



Frequently Asked Questions

Q 1: *Do I have to choose a primary care physician?*

A: Although **you are not required** to select a primary care physician (PCP), we recommend that you select one to help you get the best care possible. That includes you and all of your family members. Your primary care physician gets to know you and can help you make the best choices to take care of your health. If you don't currently have a primary care physician, we can help. Go to www.healthpartnersnca.org to search for a primary care physician. You can look under Internal Medicine or Family Practice for adults and Pediatrics for children.

Q 2: *What if I access care at a non-network provider?*

A: Except in the case of a medical emergency, most services are **not covered** if received from a non-network provider. To be safe you should **always** contact your provider to confirm their participation in the Health Partners provider network **before** services are rendered.

Q 3: *Who do I call to confirm benefits and eligibility?*

A: UMR is the claims administrator for the Health Partners plan. Their customer service number is **1-800-207-3172** or you can go on-line at www.umar.com.

Q 4: *My doctor is in Stanislaus County but I do not see him listed in the provider directory. Can he or she be added?*

A: Possibly. We continue to build the provider network on a daily basis. If you would like to nominate your provider, please go to www.healthpartnersnca.org to nominate a provider or call **1-877-830-7470 (Option 1)**. **SUTTER HEALTH PROVIDERS ARE NOT PART OF THE HEALTH PARTNERS PROVIDER NETWORK AND ARE CONSIDERED NON-NETWORK PROVIDERS.**

Q 5: *My doctor is a Sutter Gould physician. Can he be added on to the Health Partners network?*

A: No. Sutter Gould doctors and facilities do not participate in the Health Partners network.

Q 6: *If someone in my family travels or lives out of area (for example, attending school, etc.), will the Health Partners plans cover them?*

A: Yes. Health Partners members have access to a national network of over 900,000 healthcare professionals, accessed at over 1 million locations and 4,400 hospitals through the First Health network. You can find a link on the County's website or by going to: www.firsthealthcomplementary.com. Please be sure you **contact the provider** to confirm they participate in the First Health Complementary network **before** your visit.

Q 7: *When do I need to obtain a pre-authorization?*

A: Please refer to your plan of benefits to determine what specific services need to be pre-authorized. You can also contact 1-855-279-1545 if you need to have services pre-authorized or have pre-authorization questions. The plan requires prior authorizations for inpatient hospitalizations, PET/MRA/MRS/MRI/CAT scans, cardiac telemetry monitoring, genetic testing, sleep disorder studies, impotence surgery, private duty nursing, acupuncture, biofeedback, transplant services, bariatric surgical services, HBO therapy, ABA therapy and nutritionist consultations/counseling. It is always important for you or the provider to call the number listed above to verify prior authorization before services are performed.

Q 8: *Who do I call if I have questions on my pharmacy benefits?*

A: Pharmacy benefits are through CVS/Caremark, administered by RxBenefits. For questions please call 800-334-8134. The drug formulary and the mail order drug forms can be accessed on-line at www.caremark.com.

Q 9: *What if I enroll in the Health Partners plan and want to change doctors? May I change to another network doctor at any time?*

A: Yes. You may change providers any time. You should **always** confirm that the providers you see are network providers prior to services being rendered.