



**Valley  
Care  
IPA**

**VALLEY CARE IPA**

**MEMBER  
HANDBOOK**

# STEPS FOR USING VALLEY CARE IPA

- 1) **Choose your Primary Care Physician (PCP).**
- 2) **Medical Records.** If you are a new patient of this physician, request that your medical records be sent by your prior physician.
- 3) **First Appointment.** At your first appointment with your new PCP, be prepared with your health history and medications. Please be sure to bring your health plan member ID card with you whenever you visit a physician or use any laboratory, x-ray or other services.
- 4) **Specialist Care.** Should specialist care be required, your PCP will request an authorization from Valley Care IPA. Return to your PCP for all other required health services.
- 5) **Diagnostic Testing.** Remember to use Valley Care IPA contracted facilities for lab and x-ray.
- 6) **Questions?** If you have any questions, contact Valley Care IPA Member Relations at (805) 604-3332 between 8:00 am – 5:00 pm Monday –Thursday and 9:00 am –5:00 pm Fridays.

Your Primary Care Physician (PCP): \_\_\_\_\_

PCP Phone #: \_\_\_\_\_

PCP Address: \_\_\_\_\_

Valley Care IPA Member Relations  
1901 N Solar Drive, Suite 215  
Oxnard, CA 93036  
(805) 604-3332

**Save this page for future reference**

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# Welcome to Valley Care IPA

Valley Care IPA is an Independent Physicians Association (IPA), which is governed by local physicians who care for patients in their own offices, rather than in a clinic setting.

Valley Care IPA and your Primary care Physician (PCP) work as a team to help you coordinate your healthcare plan benefits and keep you well. As your provider, Valley Care IPA will ensure that your healthcare needs will be met quickly, efficiently and professionally.

Valley Care IPA's physicians maintain staff privileges at Santa Paula Hospital Community Memorial Hospital, St. John's Regional Medical Center in Oxnard, St. John's Pleasant Valley Hospital in Camarillo, and Ventura County Medical Center.

## You and Your Doctor

### Your Primary Care Physician Leads Your Medical Team

When you first became our patient, you chose a primary care physician (PCP) from one of these specialties:

- Family and General Practice specialists for patients of all ages
- Internal Medicine specialists (internists) for adults
- Pediatricians for children from birth to age 18

A PCP leads the medical team and directs the medical care for you and your family members. As you need health care services, your PCP coordinates your health care, and maintains your records.

As a PCP gets to know you and your personal health needs, he or she will refer you to other doctors when you need special care. For learn more about getting specialty care, see the **Specialty Care** section below.

Having a good relationship with your PCP is very important. Chances are you will never need to change. If – for any reason – you want to change to another PCP, simply call our Member Services Department. A representative will help you select a new one. See the **Call Us for Help** section for the phone number.

### Tell Your Health Plan Which Doctor You've Chosen

You must tell your health plan which PCP you and each family member chooses. Your health plan will give you an ID card with the phone number of your PCP's office. When you need to make appointment with your PCP, call that number. Be sure to bring your health plan member ID card to your appointment.

## Get to Know Your PCP Before You Have a Serious Problem

You don't need to wait to see your PCP until you need treatment. We recommend that you call and set up an appointment for a first visit. Your PCP will talk to you about your medical history, medications, problems and any concerns you may have.

We encourage you to talk to your PCP and others on your medical team about treatment options that may come up. You should take part in decisions about your health care services. It is very important that you understand your health problems and work with your medical team to develop treatment goals.

## Specialty Care

Because you enrolled in an HMO health plan, your PCP manages all of your health care needs. If your PCP feels you need care from a specialist, you will be referred to one who works with us. Your PCP will tell which one to see and will give you a written referral.

You must use our specialists in order for your health plan to cover the services. The PCP's office staff will tell you how to make an appointment or will do it for you.

### Women May See an OB/GYN Without a Referral

Female patients of all ages may go to one of our OB/GYN specialists for routine care. You may choose one from our list on your own, or ask your PCP to help you. You do not need a referral to see an OB/GYN.

If you are pregnant, the OB you choose will care for you throughout your pregnancy and the birth. Your baby will need a pediatrician, so you should choose one before the baby is born.

Sometimes a referral is not needed for ongoing care, based on your condition and care needs. Check with your PCP before starting any special treatment with the OB/GYN. See the **Some Services Require Approval in Advance** section below.

## Some Services Require Approval in Advance

Another rule that goes with being enrolled in an HMO health plan is that special care must be approved in advance. Before you can receive care from any provider other than your PCP, we must find out whether you need those services. This is called a *service review*. Most reviews must be done before you obtain care, or *preservice*. Some are done during the course of your treatment to see if you need to continue that care.

It is important to follow the rules about reviews so that you will not end up with a surprise bill. If a preservice review was not done before you receive the service, the review will be performed when we or your health plan receives a bill. Sometimes that cannot be avoided, such as in an emergency. But if it could have been avoided, and the review finds that the service was not medically necessary, your health plan will not pay for it.

## **Your Health Plan Sets Review Requirements**

Your health plan requires us to review requests for a number of services. Here are a few examples (this is not a complete list):

- Referrals to specialists (there are exceptions)
- Hospital admissions for non-emergency medical care or surgery
- Some advanced diagnostic and radiology services, such as MRIs, PET-scans, bone scans, sonograms, and other highly technical tests
- Skilled nursing facility stays
- Home health care
- Medical equipment and supplies

Refer to your health plan member materials for information about the services that require advance review.

If your health plan does not cover the services you have requested, we are not allowed to approve them. If that happens, you should talk to your doctor to see if you should consider going ahead with the treatment and paying for it out of your own pocket.

## **Your Doctor Starts the Review Process**

Your PCP or other doctor treating you starts the preservice review process by sending us a request for services. The doctor must wait for our decision.

We review service requests daily. We will notify you and your doctor if we approve the request. Your doctor will let you know if you can go ahead with the requested services and will help you with the next steps.

## **How We Make Our Decisions**

Our staff of nurses and doctors consider your medical condition and treatment needs when they review a service request. They also take into account your health plan's benefits, and any conditions that must be met and exclusions and limitations that may apply.

Our doctors and nurses base their decisions on nationally recognized, objective standards, criteria and guidelines that are based on sound medical evidence. They also review their own decisions from time to time to be certain that they are being done correctly. And they monitor their decisions to make sure that they apply the criteria consistently for all patients with the same kinds of treatment needs.

We make these promises when we make decisions about our patients' health care services:

- Only board certified doctors and qualified health professionals do service reviews and make decisions about the services your doctor requests.
- We base service review decisions solely on whether the services are medically appropriate and if they are covered by your health plan benefits.
- We do not reward our reviewers for denying any kind of coverage, services or care.

- We do not offer our reviewers any financial incentives to limit, restrict or discourage you from using health care services.
- If we do not approve a service request, you are entitled to receive the services at your own expense. Together, you and your treating doctor decide whether you receive a particular service or treatment.
- Once we approve a requested treatment or service, we will not change or reverse that decision after you receive the approved services.

If you have questions about a review decision we have made or wish information about the review of your request, call our Member Services Department. See the **Call Us For Help** section below for the Member Services Department's phone number and hours of operation.

### **We Also Have Programs for Special Medical Needs**

Our case management program is for patients who are in the hospital or have highly specialized treatment needs. Whether for a long-term, chronic condition or for an illness the patient will recover from, case management focuses on the best possible health outcome for the patient.

Through case management, we coordinate many health care services and see that you have the information you need to best manage your illness or condition. If you are in the hospital, we follow your care to be sure that your stay is meeting your care needs. If you need services after you are discharged, we follow up with you to see that your treatment plan is working for you. We also work with your health plan so that your benefits are used wisely and to your best advantage.

## **Emergencies and Urgent Care Needs**

Potentially life-threatening symptoms or conditions must be treated right away. This information will help you understand the difference between an emergency situation and when urgent care may be needed.

*Important!* Do not rely on the lists below or any other list of *emergency medical conditions* and *urgent situation*. Sometimes it can be hard to tell how serious your condition is, so you must use your best judgment.

### **In An Emergency, You Must Act Quickly**

If you think you need emergency medical care, you should do one of the following:

- Call 911.
- Go to the nearest hospital emergency room.
- Call your PCP's office. If you call after normal office hours or on a weekend or holiday, ask to speak to the doctor on call.

This is our official definition of an *emergency medical condition*:

An emergency medical condition manifests as acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who has an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

1. placing the health of the individual (or, with respect to a pregnant woman, the health of the woman and her unborn child) in serious jeopardy,
2. serious impairment to bodily functions, or
3. serious dysfunction of any bodily organ or part

The existence of severe pain and other systems may constitute an emergency condition.

Here are some examples of an emergency medical condition:

Apparent heart attack	Unconsciousness	Difficulty breathing
Stupor or mental confusion	Severe pain	Poisoning
Uncontrolled bleeding	Convulsions	Severe burns
Severe or multiple injuries	Broken bones	Head injuries

If you receive emergency treatment, notify your PCP's office within 24-48 hours, or as soon as possible. Your PCP will help arrange for follow-up care if you need it.

### **Urgent Care Is For Less Serious Situations**

Sometimes situations occur that, in your judgment, require prompt medical attention, but you do not need emergency care. Those are considered *urgent* situations. You may need to make an appointment to be seen right away, or you may need to go to one of the urgent care centers that we approve.

*Do not go to an urgent care center without first calling your PCP's office to have an urgent care center visit approved.* Urgent care center visits during normal office hours are approved only if your PCP thinks you need care before he or she is able see you.

Here are some examples of urgent care situations that are best treated in your PCP's office or an urgent care center if your PCP's office is closed:

Colds or flu	Long-lasting or high fevers	Ear infections
Minor sprains	Muscle pulls and strains	Mild allergic reactions
Contagious viruses (measles, chicken pox)		

## **Medicine and Pharmacy**

If you have a benefit for prescription drugs your ID card will list the amount of your co-payment. It is generally less costly if you only use medications listed on the formulary. The pharmacist can provide assistance with prescriptions. Please consult your benefits booklet for pharmacies available to you, and the appropriate mail-in program. Call your health plan for more information.

## **Laboratory and X-Ray Facilities**

Valley Care IPA contracts with specific facilities to provide lab test and x-rays and other diagnostic imaging. In the course of your care, you may need one of these procedures. Your PCP or Specialist will direct you to an approved facility most conveniently located to you. Be sure to go to the specific facility as directed by the doctor and bring your health plan member ID card.

## Payments

Your medical services are coordinated and paid for directly through Valley Care IPA or your health plan. You are only responsible to pay your co-pays, deductible (if any) and for any non-covered services based on your health plan covered benefits. In the event that you receive a misdirected bill from a physician or outpatient provider, please notify Valley Care's Member Relations department.

## Thank You

Valley Care IPA welcomes you and looks forward to serving you and being your healthcare partner. This booklet provides general guidelines. Consult your Evidence of Coverage for the exact terms, conditions and limitations of your plan.

# Our Patient Care Policies

## Our Quality Makes a Real Difference

Everyone is concerned about the quality of care and service, especially our patients. We are committed to seeing that our patients receive the quality health care they deserve and expect. So we designed our Quality and Utilization Management Programs to build your confidence that you are getting the care you need from people who care about you.

This is how we ensure that we deliver safe, effective, quality health care and services:

### **We Honor Our Patients' Rights**

All of our patients are entitled to be treated in a manner that respects their rights. We recognize the specific needs of our patients and maintain a mutually respectful relationship with them. This is our commitment to the rights of our patients . . . and to those other than the patient who are legally responsible for making health care decisions for the patient.

As our patient, you have the right to:

- Receive health care services regardless of your race . . . ethnicity . . . national origin . . . religion . . . sex . . . age . . . mental or physical disability or medical conditions . . . sexual orientation . . . claims experience . . . medical history . . . evidence of insurability (including conditions arising out of acts of domestic violence) . . . genetic information . . . or source of payment.
- Receive information about us and our services . . . doctors . . . health care professionals and providers . . . and patients' rights and responsibilities, as well as information about your health plan's coverage for services you may need or are considering.
- Be treated with respect and recognition of your dignity and right to privacy.
- Be represented by parents, guardians, family members or other conservators if you are unable to fully participate in treatment decisions.

- Have information about our contracting physician and provider payments agreements, as well as explanations for any bills you receive for services not covered by us or your health plan.
- Receive health care services without requiring you to sign an authorization, release, consent or waiver that would permit us to disclose your medical information. We will treat information about you, including information about services and treatment we provide, as confidential according to all current privacy and confidentiality laws.
- Have round-the-clock access, seven days a week, to your PCP or an on-call physician when your primary care physician is unavailable.
- Know the name and qualifications of the doctor who is mainly responsible for coordinating your care . . . and the names, qualifications, and specialties of other doctors, and other providers who are involved your care.
- Have a candid discussion of medically appropriate or necessary treatment options for your condition — regardless of the cost — the extent of your benefits or the lack of coverage. To the extent permitted by law, this includes the right to refuse any procedure or treatment. If you refuse a recommended procedure or treatment, we will explain the effect that may have your health.
- Actively participate in decisions regarding your health care and treatment plan and receive services at your own expense if we deny coverage. You and your treating doctor or health care provider decide whether to receive a particular service or treatment.
- Receive complete information — *before receiving care and in terms you can understand* — about an illness, proposed course of treatment or procedure, and prospects for recovery, so that you may be well informed when consenting to refusing a course of treatment. This includes
  - ◆ being able to request and receive information about how medical treatment decisions are made by our review staff, and
  - ◆ the criteria or guidelines applied when making such decisions, and
  - ◆ an explanation of the cost of the care you will receive and what you will be expected to pay out of your own pocket

Except in emergencies, this information will include a description of the procedure or treatment . . . the medically significant risks involved . . . any alternate course of treatment or non-treatment and the risks involved in each . . . and the name of the person who will carry out the procedure or treatment.

- Receive information about your medications — what they are, how to take them, and possible side effects.
- Reasonable continuity of care and to know the time and location of appointments . . . the name of the physician providing care . . . and continuing health care requirements following discharge from inpatient or outpatient facilities

- Be advised if a doctor proposes to engage in experimental or investigational procedures affecting your health care or treatment. Patients have the right to refuse to participate in such research projects.
- Obtain upon request a copy or summary of the Utilization Management Program Description and the Quality Improvement Program Description that we publish annually.
- Voice complaints about us or appeal our care decisions.
- Be informed of rules about patient conduct in any of the various settings where you receive health care services as our patient.
- Complete an advance directive, living will or other instructions concerning your care in the event that in the future you become unable to make those decisions while receiving care through our physicians, health care professionals and providers.
- Make recommendations about these patients' rights and responsibilities policies.

### **Our Patients Share Responsibility for Their Care**

Just as we honor our patients' rights, we have expectations of our patients. You have a responsibility to:

- Be familiar with the benefits, limitations and exclusions of your health plan coverage.
- Supply your health care provider with complete and accurate information which is necessary for your care (to the extent possible).
- Be familiar and comply with our rules for receiving routine, urgent, and emergency care.
- Contact your PCP (or covering doctor) for any care that you may need after that doctor's normal office hours, including on weekends and holidays.
- Be on time for all appointments and notify the physician's or other provider's office as far in advance as possible for appointment cancellation or rescheduling.
- Obtain an authorized referral form from your PCP before making an appointment with a specialist and/or receive any specialty care.
- Understand your health problems . . . participate in developing mutually agreed upon treatment goals to the degree possible . . . and inform your doctors and health care providers if you do not understand the information they give you.
- Follow treatment plans and instructions for care you have agreed on with your doctors and health care providers, and report changes in your condition.
- Accept your share of financial responsibility for services received while under the care of a physician or while a patient at a facility.
- Treat your doctors and health care providers and their office staff with respect.
- Contact our Member Services Department or your health plan's member services if you have questions or need assistance.

- Respect the rights, property and environment of your physicians and health care providers, their staff and other patients.

### **We Listen To What Our Patients Say. . . Even If It Is a Complaint or a Problem**

Our grievance and appeals process gives our patients a way to resolve problems with the medical care and services we provide. We work closely with our patients' health plans and follow their rules for handling the issue. Whether the problem concerns access to care . . . dissatisfaction with our doctors or employees . . . or a decision we made about medical services, we will investigate the issue and work toward a satisfactory solution.

If you have a problem that needs to be brought to our attention or disagree with a decision we made about a service request, you first must contact your health plan. You can file your complaint over the phone by calling the number printed on your health plan ID card. Please refer to your health plan member information materials for more detailed instructions on how to file a complaint/grievance or service denial appeal.

In addition to your health plan's grievance and appeal process, you also may contact the California Department of Managed Health Care (DMHC). The DMHC regulates health care service plans. Before contacting the DMHC, you should first phone your health plan and use their grievance process. The DMHC has a toll-free telephone number (1-800-400-0815) to receive complaints regarding health plans. The hearing and speech impaired may use the California Relay Service's toll-free numbers 1-800-735-2929 (TTY) or 1-888-877-5378 (TTY) to contact the DMHC. The Department's Internet web site (<http://www.hmohelp.ca.gov>) has complaint forms and instructions online.

If you need more information about your health plan or DMHC complaint/grievance or appeal process, call our Member Services Department at the number listed in the **Call Us For Help** section.

### **We Value Your Opinion**

Our patient surveys give us a better picture of how we are doing and whether we need to change anything. We regularly contact our patients to find out how things are going for them. Do they think they get good care? Do they feel their doctor listens to them? Is it easy for them to get appointments? Are they treated with respect and dignity by our staff? Are we honoring their patient rights? We also survey our practitioners to see what they think and to find out better ways to give their patients the care they need.

### **Your Personal Health Information Is Safe with Us**

We carefully observe all of the laws, regulations and professional ethics that govern patient privacy and the confidentiality of patient information. We do not give out any information that makes it possible to anyone or any organization to individually identify any of our patients.

We gather general data about our patients and the health care services we provide them, group the data together, and use the information to develop our quality programs and services. We share the grouped data with health care organizations, regulatory agencies and accreditation organizations. They in turn use the data to monitor the delivery of health care services to certain populations. Any patient data that are exchanged

electronically between our doctors, our administrative staff, health plans or any other entity is protected as required by current state and federal laws.

When requested, we will tell our patients how we use their personal health information. They may review their own personal health information and amend it. We have a process for receiving, analyzing, resolving, and complying with our patients' requests to restrict the uses and disclosures of their protected health information.

## Advance Directives

If you have not already done so, you should think about completing an advance directive. Also known as a *durable power of attorney for health care*, an advance directive can help ensure that your wishes concerning your medical care are followed if you are unable to make your own health care decisions.

Talk to your PCP about setting up an advance directive. They make very good legal sense for anyone over 18 years of age.

## Call Us For Help

### We Can Help If You Have a Question or Problem\*

Our Member Services Department is ready to assist you. We are available from 8:00 a.m. until 5:00 p.m., Monday through Thursday and 9:00 a.m. until 5:00 p.m. Friday. We are closed on weekends and most holidays.

We can answer a variety of questions about your care and coverage, including:

- Our primary care physicians, specialists and other health care professionals and providers
- Service authorizations, denials and conditions of coverage
- Health plan eligibility
- Copayments and deductibles
- Claims information
- Complaints and compliments

(Interpreter Services are available through the Member Services Department)

The Member Services Department's direct number is (805)604-3332.

If you call after normal business hours or on a weekend or holiday, you may leave a message. We will call you back the next business day.

We also accept email at [memberservices@MED3000.com](mailto:memberservices@MED3000.com).

We also have a web site. We invite you to go to [www.valleycareipa.com](http://www.valleycareipa.com), where you will find all kinds of information about us, including: Provider and Health Plan directories, Frequently asked Questions, and contact information

\*If you need to make appointment with your PCP, call the number printed on your health plan ID card.