Pam White
*Health Net*

Health Net®

# *Frequently Asked* Questions

*For FEHB members*

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## *Prescription Drugs*

1. ***How do you decide which drugs are on the Health Net Recommended Drug List (RDL)?***
   The Health Net Recommended Drug List is developed and maintained by the Health Net Pharmacy and Therapeutics (P&T) Committee. Before deciding whether to include a drug on the RDL, the committee reviews medical literature and consults with specialists to assess drugs for the following:

   - safety
   - effectiveness
   - cost-effectiveness (When there is a choice between drugs having the same effect, the less costly drug will be added to the RDL.)
   - side effect profile
   - therapeutic outcome

   The P&T Committee meets annually to review medications and to establish Recommended Drug List (RDL) policies and procedures. The P&T Committee consists of practicing physicians and pharmacists who review medications based on clinical efficacy, safety and overall value. In order to keep the RDL current, the committee reviews its contents at least annually and the list is updated as new information and medications become approved.

2. ***What if the doctor prescribes a drug that is not on the Recommended Drug List?***
   If an FEHB member chooses to receive a drug for a covered benefit that is not on the Health Net Recommended Drug List, it will be dispensed for the non-formulary copayment. However, some drugs, for the safety of the member, require prior authorization.

3. ***What does prior authorization mean for my medication?***
   When a medication requires prior authorization, safety steps are followed to ensure certain clinical criteria are met

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before medication is dispensed. First, your doctor must contact Health Net to provide information on the medical reasons for the medication. Upon receiving the necessary information, Health Net will assess this information based on established clinical criteria for the particular product. If the clinical criteria are met, an authorization will be issued for the medication.

4. ***What is a generic (Level I) drug?***
   Generic drugs are the pharmaceutical equivalent of brand-name drugs whose patents have expired and are produced by multiple drug companies, usually at a lower cost. Generics are FDA-tested, and approved to meet the same standards of safety and effectiveness as their brand-name versions.

5. ***What is a brand-name (Level II) drug?***
   A brand-name drug is a drug that has been given a brand name by its manufacturer. When a new drug is developed, the manufacturer applies for a patent, which also gives the manufacturer the right to name its product. Manufacturers of drugs pick unique, usually memorable names to promote product recognition.

6. ***What should I do if I have to fill a prescription drug out of state?***
   If an urgent medical condition or emergency situation arises and you need to have a prescription filled, you may need to pay for it out of pocket and seek reimbursement from Health Net by submitting a prescription claim form. Claim forms can be obtained by calling Member Services at 1-800-522-0088, using the Ordering Materials section on this website or downloading a claim form by logging on to the Member Services section of this website.

7. ***How do I obtain more than a 30-day supply of a prescription?***
   Members on maintenance medication can receive a 90-day supply delivered directly to their home or office by completing our mail-order prescription drug form. Members must obtain an original prescription from your participating physician for a 90-day supply (plus refills up to the equivalent of one year) and include two copayments per 90-day supply. The prescription will arrive within 14 days from the day you mail your order. You can obtain a mail order form by calling Member Services at 1-800-522-0088, or by using the Ordering Materials section on this website, or downloading a claim form by logging on to the Member Services section of this website (you will be asked to sign in).

## *Accessing medical care*

1. ***What is considered emergency or urgently needed care?***
   Health Net defines an emergency as a sudden injury or illness which could threaten life, limb, or internal organs. Urgently needed care is defined as immediate treatment for a sudden injury or illness that is required to prevent serious health deterioration.

   For a more detailed description of emergency services, please see Section 5 (d) of your FEHB brochure.

2. ***What should I do after I have used emergency services?***
   Members must always contact their participating physician group and/or their primary care physician (PCP) as soon as possible whenever emergency services have been received. After the member's medical problem ceases to be an emergency, follow-up care must be performed or authorized

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by the member's physician group or it will not be covered (see Section 5 (d) of your FEHB brochure).

***3. Does Health Net have a 24-hour Nurse Advice Line?***

**Yes.** Through our Decision Power® program, all members have access to Health Coaches who are specially trained health professionals and can provide unbiased, evidence-based health information and coaching support. They help members carefully consider the potential risks, benefits and outcomes of treatment options so they can better evaluate available health care choices.

Health Coaches are available 24 hours a day, 7 days a week. Health Coaches can be reached via telephone or online by logging on to **www.healthnet.com** > *Decision Power Health & Wellness*.

***4. Am I ever able to go directly to a specialist without a referral?***

Health Net members do not need a referral to receive chiropractic care from a chiropractor participating in the American Specialty Health Plan (ASH) network. For the most current listing of participating chiropractors, go to www.americanspecialtyhp.com or call the ASH Member Services Department at **1-800-678-9133**.

Health Net members seeking treatment for mental health or substance abuse do not have to contact their PCP or medical group. Instead, FEHB members call Managed Health Network (MHN) at 1-888-779-2236, and MHN will direct them to the appropriate contracting provider of care.

All female Health Net FEHB members in California can self-refer, within their participating medical group, for obstetrical and gynecological (OB/GYN) services.

For all other specialty care, members need a referral from their PCP or medical group, unless the contracted medical group allows members to receive some specialty care without a referral or authorization. The Health Net website and Provider Directories indicate which medical groups offer direct referrals to specialists within the same medical group. For the most up-to-date information on direct referrals, contact your medical group or PCP.

***5. How do I get a second opinion?***

To request an authorization for a second opinion, contact Health Net Member Services at **1-800-522-0088**. Health Net will review the request in accordance with Health Net's second opinion policy. For more detailed information, see Section 3 of your FEHB brochure.

***6. If I'm already seeing a Health Net specialist, but I am not yet a Health Net member, can I continue seeing this doctor after joining Health Net?***

After you become eligible with Health Net, you must call your PCP before making any future appointments with the specialist. All specialty care requires a referral from the PCP/physician group, and they arrange for the coordination of any future services.

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***7. Do I always have to see my PCP to be referred to a specialist?***

All female Health Net members can self-refer, within their participating physician group, for obstetrical and gynecological (OB/GYN) services. For other referrals, your PCP will determine if an office visit is necessary. Generally, PCPs refer exclusively to specialist physicians who are participating providers within their common participating physician group.

When the PCP refers a member for ongoing specialist treatments, the member does not need a referral before each visit. However, the PCP must initiate all specialty referrals. If the specialist recommends that the member see another doctor, the PCP must issue another referral.

## *Primary care physician and medical group selection*

***1. How often can I change my PCP?***

You can request a PCP change within the same medical group on a monthly basis. The effective date will vary depending on the last day of service with your current PCP.

You can request a medical group change on a monthly basis. If we receive the request on or before the 15th day of the month, the transfer will become effective the 1st of the following month. Transfer requests received after the 15th of the month will become effective on the first of the month following the upcoming month.

For example:

- A request received on June 12 will become effective on July 1.
- A request received on June 20 will become effective on August 1.

***2. When am I not eligible to change my PCP?***

You are not eligible to change your PCP if you are confined to a hospital.

***3. Can I choose any PCP from your network or am I limited by where I live?***

Each participating physician group has its own mileage requirements; however, the general limit is 30 miles from the member's home or office. For clarification on the participating physician group in question, please call Member Services at **1-800-522-0088**.

***4. Does everyone in my family have to go to the same PCP?***

Each family member may select a different PCP/physician group from Health Net's Provider Directory.

PCPs can include:

- general/family practitioners (doctors who treat patients of all ages), or
- internal medicine (doctors who treat adults and may have a sub-specialty), or
- pediatricians (doctors who treat children).

***5. How do I change my PCP?***

Contact Health Net's Member Services at **1-800-522-0088** for assistance. Members that have received a PIN number can change their PCP online through the Members' section of this website.

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6. ***How do I select a PCP for my newborn child?***

   How do I select a PCP for my newborn child? A newborn child is automatically assigned to the mother's physician group if she is the subscriber's spouse and is an enrolled member. Newly eligible children (including children newly in the home due to adoption) are automatically assigned to the mother's physician group. Any transfer requests to a different physician group will not be effective until the first day of the calendar month following the date the child first becomes eligible.

7. ***Where can I obtain a current list of participating providers?***

   To quickly and conveniently find our entire list of contracted doctors and hospitals, search our online list of providers. It is important to know when you enroll in Health Net, that services are provided through the plan's delivery system, as described in Section 3 of the FEHB brochure, but the continued participation of any one doctor, hospital or other provider cannot be guaranteed.

8. ***What happens if my PCP retires, leaves the area or chooses to no longer contract with Health Net?***

   If your PCP is no longer available through our contracted network, we notify you as soon as we are informed. Upon receipt of the notification letter, you have the option of selecting a new PCP within your participating physician group. If you do not notify us with your selection, we will make a selection for you and issue a new ID card (see Section 3 of your FEHB brochure).

9. ***What happens if my selected participating physician group is no longer available?***

   If, for whatever reason, the physician group that you selected is no longer a contracting Health Net provider, we will notify you as soon as we are informed. If your PCP is available through another contracting physician group, we will transfer you to that medical group and assign you to your existing PCP. However, if your PCP is not available with another participating physician group, we will transfer you to a new PCP and physician group within your area. Upon receipt of the notification letter, you have the option of selecting a different PCP and/or participating physician group (see Section 3 of your FEHB brochure).