

## 2018 Annual Scripps Health Plan Mailing

February 8, 2018

Dear Member,

Thank you for selecting Scripps Health Plan HMO. We would like to take this opportunity to provide additional information and education to assist you as a member with accessing care and utilizing your HMO benefits. Below are key attributes of the HMO plan and how they integrate with your ability to access care.

### What is the Scripps Health Plan HMO network?

The Scripps Health Plan HMO network is made of six medical groups consisting of thousands of providers located throughout San Diego County:

- Mercy Physicians Medical Group (MPMG)
- Primary Care Associates Medical Group (PCAMG)
- Scripps Clinic Medical Group (SCMG)
- Scripps Coastal Medical Center (SCMC)
- Scripps Physicians Medical Group (SPMG)
- Rady Childrens Health Network (RCHN)

These providers have agreed to meet quality standards and to accept lower rates for the HMO plan members as part of their contract with Scripps Health Plan.

### Choosing a PCP and Medical Group:

Each Scripps Health Plan HMO member is required to designate a Primary Care Physician (PCP) from the Scripps Health Plan HMO Network. Members may choose a different PCP and/or medical group for each family member. PCPs have at least one medical group affiliation, and some may have multiple affiliations to choose from. When electing a PCP, you should review the physician's medical group affiliations to ensure you are gaining access to the correct medical group and specialty care. The medical group that the PCP is affiliated with is the medical group that **all care** must be accessed within, and determines which specialists you may be seen by. Specialists cannot be selected as PCPs.

Please visit [www.ScrippsHealthPlan.com](http://www.ScrippsHealthPlan.com) and choose the 'Find a Doctor' option to check status of a provider by accessing the HMO provider directory which is updated twice a week. Should you have any additional questions regarding provider network participation and provider medical group affiliations, please feel free to call our Customer Service Department toll free at **1-844-337-3700** or for the hearing and speech impaired TTY: **1-888-515-4065**, Monday through Friday from 8 a.m. to 5 p.m. PST.

### Changing Your PCP and Medical Group:

Members may change PCPs or their designated medical group at any time by calling our Customer Service Department toll free at **1-844-337-3700** or for the hearing and speech impaired TTY: **1-888-515-4065**. PCP and/or medical group changes are effective the first of the month following the date of your requested change. If you change your medical group, all previous referrals and/or authorizations for specialty care or procedures are no longer valid. You will need to establish yourself as a new patient with your newly assigned medical group, and must obtain new referrals for services to specialists and providers within your new medical group. Because some PCPs have more than one medical group affiliation, if you remain with the same PCP, but change medical groups, you will be required to have new referrals and/or authorizations submitted to the newly assigned medical group. Additionally, changing your PCP or designated medical group during a course of treatment may interrupt the quality and continuity of your health care. For this reason, the effective date of your new PCP or designated medical group, when requested during a course of treatment, will be the first of the month following the date it is medically appropriate to transfer your care to your new PCP or designated medical group.

**Accessing Care and Obtaining Referrals and Authorizations:**

Your assigned PCP is responsible for coordinating your health care, maintaining your medical records, providing routine care and referring you to specialists and for other services when medically necessary, **within the same medical group**. You have access to other providers affiliated with your PCP's medical group including but not limited to: hospitals, laboratories, imaging centers, specialty care, emergency rooms and urgent care centers. If you need to see a specialist, you will need a referral from your PCP for services to be covered. If you need services that cannot be provided at the time of an office visit, such as lab work, diagnostic or imaging services, the ordering provider (PCP or specialist) will provide the appropriate referrals to other plan providers within the same medical group that best fits your needs. The provider will also work to obtain any necessary authorizations when required.

You are not able to access care from providers who are part of medical groups other than the same group as your elected PCP. For example, if the your elected PCP is part of Scripps Clinic Medical Group, you would not be referred to a specialist or be able to access care with **any** of the other five medical groups, including Scripps Coastal Medical Center, unless a **prior authorization** has been approved in advance by the medical group allowing you to access care out of network.

Care accessed without the required referral or prior authorization will be denied as not covered and you will be responsible for the full billed charges.

**Avoid unnecessary ER visits by accessing an Urgent Care Center:**

If you require care for a serious, non-life threatening condition, you can obtain care at an urgent care center. Urgent care centers can treat: severe vomiting, earaches, high fever, cuts and minor lacerations, flu, fractures, sports injuries, minor burns, rashes, bronchitis, and more. If feasible, you should contact your PCP or assigned medical group to be directed to the appropriate urgent care that is within your assigned medical group. If it is within business hours (8 am to 5 pm PST) and you need help finding an urgent care provider, you may contact Scripps Health Plan at **1-844-337-3700** or for the hearing and speech impaired **TTY: 1-888-515-4065**, otherwise visit the nearest urgent care center to seek care. You will be responsible for a copay that will be collected at the time of your visit, and once you have been treated and discharged, you should contact your PCP for any necessary follow-up care.

To ensure your claims are paid correctly, Scripps Health Plan asks members to complete a [Coordination of Benefits \(COB\) form](#) every year. This form allows you to provide information about whether you, your spouse or your eligible dependents are covered under more than one health plan. The information you provide allows Scripps Health Plan to comply with State & Federal laws that mandate the order of payment responsibility. If you have other coverage, please complete and return the form so we may update our records appropriately.

**Additional Member Resources:**

Please visit [www.ScrippsHealthPlan.com](http://www.ScrippsHealthPlan.com) to review our [Member Welcome Guide](#) which is intended to assist you with questions you may have regarding access to health care services. We also encourage you to read the [Evidence of Coverage](#) and [Summary of Benefits and Coverage](#) for further description of your benefits and coverage, and the [Notice of Privacy Practices](#) which details our policies and procedures regarding our confidentiality/privacy practices.

All of these documents can be viewed, downloaded, and/or printed at your convenience when accessing the 'I'm a Member' page, and 'Benefit Information & Forms' section, or by clicking on the blue text above.

Should you have any additional questions regarding the information in this emails, the Scripps Health Plan website, or the HMO plan in general, please feel free to call our Customer Service Department toll free at **1-844-337-3700** or for the hearing and speech impaired **TTY: 1-888-515-4065**, Monday through Friday from 8 a.m. to 5 p.m. PST.

Sincerely,  
Scripps Health Plan