

<u>IPA/Medical Groups</u> | <u>Physician Search</u> | <u>Privacy Practices</u> <u>Address Change Form</u> | <u>Frequently Asked Questions</u>

About SCPMCS

For Providers

For Members

More Services

Contact Us



Frequently Asked Questions

If you have questions about your medical care, you should speak directly with your physician. If you have general questions about how your health care system works, you might find the following frequently asked questions and answers helpful. Since benefits vary from plan to plan, and in some unique circumstances, other rules may apply, it's important to verify information with your own health plan



Q. How long does it take to process an authorization?

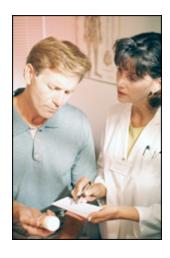
Authorizations are processed as quickly as possible. Requests are processed in order of medical urgency. Urgent requests are processed within 72 working hours. Routine requests are processed within 5 business days. Sometimes requests are pended for further review if the physician has not supplied all supporting information required.

Q. What are the steps to change my Primary Care Physician?

Please contact your health plan directly to change your Primary Care Physician. We would be happy to assist you by answering any questions you might have prior to selecting a physician.

Q. What claims are paid by my medical group?

Your medical group is contracted with each health plan for specific services. In general, your medical group pays physician services.



review your membership card, your benefits manual and contact your health plan with questions.

Q. I'm currently out of state, which doctors can I see?

Contact your health plan for specific instructions on how to access out-of-area care.

Q. I'm calling to change my name, address, and phone number. What is the process?

Contact your health plan to make these changes. Your health plan maintains all of your membership information.

Q. Can I go to the hospital for diagnostic testing?

Your physician will refer you to the appropriate contracted facility.

Q. Do I need an authorization for ER service? If so, when?

No authorization is required to access services at a hospital Emergency Room. You should call 911 in the case of an emergency. If it is not an emergency, you are encouraged to contact your Primary Care Physician for assistance. At a minimum, you should follow-up with your Primary Care Physician after visiting an Emergency Room.

Q. Who can I call if I need language assistance or translation services?

Call the Member/Customer Service number on your health plan ID card or call us at (858) 824-7000. TTY Users call 711.