



== SEAVIEW IPA ==

MEMBER HANDBOOK



1901 N. Solar Drive, Suite 265 • Oxnard, CA 93036

(877) 311-5411 | (805) 988-5188

Hearing Impaired (888) 877-5378

www.svipa.com

Steps for Using SeaView 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 SeaView IPA. Return to your PCP for all other required health services.
- 5) Diagnostic Testing. Remember to use SeaView IPA contracted facilities for lab and x-ray.

Questions? If you have any questions, contact SeaView IPA Member Services toll-free, at (877) 311-5411 or (805) 988-5188. Hearing Impaired, (888) 877-5378
Monday through Thursday, 8 a.m. to 5 p.m. Friday, 9 a.m. to 5 p.m.
(closed on weekends and most holidays)

Your Primary Care Physician: _____

PCP Phone #: _____

PCP Address: _____

SeaView IPA Member Services
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Welcome to SeaView IPA

SeaView 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.

SeaView IPA and your PCP work as a team to help you coordinate your healthcare plan benefits and keep you well. As your provider, SeaView IPA will ensure that your healthcare needs will be met quickly, efficiently and professionally.

SeaView IPA uses the hospitals listed below for inpatient care. However, not all of our physician's are on staff at all hospitals. So, the hospital used for your care may depend upon the admitting physician's, surgeon's or specialist's hospital affiliation. For outpatient testing such as laboratory or x-ray procedures or for treatments such as physical therapy, SeaView IPA may refer you to non-hospital facilities:

- Community Memorial Hospital, *Ventura*
- Ojai Valley Community Hospital, *Ojai*
- Santa Paula Hospital, *Santa Paula*
- St. John's Regional Medical Center, *Oxnard*
- St. John's Pleasant Valley Hospital, *Camarillo*

Member Services: Here to Help

Our Member Services representatives are all locally based, familiar with our network physicians and dedicated to providing the easy access, responsive service and personalized attention you deserve. So if you ever have a question or concern about your care or coverage, please give us a call. Member Services representatives are here to assist you with inquiries regarding:

- Our PCPs, 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
- Changes in address or PCP

(You can also consult your Evidence of Coverage for the exact terms, conditions and limitations of your plan)

Spanish-speaking representatives are available, as are other language translation services including Tagalog.

Call us toll-free, (877) 311-5411 or direct, (805) 988-5188. Hearing Impaired, (888) 877-5378
Monday through Thursday, 8 a.m. to 5 p.m. Friday, 9 a.m. to 5 p.m.
(closed on weekends and most holidays)

If you call after normal business hours or on a weekend or holiday, you may leave a message. We will return your call on the next business day.
You may also email us at: memberservices@McKesson.com

PLEASE NOTE: *If you need to make an appointment with your PCP, call the number printed on your Health Plan ID Card.*

You and Your Doctor

Your Primary Care Physician Leads Your Medical Team

When you first became our patient, you chose a 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 specialty care. To learn more about getting specialty care, see the Specialty Care section.

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 select. Your health plan will give you an ID card with the phone number of your PCP's office. When you need to make an 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.

Member Handbook

Preventive Health Screenings

SeaView IPA provides preventive health services intended to help maintain your health and to promote early detection of disease. We strongly encourage you to work with your PCP to obtain routine physicals, as well as the preventive screenings and/or immunizations recommended for you and the enrolled members of your family.

Preventative services available to you through your PCP include:

- Mammography
- Cervical cancer screening
- Chlamydia screening
- Diabetes screening
- Nephropathy screening for diabetic members
- Cholesterol screening
- Colorectal cancer screening
- Routine immunizations for both adults and children

Payments

Your medical services are coordinated and paid for directly through SeaView 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 SeaView IPA's Member Services Department.

Thank You

SeaView 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.

Specialty Care and Referrals

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 that works with us. Your PCP will tell you which specialty 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 specialty care must be approved in advance. Before you can receive care from any provider other than your PCP, we must confirm you need those services. This is called a service review. Most reviews must be done before you obtain care, or pre-service. 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 pre-service review was not done before you received 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.

Member Handbook

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 pre-service 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.

The Referral Authorization Process

We pride ourselves on making the referral authorization process for testing and specialist care simple and quick for both our providers and our members. Most physicians use our secure and confidential “Provider Log-in” to submit referral information electronically.

The authorization will be submitted using one of three categories:

- **Routine:** Processed by SeaView IPA within two business days of receipt from your physician.
- **Urgent:** Processed by SeaView IPA within 24 hours of receipt from your physician. “Urgent” is defined as any service(s) that is medically needed within two to three days.
- **Stat:** Requests are phoned in to SeaView IPA by the physician’s office and processed immediately. “Stat” is defined as any service(s) that is medically needed within 24 hours.

How We Make Our Decisions

Our staff of nurses and doctors considers 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 nurses and doctors base their decisions on nationally recognized, objective standards, criteria and guidelines that are based on sound medical evidence. 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.
- Practitioners are ensured independence and impartiality in making referral decisions. Decisions do not influence: hiring, compensation, termination, promotion or any other similar matters.
- 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 to obtain information about the review of your request, call our Member Services Department. See the Call Us For Help section for the Member Services Department's phone number and hours of operation.

Member Handbook

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 acute illness, 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.

Ongoing Specialist Care

Once you have been seen by a specialist, that specialist may determine that additional testing, procedures or specialty care are advisable. If so, the specialist will initiate the authorization request directly to SeaView IPA, keeping your PCP informed of his/her findings and recommendations. For patients who need the ongoing care of a specialist due to chronic or medically complex conditions, SeaView IPA has special processes that allow for authorization of multiple visits or standing referrals to see the specialist for a defined period of time. In these cases, you may not need to return to the PCP in order to obtain follow-up care from the specialist.

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 your health plan's formulary. The pharmacist can provide assistance with prescriptions. Please consult your benefits booklet or health plan website for pharmacies available to you, and the appropriate mail-in program. Call your health plan for more information.

Laboratory and X-Ray Facilities

SeaView 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.

Emergency And Urgent Care

Emergency care saves lives. However, it is important to know the distinction between the need for emergency care, urgent care and a visit to your PCP. Knowing in advance how to respond to a true emergency situation can help you avoid unnecessary out-of-pocket expenses—and, most importantly, ensure the most appropriate care in the most appropriate setting.

In An Emergency, You Must Act Quickly

An emergency is defined as a severe and sudden medical condition (or injury, severe pain, or active labor or childbirth) that requires immediate medical care to avoid any of the following:

- Putting the patient's health in serious jeopardy
- Serious impairment to bodily functions
- Serious dysfunction or disfigurement of a bodily organ or body part
- For a pregnant woman, serious jeopardy to the health of the baby

An emergency medical condition is also one that 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 a life or limb-threatening condition.

It is imperative that any symptoms or conditions such as those listed above—and any other symptom, condition or injury that is potentially life-threatening must be treated right away. Do not rely on the lists above or below, or any other list of emergency medical conditions and urgent situations. Sometimes it can be hard to tell how serious your condition is, so you must use your best judgment.

If you believe you need emergency medical care for a life-threatening condition, you should immediately do one of the following:

- Call 911
- Go to the nearest hospital emergency room

Member Handbook

Examples of an emergency medical condition include:

- Apparent heart attack
- Stupor or mental confusion
- Severe pain
- Poisoning
- Convulsions
- Severe burns
- Broken bones or sudden severe pain and swelling in a joint
- Injuries resulting from an animal attack
- Unconsciousness
- Difficulty breathing
- Uncontrolled bleeding
- Head injuries
- Severe or multiple injuries
- Fever over 102 degrees

When these situations arise, you may, if time permits, attempt to contact your PCP to prescribe, authorize and/or direct your health care. However, if you face an emergency, do not hesitate to go to the nearest emergency room for treatment or call 911.

You should contact your PCP within 24-48 hours or as soon as possible after receiving emergency treatment. Your PCP will help arrange for follow-up care, if needed.

If the documentation for an emergency room visit does not indicate an emergent situation, our medical staff will carefully review the circumstances surrounding your visit. If after medical review, it is determined that emergency criteria was not met, you may be responsible for payment of the charges incurred.

Urgent Care Is For Less Serious Situations

Sometimes situations occur that, in your judgment, require prompt medical attention, but you do not require 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.

It is preferred that you first call your PCP prior to proceeding to an urgent care center. 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
- Minor sprains, pulls or strains
- Mild allergic reactions
- Contagious viruses (measles, chicken pox)
- Long-lasting or high fevers
- Ear infections
- Fever under 102 degrees

If you have any questions about emergency or urgent care, please call our
Member Services Department at (877) 311-5411 or (805) 988-5188
Hearing Impaired: (888) 877-5378

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 PCP is unavailable.

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- 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 in 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.
- 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 you will 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 refuse a course of treatment. This includes:
 - o being able to request and receive information about how medical treatment decisions are made by our review staff, and
 - o the criteria or guidelines applied when making such decisions, and
 - o 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 recommended 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 recommended 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.

SeaView IPA

- 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.
- Be notified following a breach of your unsecured protected health information.
- To opt out of receiving fundraising communications.
- A description of the types of uses and disclosures of protected health information that require an authorization, including the use and disclosure of PHI for marketing purposes and disclosures that constitute a sale of PHI.
- A statement that other uses and disclosures not described in the notice will be made only with written permission.

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 non-urgent or emergency care that you may need after the 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 receiving 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.

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- 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 must first 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 may also 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 (800) 735-2929 (TTY) or (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 for 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 is 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 Health Care Directives

If you have not already done so, you should think about completing an Advance Health Care Directive. Also known as a Durable Power of Attorney for Health Care, an Advance Health Care Directive can help ensure that your wishes concerning your medical care are followed if you are unable to make your own health care decisions. You can designate a person to be your "agent" in making some or all health care decisions for you at any time that you may not be able to make such decisions for yourself. Your agent can be anyone over age 18, except your physician or his/her employees.

Under California law, all adults of sound mind have the right to make their own decisions with regard to accepting or refusing medical treatment or life-sustaining procedures. The multi-part Advance Health Care Directive is a legal document through which you can communicate your wishes about the care and treatment you want—or don't want—if you reach a point where you are no longer able to make or articulate your own health care decisions. You may want to discuss these decisions with your physician and family members.

Talk to your PCP about setting up an Advance Health Care Directive. They make very good legal sense for anyone over 18 years of age.

Call Us For Help

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.

If you call after normal business hours, 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@McKesson.com.

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

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

Member Services Department at (877) 311-5411 or (805) 988-5188

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Interpreter Services are available.

We also have a website. We invite you to go to www.svipa.com where you will find all kinds of information about us, including: provider and health plan directories, frequently asked questions, and contact information.



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