

Dear Member,

Thank you for selecting Scripps Health Plan HMO as your medical plan for 2023! This letter includes important information and reminders about your medical coverage.

- How to make **medical group and/or PCP changes**
- **Having a baby?** Important information about newborn care during the first month
- When to expect new **insurance identification (ID) cards**
- How to update your dependent's **demographic information** in Epic
- **Out-of-area coverage** limitations
- Care management referrals
- Other insurance coverage – **coordination of benefits (COB)** form
- 2023 Evidence of Coverage changes
- Contact Information
- Additional Information

## HOW TO MAKE MEDICAL GROUP AND/OR PCP CHANGES

PCP and/or medical group changes are generally effective the first of the month following the date of your requested change. If you change your medical group, all previous authorizations for specialty care or procedures are no longer valid.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. 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.

**If you need to change your PCP**, find a provider or have any questions about your medical and prescription benefits, please reach out to the Scripps Health Plan Customer Service team at **1-844-337-3700** or for the hearing and speech impaired **TTY: 1-888-515-4065** or via email at **customerservice@scrippshealth.org**. We are available Monday through Friday from 8a.m. to 5p.m.

Please visit [www.ScrippsHealthPlan.com](http://www.ScrippsHealthPlan.com) and choose the **'Find a Provider'** option to search for available providers by medical group or call Scripps Health Plan Customer Service for assistance.

## NEWBORN CARE

It's important to know that newborns will be covered under the mother's medical group for the first month following birth or longer if the baby remains in the hospital. This means that initial pediatrician appointments should be made with providers that are part of the mother's medical group. If you would like to choose a different medical group or PCP for your baby, please call Scripps Health Plan Customer Service prior to receiving services. Medical group changes will be effective the first of the month following the baby's date of birth or initial discharge from the hospital.

## WHEN TO EXPECT NEW ID CARDS

Unless you have a change that impacts your insurance ID card (for example, new coverage, PCP change, medical group change, name change), Scripps Health Plan does **not** reissue insurance ID cards annually. If you've had no changes to your information or coverage, you may continue to use the insurance ID card you have.

## HOW TO UPDATE YOUR DEPENDENT'S DEMOGRAPHIC INFORMATION

Do your dependents have a different address and phone number than you? The demographic information on file with Scripps HR for you and your dependents will be the same as the demographic information reflected for you and your dependents as a patient in Epic. ***As the insurance subscriber, it is important that you update your dependent(s) address and phone number with Scripps HR so that it is accurate in Epic.***

You can update their demographic information via the Scripps Benefits portal <https://benefits.scripps.org>, "View Benefits". Please click [here](#) and follow the instructions outlined to update your dependent(s) address and phone number.

## OUT OF AREA COVERAGE LIMITATIONS

As a reminder, the Scripps Health Plan HMO service area is limited to San Diego County. This means that any routine care you need must be received in San Diego County. ***Only urgent/emergent care will be covered outside of the county.***

If you are not living in San Diego County and find that coming to San Diego County for routine care is no longer convenient, please consider during the next open enrollment whether the Scripps EPO option may be a better choice for you and your family.

## COORDINATION OF BENEFITS

Let us know if you or your dependents have ***additional medical insurance coverage*** to ensure your claims are paid correctly. The information you provide allows Scripps Health Plan to comply with State and Federal laws that mandate the order of payment responsibility. If you or your dependents have other coverage, please complete and submit the form electronically through our [COB form tool](#) so we may update our records accordingly. You may also download and return the [form](#) by mail or fax. This form should be completed each year to ensure our records are updated and accurate.

## 2023 EVIDENCE OF COVERAGE CHANGES

We regularly review and update your plan Evidence of Coverage document to ensure it is compliant with regulatory requirements and to clarify the language in the document to make it more user friendly. The newly posted Evidence of Coverage includes the following changes:

Category	Description of Change
<b>Diagnostic Lab Services</b>	To comply with SB 306, the Plan will cover sexually transmitted disease home test kits, and the lab costs for processing those kits, that are deemed medically necessary or appropriate and ordered directly by a provider or furnished through a standing order for patient use based on clinical guidelines and individual patient health needs.
<b>Emergency Services Out of Area</b>	Added billing language pertaining to emergency services that are received out of network, stating that the most facilities/providers can bill members is the members' in-network cost sharing amount (such as copayments). Members cannot be balanced billed for such services.
<b>Pediatric Screenings</b>	To comply with SB 428, the Plan will cover adverse childhood experiences (ACE) screenings for children and adults.
<b>Preventative Health Services</b>	To comply with AB 342, the Plan will cover, at zero cost sharing, the required colonoscopy for a positive result on a test or procedure, other than a colonoscopy, that is a colorectal cancer screening exam or lab test identified assigned either a grade of A or B by the USPSTF.
<b>Prior Authorizations</b>	To comply with SB 535, added language stating the Plan will not require prior authorization for biomarker testing for a member with advanced metastatic stage 3 or 4 cancer or biomarker testing for cancer progression or recurrence in members with advanced metastatic stage 3 or 4 cancer.
<b>Service Area Zip Codes</b>	Revised the zip code list that identifies service area coverage. Removed those zip codes that are no longer valid.
<b>Telehealth Services</b>	To comply with AB 457, the Plan has existing language that it will provide coverage and reimburse the treating provider for services appropriately delivered to a member through telehealth on the same basis and to the same extent as in-person services. Additionally, the Plan has included that these services are also available to members in-person or via telehealth, where applicable, through the member's PCP, specialist, or from another contracted individual, facility, or provider. Further, members have a right to access their telehealth medical records and records of any services provided through the Plan's third-party corporate telehealth provider, Doctor On Demand ("DOD"), will be shared with the member's PCP unless there is an objection.
<b>Timely Access to Care</b>	To comply with SB 221, the Plan included that non-urgent follow-up appointments with a nonphysician mental health care or substance use disorder provider for those undergoing a course of treatment will be offered within 10 business days following the prior appointment.
<b>Urgent Care Coverage</b>	Added radiology services to existing language for Coverage for Urgent Conditions.
<b>Vision and Hearing Services</b>	Revised language to include as a covered benefit medically necessary visits to diagnose and treat injuries or diseases of the eye, as well as refraction services necessary for the assessment or treatment of a medical condition.
<b>Vision and Hearing Services</b>	Revised hearing services covered benefits to outline that hearing molds/inserts not in conjunction to a hearing device are not covered benefits.

## CONTACT INFORMATION

Scripps Health Plan Customer Service – **1-844-337-3700** (TTY: **1-888-515-4065**) or **customerservice@scrippshealth.org**

Scripps Health Plan Web Site – [www.ScrippsHealthPlan.com](http://www.ScrippsHealthPlan.com)

American Specialty Health (acupuncture/chiropractic) – **1-800-678-9133**

Evernorth Behavioral Health of California, Inc. – **1-888-736-7009**

MedImpact Pharmacy Benefit Manager – **1-844-282-5343**

## ADDITIONAL INFORMATION

Do you have a **MyScripps** account? If not, [sign up](#) today!

Some great features are available in MyScripps:

- Schedule appointments with Scripps providers
- Communicate with your Scripps providers and request prescription refills
- View your billing statements and pay bills
- View/Print your Scripps Health Plan insurance ID card
- View your referrals and authorizations
- View and print your insurance Explanation of Benefits (EOBs)
- Update your communication preferences

### Accessing Care and Obtaining Referrals and Authorizations:

Your PCP will refer you to specialists and other services, when medically necessary, and will obtain any needed authorizations. You are not able to access care from providers who are part of medical groups other than the same group as your PCP. For example, if your 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 utilizing other care options

- **Scripps HealthExpress** - These walk-in clinics offer same day, convenient adult and pediatric care for minor illnesses and health care needs. Minor illnesses include mild flu-like symptoms, cough and congestion, sore throat, ear pain, painful urination and rashes without fever. Scripps HealthExpress walk-in clinics are *in network* for Scripps Health Plan members assigned to the following *four* medical groups: **Scripps Clinic Medical Group, Scripps Coastal Medical Group, Mercy Physicians Medical Group and Scripps Physicians Medical Group.**
- **Urgent Care** - 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 fever without a rash, vomiting or persistent diarrhea, abdominal pain, wheezing or shortness of breath, dehydration, moderate flu-like symptoms, sprains and strains, and small cuts that may require stitches. 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 a.m. to 5p.m.) and you need help finding an urgent care provider, you may contact Scripps Health Plan Customer Service, 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.

- **Virtual Care** - As a Scripps Health Plan member, you have access to [Doctor on Demand](#) from your mobile device or computer 24 hours a day/7 days a week from anywhere in the United States. Doctor on Demand offers medical and behavioral health video visit services from board certified providers for a \$15 copay. If necessary, they can even prescribe medications and send the prescription to your local pharmacy.

In addition, e-visits and video visits are available for members assigned to Scripps Clinic Medical Group and Scripps Coastal Medical Center. Copays for these services are the same as an office visit and depends on whether you are seeing your PCP or a specialist. Access these services remotely via MyScripps! Learn more about these services at <https://www.scripps.org/virtual-care>.

### **Care Management:**

Scripps Health Plan's Care Management services are designed to provide collaborative process that assesses, plans, implements, coordinates and evaluates options and services to meet your individual health and social needs.

The case manager works closely with you and your family/caregiver(s) and complements the care delivered by your doctors. It is not intended to replace treatment, advice, or recommendations of your health care providers. Referrals can be made by:

Email: [shcmreferrals@scrippshealth.org](mailto:shcmreferrals@scrippshealth.org)

Voicemail: 888-399-5678

Fax: (858) 260-5834

[Care Management Referral Form](#)

**Online 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 email, 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 Customer Service