

# FREQUENTLY ASKED QUESTIONS

*For FEHB members*

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## Prescription Drugs

### 1. HOW DO YOU DECIDE WHICH DRUGS ARE ON THE HN RECOMMENDED DRUG LIST?

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 List, 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 List)
- Side effect profile
- Therapeutic outcome

The P & T committee meets annually to review medications and to establish Recommended Drug List 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 List 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 a 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 a \$50 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 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?**

If a 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 a \$50 copayment. However, some drugs, for the safety of the Member, require prior authorization.

### **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 web site or downloading a claim form by logging into the Member Services section of this web site.

### **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 into 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 Health Net of California Brochure.

## 2. WHAT SHOULD I DO AFTER I HAVE USED EMERGENCY SERVICES?

Members must always contact their Participating Physician Group and/or Member's Primary Care Physician 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 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 in to [www.healthnet.com](http://www.healthnet.com) > *Decision Power Health and 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 [Americanspecialtyhp.com](http://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 Primary Care Physician 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 Primary Care Physician or Medical Group, unless the contracted Medical Group allows members to receive some specialty care without a referral or authorization. The Health Net web site 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 primary care physician.

## 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 Health Net of California Brochure.)

## 6. IF I'M ALREADY SEEING A HEALTH NET SPECIALIST, BUT I AM NOT YET A HEALTH NET MEMBER, CAN I CONTINUE MY VISIT TO THIS DOCTOR AFTER JOINING HEALTH NET?

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

## **7. DO I ALWAYS HAVE TO SEE MY PRIMARY CARE PHYSICIAN 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 Primary Care Physician will determine if an office visit is necessary. Generally, Primary Care Physicians refer exclusively to specialist physicians who are Participating Providers within their common Participating Physician Group.

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

## **Primary Care Physician and Medical Group Selection**

### **1. HOW OFTEN CAN I CHANGE MY PRIMARY CARE PHYSICIAN?**

You can request a primary care physician 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 primary care physician.

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

### **2. WHEN AM I NOT ELIGIBLE TO CHANGE MY PRIMARY CARE PHYSICIAN?**

You are not eligible to change your Primary Care Physician if you are confined to a hospital.

### **3. CAN I CHOOSE ANY PRIMARY CARE PHYSICIAN 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 PRIMARY CARE PHYSICIAN?**

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

Primary Care Physicians 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 PRIMARY CARE PHYSICIAN?**

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 web site.

#### **6. HOW DO I SELECT A PRIMARY CARE PHYSICIAN FOR MY NEWBORN CHILD?**

How do I select a Primary Care Physician 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, services are provided through the plan's delivery system, as described in Section 3 of the Health Net Federal brochure, but the continued participation of any one doctor, hospital or other provider cannot be guaranteed.

#### **8. WHAT HAPPENS IF MY PRIMARY CARE PHYSICIAN RETIRES, LEAVES THE AREA OR CHOOSES TO NO LONGER CONTRACT WITH HEALTH NET?**

If your Primary Care Physician 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 Primary Care Physician 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 Primary Care Physician (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 Primary Care Physician and/or Participating Physician Group (see Section 3 of your FEHB Brochure).