

Getting care from primary care providers, specialists, other network medical providers, and out-of-network medical providers

Getting care from a primary care provider

You must choose a primary care provider (PCP) to provide and manage your care.

What is a “PCP,” and what does the PCP do for you?

Your PCP is a physician who meets state requirements and is trained to give you basic medical care. A PCP can be a Family Practitioner, General Practitioner, Internal Medicine Pediatrician provider, and a specialist upon request. You may choose a specialist as your PCP if the specialist agrees to provide all the services that PCPs traditionally provide. To request for your specialist to be your PCP, contact Care1st Health Plan Member Services. A clinic, such as Federally Qualified Health Centers (FQHC), may be your PCP as well.

You will get your routine or basic care from your PCP. Your PCP can also coordinate the rest of the covered services you need. These covered services include:

- X-rays
- Laboratory tests
- Therapies
- Care from doctors who are specialists
- Hospital admissions, and
- Follow-up care.

Our plan's PCPs are affiliated with particular medical groups. When you choose your PCP, you are also choosing the affiliated medical group. This means that your PCP will be referring you to specialists and services that are also affiliated with his or her medical group.

In most cases, you must see your PCP to get a referral before you see any other health care providers or visit a specialist. You may self-refer to an obstetrical and gynecological (OBGYN) specialist within your contracting medical group or IPA for a routine Pap smear, pelvic exam and breast exam annually. Once this referral is approved by your PCP's medical group, you can make an appointment with the specialist or other provider to receive the treatment you need. The specialist will inform your PCP upon completion of your treatment or service so your PCP can continue to manage your care.

In order for you to receive certain services, your PCP will need to get approval in advance from the Plan, or, in some cases, your PCP's affiliated medical group. This approval in advance is called “prior authorization.”

Services you can get without first getting approval from your PCP

In most cases, you will need approval from your PCP before seeing other providers. This approval is called a **referral**. You can get services like the ones listed below without first getting approval from your PCP:

- Emergency services from network providers or out-of-network providers.
- Urgently needed care from network providers.
- Urgently needed care from out-of-network providers when you can't get to network providers (for example, when you are outside the plan's service area).
- Kidney dialysis services that you get at a Medicare-certified dialysis facility when you are outside the plan's service area. (Please call Member Services before you leave the service area. We can help you get dialysis while you are away.)
- Flu shots, hepatitis B vaccinations, and pneumonia vaccinations as long as you get them from a network provider.
- Routine women's health care and family planning services. This includes breast exams, screening mammograms (x-rays of the breast), Pap tests, and pelvic exams as long as you get them from a network provider.
- Additionally, if you are eligible to receive services from Indian health providers, you may see these providers without a referral.

How to get care from specialists and other network providers

A *specialist* is a doctor who provides health care for a specific disease or part of the body. There are many kinds of specialists. Here are a few examples:

- *Oncologists* care for patients with cancer.
- *Cardiologists* care for patients with heart problems.
- *Orthopedists* care for patients with bone, joint, or muscle problems.

When you need specialty care or additional services your PCP cannot provide, he or she will give you a referral. Once this referral is approved by your PCP's medical group, you can make an appointment with the specialist or other provider to receive the treatment you need. The specialist will inform your PCP upon completion of your treatment or service so your PCP can continue to manage your care.

Your PCP will need to get prior authorization approval in advance from the Plan for you to receive certain services. For example, prior authorization is required for all non-emergency

inpatient hospital stays. In some cases, your PCP's affiliated medical group, instead of our plan, may be able to authorize your service.

If you have any questions about who is responsible for submitting and approving prior authorizations for services, contact your PCP or PCP's affiliated medical group. You can also call Member Services. The call is free.

- 1-855-905-3825 (Cal MediConnect)
8am – 8pm., seven days a week

In addition, Care1st Nurse Advice Line can also assist with your medical questions. Just call 1-800-609-4166, 24 hours a day 7 days a week.

- You will be connected to a registered nurse who will listen to your health problem description
- The nurse can help you decide if you need to see the doctor, what to do if your symptoms get worse, and what you can start doing at home to feel better
- Nurses are available who speak English and Spanish. We use translators for all other languages
- For life or limb-threatening emergencies, always call 911 or your local emergency services. You do not have to call the Nurse Advice Line before getting healthcare.