WORKING WITH YOUR HMO
Working with Your HMO

• Agenda
  – Introduction to HMOs
  – Matching your priorities with services
  – Coverage and cost
  – Problem solving
  – Where to turn for help
Introduction to HMO
What is an HMO?

Health Maintenance Organization

- A plan offered by an insurance company which provides a comprehensive predetermined medical care package either through prepaid, subcontracted health care providers or through its own providers.
UC-Sponsored HMOs

- Health Net
- **New:** Health Net Blue & Gold
- Kaiser Permanente
- Western Health Advantage
Why did HMOs start?

- HMOs promised to reduce costs and deliver quality care if consumers, doctors & hospitals agreed to certain restrictions
- Reduced unnecessary visits by using a gatekeeper
- Emphasized preventive care
- Care based on **medical necessity**
How do HMOs work?

• Medical Groups are prepaid to provide care
  – Association of medical providers who band together to negotiate with insurance companies as one legal entity

• Closed panel HMO:
  – Care provided by employees of the HMO
  – Kaiser prepays the Permanente Medical Group

• Open panel HMOs:
  – Care provided by prepaid independent medical groups
  – Health Net/Health Net Blue & Gold
How do HMOs work?

• The HMO pays a per capita rate (called capitation) to each Medical Group
  – Medical Group is responsible for your care
• You choose a Primary Care Physician (PCP) who acts as your gatekeeper to care through the Medical Group
How do HMOs work?

- You choose primary care physician (PCP)
- PCP refers you to specialists
- PCP refers you to x-ray or lab, handles hospital admissions
- Provider submits claims to HMO through Medical Group

PCP requests **authorizations** from the Medical Group
Advantages of HMO

- Low monthly premiums
- Low copayments
- No claim forms
- No deductibles/coinsurance
- Encourages relationship with PCP
Limits of HMO

- Must select PCP from available medical groups
- Most specialty care requires PCP referral
- Preauthorization process required
- Must use your Medical Group’s network of specialists/hospitals/labs
- Service area limited to certain zip codes
  - Medical Benefits Summaries:
    - [http://atyourservice.ucop.edu](http://atyourservice.ucop.edu) → Open Enrollment
Matching Your Priorities with Services
When Choosing a Plan...

- What is important to you?
  - Access to a particular PCP, specialist or hospital
  - Needs of family members
  - Prescription drug benefit
  - Mental health services
  - Monthly Premium
Your PCP

• You must have a PCP
  – Belongs to your Primary Medical Group
• Each family member may have a different PCP
• Family member PCPs may be in different Medical Groups
  – Caution: newborns must usually be assigned to a pediatrician in the mother’s Medical Group at first
How to Find a PCP

• HMO web sites
• Medical Group websites
• More information about choosing a PCP:
  – http://www.hr.uci.edu/hcf
  – Click on “Choosing Your Doctor”
Access to Specialists

• PCP referral usually required
• Preauthorization usually required
  – Medical Group’s “Utilization Management” department
• PCP must refer to specialists in same Medical Group
  – Out-of-network referrals are rare
Medical Group

• You can change your Medical Group or PCP by calling your HMO
  – If you call by the 15th, you can usually have the new group effective on the 1st of the next month
Hospitals

• Check which hospital you will use when decided on a PCP/Medical Group
• For planned services, you must use the group’s hospital
• For emergencies, dial 911 or go to the nearest hospital
  – **Important**: follow up with your PCP
Location

• Is the location of the doctor’s office and hospital convenient?
• Are the medical group’s specialists nearby?
• Close to home vs. close to work vs. close to school
What About Quality?

• Quality ratings available on some HMO web sites

• http://www.calhospitalcompare.org

• Quality of Care Report Card
  – http://www.opa.ca.gov/report_card
  – Quality ratings on health plans and groups
Prescription Drugs

• List of preferred drugs is called a formulary
  – Non-formulary meds have higher copay
  – Formulary subject to change
• Some meds have supply limits or may require preauthorization
Mental Health Services

• Consider both medical and mental health needs before choosing a plan

• Separate mental health provider network: United Behavioral Health
  – No need to get a referral from PCP
  – Call UBH directly
  – Intake specialists will assess and refer
Mental Health Networks

• Health Net: UBH
• Kaiser:
  – Kaiser providers and/or
  – UBH
Mental Health Providers

• Services must be authorized
  – No coverage for out-of-network providers
• When given a list of providers, some may not be accepting new patients
• Private practitioners often do not have office staff
  – If a provider does not return your phone calls in a timely manner, or if you are told that they are not accepting new patients, please report this to UBH
• Search for UBH providers:
  – [http://www.liveandworkwell.com](http://www.liveandworkwell.com)
  – Use Access Aode 11280
• Employee Assistance Program (EAP) can assist Faculty and Staff with referral process
  – Cascade Centers: (800) 433-2320
  – http://www.cascadecenters.com/
Coverage and Cost
Know What’s Covered

• Read your Plan Booklet a.k.a. Evidence of Coverage (EOC)
  – http://atyourservice.ucop.edu
  – Look under Evidence of Coverage

• Medical plan websites
  – Physician search
  – Drug formulary
  – Wellness & discount programs
Know What’s NOT Covered

• See your EOC for **exclusions & limitations**
  – Services from non-network providers
  – Out-of-area services (non-emergency)
  – Plans may differ on exclusions
  – Alternative medicine
    • Some plans may offer discounts
What Will it Cost Me?

• Copayments
  – Physician office visit: $15
  – ER: $50
  – Inpatient hospitalization: $250
  – Mental health outpatient: $0-$15
  – Mental health inpatient: $250
What Will it Cost Me?

• Generic $_{R_x}$: $5/30$-day supply
  – Kaiser: $100$-day supply
• Brand name $R_x$: $20/30$-day supply
  – Kaiser: $100$-day supply
• Non-formulary $R_x$: $35/30$-day supply
  – Kaiser: not covered
What Will it Cost Me?

• Mail-order Rx:
  – 90-day supplies for 2 copayments
  – Kaiser: 100-day supplies for 1 copayments

• UC pharmacies:
  – 90-day supplies for 2 copayments
  – Health Net/Health Net Blue & Gold
What Will it Cost Me?

- Maximum Copayment Liability
- When you’ve reached the maximum, you pay no more copays for services
  - Important: save your receipts
  - Does not include Rx
  - Does not include non-severe behavioral health
- HMOs have no overall **Lifetime Maximum** that they will pay
Problem Solving
Troubleshooting Tips

• Make the most of time with your PCP
  – Write down symptoms
  – Share your hunches as to what’s wrong
  – Bring a short list of important questions
  – Take notes/write down what you learned after the appointment
Troubleshooting Tips

• Call for test results – don’t assume “no news is good news”
• Be sure that your referral is authorized
• Did you get a letter/authorization number?
• Ask for a **Second Opinion**
• Not getting better
• Test results aren’t clear
• Questions about the necessity of a surgery
• Generics may be substituted automatically
  – Unless “do not substitute” written on prescription
• Bring a copy of your plan’s drug formulary when you see the doctor
• Bring a list of the drugs that you take w/dosage
• Be sure to use an HMO-approved pharmacy
• Mail order/UC pharmacies will save you money
  – Ask for a 90-day prescription with refills
  – Order your refill 3 weeks prior to running out
If You Get a Bill...

• You should not get any bills for services received through an HMO
  – A bill usually means “something is wrong”
  – Don’t throw things away
  – Follow up with health plan immediately
    • May need to re-direct bill to the correct payer
    • May need “retroactive authorization” from group
  – Note: if you get a letter that says “this is not a bill” – it isn’t a bill (Explanation of Benefits)
What if You Need Services that are Not Covered

• HMOs are low cost because of their limited flexibility

• Consider a more flexible plan (Anthem Blue Cross PPO or PLUS/Anthem Lumenos PPO + HRA/Core)
  – May cost more to use
  – You can change plans only under certain circumstances

• Expect to pay out-of-pocket for some expenses
  – Use the Health Flexible Spending Account (Health FSA) for planned expense
Health FSA

• Allows you to set aside money on a pre-tax basis for qualified health expenses
• For expenses not covered by health insurance
  – \textbf{Yes}: copayments, deductibles, even some over-the-counter medications
  – \textbf{No}: insurance premiums, care not “medically necessary” e.g. massage or plastic surgery
Health FSA

• Contribute up to $5,000 by payroll deduction
  – $2,500 limit effective 1/1/2013

• **Caution**: Use it or lose it
  – Expenses must qualify under IRS rules

• Enroll during Open Enrollment

• Debit/Credit card

• **Caution**: Save your receipts

• Administered by CONEXIS
What if You Leave Your HMO Service Area?

- **Short-term (vacation):**
  - Covered for urgent/emergency care
  - Ask pharmacist for “vacation override” for meds

- **Long-term (move):**
  - If out of service area for more than 2 months, you must change plans (Anthem Blue Cross PPO/Anthem Lumenos PPO + HRA/Core)
Changing Plans

• Open Enrollment
  – New plan effective the following January 1\textsuperscript{st}
• Addition of new eligible family members
  – Effective 1\textsuperscript{st} of following month
• HMO Transfer Program
  – Medical group disruption
Provider Disruption

• What can you do?
  – HMO Transfer Program
    • Medical group disruption
  – Open Enrollment
  – If undergoing treatment when changing plans, request “Continuity of Care” from new plan
    • A.K.A. “Transition Assistance”
  – Choose a new doctor
What if You Can’t Get Services You Need?

• Know your rights and responsibilities
  – Read your EOC
  – http://www.calpatientguide.org

• Each plan has a process for:
  – **Grievances**: a.k.a. “complaints”
    • Dissatisfaction with a service or access to care
  – **Appeals**:
    • Requests for the reversal of a plan decision (usually a denial of service)
Where to Turn for Help
Help is Available

- Your PCP or specialist
- Your medical group
- Customer service at your HMO
- The California Department of Managed Health Care (DMHC)
  - [http://www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)

Write down who you speak to and when
Help is Available

• Health Care Facilitator Program
  – Glenn Rodriguez
glennr@uci.edu
(949)-824-9065

http://www.hr.uci.edu/hcf/
For More Information

• Visit:
  http://www.opa.ca.gov/english/about/consumer_information/HMO_Guide.aspx