

Care Coordination

The Foundation's nurses and social workers can assist health plan members who have complex medical conditions and may need help navigating the medical system or locating resources. You or your clinician can request these services.

Member Rights and Responsibilities

Members of the health plans administered by the Foundation have specific rights and responsibilities regarding their health care, including how to voice a complaint. This information can be found on the Foundation's website at www.hdnfmc.com or we will mail you a copy upon request.

Notice of Privacy Practices

The confidentiality of your medical information is important to us. We follow the federal HIPAA laws which enforce protection of your personal health information. Our Notice of Privacy Practices may be obtained from the Foundation's website at www.hdnfmc.com or we will mail you a copy upon request.

Advance Directive

This is a legal document that lets your physician and family members know, in advance of an emergency, your input on important decisions in case you are unable to speak for yourself. If you are interested in filling out one of these forms, speak with your physician or visit the United States Living Will Registry website at www.uslivingwillregister.com.

Emergency Services

What is considered an emergency? An emergency is defined as the sudden beginning of a medical condition with symptoms of great severity, including sudden and unexpected pain or symptoms which the patient feels if not attended to immediately, could result in any of the following:

- Placing the patient's health in serious jeopardy.
- Serious impairment to bodily function.
- Serious or permanent dysfunction of any bodily part or organ.
- Other serious medical consequences

Any situation reasonably perceived by a layperson to require emergent service is considered an emergency.

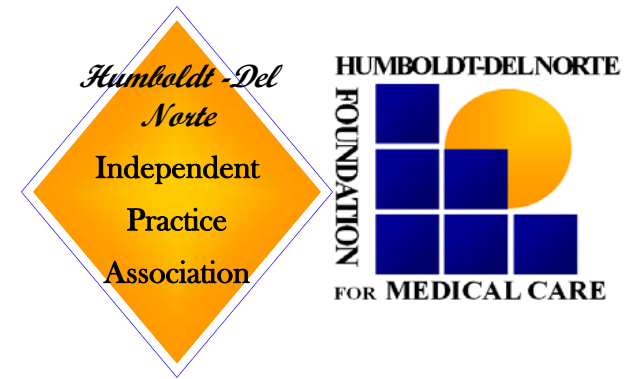
What is considered urgent? A symptom or condition that is felt by the patient to require treatment within 24-48 hours and where delay would be considered dangerous to their health and well being.

If you need emergency or urgent medical services and you are in the Humboldt County area, you have three options for care:

1. Contact your Primary Care Physician
2. Go to St. Joseph Urgent Care (next to Emergency Room) Dolbeer Street, Eureka
3. Go to one of the local hospital emergency rooms

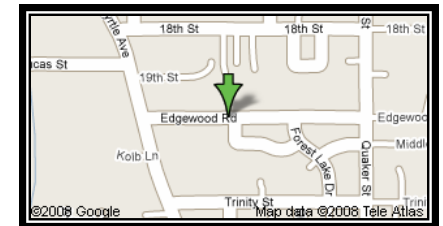
Remember the patient's cost for Urgent Care services is much less than the emergency room co-payment.

When you are traveling outside Humboldt County area, your health plan will only cover payment for services in a hospital emergency room or urgent care center. Out of area coverage programs may be available through your HMO health plan. Contact the HMO Health Plan Customer Service prior to travel to find out about programs.



HMO HEALTH PLAN Member Information

P.O. Box 1395
3100 Edgewood Road
Eureka, CA 95501



CUSTOMER SVC: (707) 443-4563 x 5

TOLL FREE: (866) 443-4563

FAX: (707) 443-2527

WWW.HDNFMC.COM

HOURS OF OPERATION

MONDAY THROUGH FRIDAY 8:00-5:00



The Humboldt-Del Norte Independent Practice Association and the Humboldt-Del Norte Foundation for Medical Care are physician-owned organizations formed to contract with health plans. The IPA and Foundation physicians, nurse practitioners, physician assistants, and other health care practitioner members are working to improve patient care in our community.

The Foundation provides health plan administration services including:

- Customer Service
- Claim processing
- Authorization Review
- Case Management and Care Coordination
- Provider Network Development

CUSTOMER SERVICE

HOW CAN WE HELP YOU?

We can answer your questions regarding:

- Finding a Network Provider
- Benefits/services covered by your Health Plan
- Services that need prior authorization
- How to obtain prior authorization
- Service/claim payments
- Obtaining a new Health Plan ID card
- Your out-of-pocket expenses for specific services.

We are available to assist you via telephone, email and in person at our office.

FREQUENTLY ASKED QUESTIONS

WHAT IS A PRIMARY OR PERSONAL CARE PHYSICIAN (PCP)?

A physician who provides your routine healthcare services and coordinates your specialist care services. PCP's include family practitioner, internists, OB/Gyns and Pediatricians.

WHAT IS A SPECIALIST PHYSICIAN?

A physician who specializes in the treatment of a specific system of the body, such as cardiology or neurology.

WHY SEE A "NETWORK" PROVIDER?

Network Providers have agreed to accept health plan allowed amounts for payment, which decreases the cost of services.

HOW CAN I FIND A NETWORK PROVIDER?

To find a provider in Humboldt and Del Norte Counties-Go to www.hdnfmc.com or call customer service. If you need specialty services outside of Humboldt and Del Norte counties you will be referred to a physician at UCSF or Stanford. Only emergency services are covered out of state.

WHO ARE OUT-OF-NETWORK PROVIDERS?

Services from out-of-network providers are not covered because they do not contract with the IPA and you will be responsible for payment for fees for their services.

HEALTH PLAN DEFINITIONS

ALLOWED AMOUNT The amount a network provider has agreed to accept as payment from your health plan. The network provider will adjust off the difference between the billed and allowed amount for your services and will not bill you for that amount.

CLAIM The detailed bill for services submitted by the provider for reimbursement from your health plan.

CO-PAYMENT The flat fee that some health plans require you pay for an office, emergency room, or urgent care visit and with some other services.

CO-INSURANCE The amount you owe to the provider after the claim has been processed. Co-insurance is based on a percentage of the amount allowed for the services provided.

DEDUCTIBLE The amount you must pay for covered expenses before your health plan begins to pay for some or all of your services.

PRIOR AUTHORIZATION Some services require prior approval in order to be covered by your health plan. In this case, your provider must contact the Foundation prior to services being performed. The foundation does not motivate providers or employees financially to restrict services or payment.

SUBSCRIBER The employee under whose name the insurance is listed.