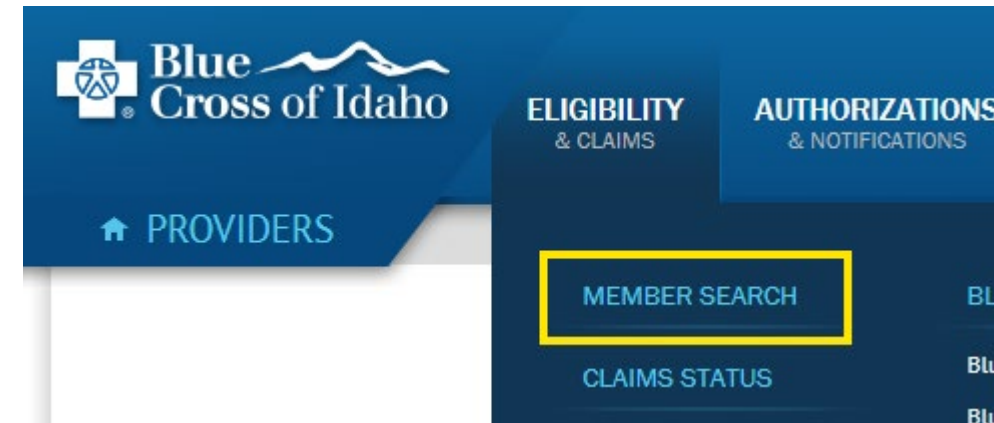
Services That Do Not Require A Referral Cont.

- Durable medical equipment
- Prosthetics and orthotics
- Routine eye and hearing exams (including eyewear and hearing aids)
- Medicare covered dental
- Comprehensive or supplemental dental
- Providers considered "hidden providers"
- Chiropractor
- Audiology
- Neonatology
- Services from a Nutritionist
- Podiatry
- Optometry & Ophthalmology
- Services from and Optician
- Provision of Anesthesiology
- Services performed in an observation setting
- Home Health Agency Services
- OB/GYN

Entering a Referral

What to do Prior to Entering a Referral

- To identify the member's current network plan, please log in to your account at providers.bcidaho.com.
- View member ID card to verify their current MA network plan.



Eligibility Status	Medical APTC Status	Relationship	ID Card 
Active	N/A	Member	View ID Card

Verify Referral Network Status for Specialist or Ancillary Provider

The next step is to verify if the specialist or ancillary provider are part of the member's network by looking at the directory under ***Find a Provider***.

- Pick appropriate MA network
- Search for a provider

Welcome, Healthcare Providers!

Blue Cross of Idaho is proud to partner with you to provide Idahoans the best care at a great value. We're excited to bring you a new provider portal and welcome your feedback.

Post Service Inquiry Delays

Post service claim inquiry responses for Commercial claims are delayed due to increased volumes. An email confirmation of your inquiry is sent with a reference number for your records. Inquiries are worked on

Important Announcements

- | | |
|---|---|
|  | Difficulty with Several Tools on the Portal - November 18, 2025 |
|  | Ambulatory Surgical Center (ASC) Quarterly Update File - October 20, 2025 |
|  | Upcoming Medicare Advantage Plan Changes - October 9, 2025 |

- [Contact Us](#)
- [Find a Provider](#)
- [Provider Admin Policies](#)
- [Provider Packet](#)
- [Risk Adjustment Education](#)
- [Qualified Health Plans](#)
- [MMCP/Idaho Medicaid Plus](#)

Network

All Networks

City, state or zip

Meridian, ID — 83642

MAHMO (True Blue HMO)

MAHMORXP (True Blue Rx Preferred)

MAHMOSR (True Blue Rx 35PSP HMO)

MAPPO (Secure Blue PPO)

MATVPSP (True Blue Rx 32PSP HMO)

Verify Referral Network Status for Specialist or Ancillary Provider Continued:

- Once you determine the specialist or ancillary provider is in network then enter the referral by following the instructions located on the portal under the **Authorization & Notifications** tab-- **Authorizations, Referrals and Notifications** (<https://providers.bcidaho.com/resources/pdfs/providers/authorizations-referrals-notifications/Medicare-Advantage-Referral-Entry.pdf>)

Referrals

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Medicare Advantage (MA Referrals): Please submit MA referrals at least **7 days** prior to the scheduled date of service.

All referrals need to be submitted online by a PCP (primary care provider).

Resources and Instructions

[Tailored Network Referral Requirement](#)

[Medicare Advantage Referral Entry](#)

[Referral and Network Gap Referral Entry](#)

[Referral and Network Gap Referral Search \(For Specialists\)](#)

Select Launch to enter or lookup a Blue Cross of Idaho authorization, referral, or inpatient notification.

LAUNCH

- When the dashboard opens, select **Menu** from the top navigation bar, then select **New Request**.



Important Things to Remember

Remember These Things to Prevent Delay in Care When Entering a Referral

- Type of Service – Medical care
- Place of Service – Office
- Service Code – Always use 99213
- Start Date – Date must be prior to the planned date of service
- End Date - 365 days after start date
- Members will only need a referral for both a provider and a facility if the facility is out of network. If a member needs a referral for services from both a provider and an out of network facility/hospital, providers must submit two referral requests: one for the provider and one for the facility. Each referral can only have one request and one treating provider per request.

Things to Remember Continued:

- Requested number: Enter **99**
- Upload documentation supporting medical necessity to see a specialist or ancillary provider.
- Complete the Note Section: Person making the referral’s full name, direct phone number and direct fax number. Specialists or ancillary providers full name, phone number and fax number. Include a brief description of the reason for a referral to a specialist.
- Once a referral is approved, this is an example of what it will look like on JIVA:

Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
5602724	99213(CPT)	1	1	0	01/01/2026	12/31/2026	Medical Care	Per Day	Approved



Any Questions?

PRexternalreps@bcidaho.com
PRproviderrelations@bcidaho.com

THANK YOU

On portal go to Forms & Resources & Medicare Advantage Information for more information.