Steps To Take When You've Changed Health Plans

If you changed health plans during Annual Enrollment, there are some things you need to know and things you can do to make a successful transition.

Before the Plan Year Starts-Familiarize Yourself with Your New Plan

Becoming acquainted with the following points is a significant start to understanding your new plan.

- **Review the benefit plan design.** Double-check benefits on your new plan. Be aware of what is available and how to access care, what if any pre-approvals are required. Call the plans customer service line if unsure.
- **Evaluate your provider network.** Provider lists can vary greatly from plan to plan. For instance, the in-network providers for the CHP PPO and EPO are in the same network-the Blue Cross Prudent Buyer PPO Plan. However, Kaiser is an HMO and this requires you to receive care from Kaiser providers. Links to our benefit plan providers are on the Human Resources webpage, or call the customer service number listed below.
- **Confirm the referral and authorization process.** If you need to see a specialist or are having a procedure done, be prepared that there may be different approval procedures. Call your new health plan to confirm the proper steps to take.
- **Continuation of Care.** If you are currently undergoing a course of treatment, or have services authorized under your current plan, contact your new plan administrator (at the number on the below), to get information on how to continue this treatment. You can often continue to see your current medical provider for a specific period of time or for specific treatments. This must be authorized by your new plan administrator prior to receiving the services.
- **Coordination of Benefits.** In a situation where you are covered under your spouse's plan and vice versa, it is important to determine whether or not dual coverage is allowed and how it works. Determine which plan pays first and which pays second. Generally speaking, your own employer's coverage is primary, (i.e. pays first). Contact both health plans to see how and if they coordinate.

Prescription Drugs

- **Stock your prescriptions.** If co-payments are set to increase or if you are about to run out, get refills before the current benefit year's end. Sometimes there can be hiccups in the computer systems that are trying to set up new coverage the first week of a plan year. It is better if you are not trying to fill prescriptions at this transition time. Refill existing prescriptions if they are due for refill under your current plan so you won't experience delays.
- **Review your prescription drug formulary.** Approved drug lists can vary from health plan to health plan or even change throughout the year. Many health plans include their approved drug lists on their web sites. You can also call customer service to assist you. Have a list of your medications available (spelling of the name and dosage) to help with the verification process.

  If you're taking a medication that will not be part of the formulary, review for the formulary alternatives. Consult with your doctors to determine if changes can be made.
- **Transition to your new mail order provider.** Verify how to transfer your prescriptions from your previous mail order provider. They may require a new set of written prescriptions by your new doctor(s).
- **Review if your plan will cover prescriptions from non-contracting providers.** If you have changed from either of the County Health Plans to Kaiser and have prescriptions with remaining refills, contact Kaiser prior to needing a refill. In some cases Kaiser will simply honor the prescription; in other cases they will require you to see a Kaiser professional prior to refilling the prescription.

A Week or Two Before the Start of Plan Year if Currently Receiving Treatment-Otherwise Beginning of Plan Year

- **New to Kaiser?** Contact the Kaiser New Member Services Dept. (800) 464-4000 or member outreach at 707-571-3186 for assistance getting started.
- **Re-establish specialist referrals.** Current referrals may need to be reestablished, if you are changing your Primary Care Provider or Medical Group.
- **Resubmit requests for authorizations.** Any upcoming medical procedures that have been approved by a previous health plan will probably need to be approved by the new health plan. Each health plan has its own medical necessity criteria.

- **Reinstate DME and Home Health Care approvals.** Ongoing Durable Medical Equipment (DME) or home health care (e.g. C-PAP rental; oxygen; wheel chair rental) will need to be re-approved through your new health plan or medical group. It is best to do this as soon as possible, because you may need to change providers.
- **Review if authorizations are required.** Some service such as inpatient care, home health care, and home infusion therapy under the County Health Plans require pre-approval. This may occur either through your PCP or through the plan directly, depending on your plan.
- **Request for authorization renewal.** Some plans and/or treatment may require authorizations to be renewed every benefit year.

Start Of The Plan Year (After June 1)

- **Meet your new PCP.** Even if it's not required by your plan, it's a good idea to have a Primary Care Provider (PCP), If you have a new PCP establish a relationship before you get sick and ensure family members do as well. *(Note: Ask the office if it will be covered and how this visit will be billed. If billed as a routine physical exam, it may be denied if you have recently had one.)*
- **Familiarize yourself with what the options and costs are in the event of an emergency or urgent situation.** It is important that you know who to call or where to go in the event of an emergency or the need for urgent care. Having this information can help you make an informed decision. Always call 911 with any life threatening emergency. But if you are faced with medical symptoms, pain, or conditions that require immediate attention but are not severe or life-threatening and you cannot get in for an office visit for symptoms such as an earache, sore throat, rash, sprained ankle, flu, or fever not higher than 104º, going to an urgent care clinic instead of the ER can mean savings to you and your medical plan. For example, urgent care clinic co-pays under the County Health Plans range from $20-$50 versus the emergency room co-pays of $100-$150 plus 10-20% after the deductible has been met. Call your health plan if you need help finding an urgent care center in your area. All of our medical plans have 24/7 nurse advice hotlines to assist you.
- **To receive services prior to receiving your ID card, please see information at the following link:** http://hr.sonoma-county.org/content.aspx?sid=1024&id=2064

After You Receive Your New Medical Benefit Card (generally received prior to effective date and no later than 10 days after effective date)

- **Verify information on your ID Card.** Double-check that your name is spelled correctly and that your card reflects the correct health plan choice.
- **Show your new medical plan ID cards.** Present your new card to all of your providers when receiving treatment to ensure claims are correctly submitted.
- **Sign up on your plan's website.** Access to lots of information and services is available on your plans website. For example, Kaiser's site let's you make appointments and e-mail your doctor. Anthem's site let's you search available providers and view your benefit statements (i.e. EOB's).

- Note: ID cards are not issued for the dental or vision plans. Providing your SSN and Group number to your provider is all that is required for you and your covered dependents.

CareCounsel
For detailed questions on how different medical plans work, transitioning care to another provider or specific questions on your health care, your best resource is CareCounsel. CareCounsel is a health care advocacy company that the County has retained to assist our employees and retirees with health care decisions. They can be reached at (888) 227-3334.

Contact the Human Resources Benefits Unit with questions related to your eligibility, coverage and annual enrollment.

E-mail:	benefits@sonoma-county.org
Phone:	707-565-2900
Internet:	http://hr.sonoma-county.org/for_employees.htm

Plan	Phone	Web
County Health Plans (CHP PPO and CHP EPO) *Administered by Anthem Blue Cross* *24/7 Nurseline*	800-759-3030 800-977-0027	**www.anthem.com/ca**
CVS/Caremark *County Health Plans' prescription drug provider*	800-966-5772	**www.caremark.com**
Kaiser Permanente 24 Hour Advice Nurse 24 Hour Advice Nurse-Pediatrics	800-464-4000 707-393-4044 707-393-4033	**www.kp.org**
Delta Dental (Employee Group #3126-0124)	800-765-6003	**www.deltadentalins.com**
Vision Service Plan (Group #1243 7001 0002)	800-877-7195	**www.vsp.com**
Hartford Life & Accident Insurance Company	888-563-1124	**www.thehartfordatwork.com**
Employee Assistance Program *Administered through Managed Health Network (MHN)24/7*	800-227-1060	**www.members.mhn.com** Company code: sonomacounty Law Enforcement: scle
Healthy Habits (County Health and Wellness Program)		http://healthyhabits.sonoma-county.org/

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