Member Handbook

What you need to know about your benefits

PHC California Combined Evidence of Coverage (EOC) and Disclosure Form

Effective January 1, 2020

DHCS 121619 PHC FR Form 2.1

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call 1-800-263-0067 (TTY 711). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18 point font large print and audio. Call 1-800-263-0067 (TTY 711). The call is toll free.

Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help available 24 hours a day, 7 days a week, or to get this handbook in a different language, call 1-800-

263-0067 (TTY 711). The call is toll free.

ATTENTION: If you speak English, free language assistance services are available. Call 1-800-263-0067 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-263-0067 (رقم هاتف الصم والبكم: 711).

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-263-0067 (TTY (հեռատիպ)՝ 711):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-263-0067（TTY：711）

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-800-263-0067 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-263-0067 (TTY: 711) पर कॉल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-263-0067 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-263-0067（TTY: 711）まで、お電話にてご連絡ください。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-263-0067 (TTY: 711) 번으로 전화해 주십시오.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ ລິການ ຊ່ວຍເຫ ຼືອດ້ານພາສາ, ໂດຍບໍ ່ເສັ ຽຄ່າ, ແມ່ນມີ ພ້ ອມໃຫ້ ທ່ານ. ໂທຣ 1-800-263-0067 (TTY: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-263-0067 (TTY: 711)។

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-263-0067 (TTY: 711) تماس بگیرید.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-263-0067 (телетайп: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-263-0067 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-263-0067 (TTY: 711).

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

เรียน:
ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-263-0067 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-263-0067 (TTY: 711).

Notice of non-discrimination

Discrimination is against the law. PHC California follows state and federal civil rights laws. PHC California does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

PHC California provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call PHC California at 1-800-263-0067 (TTY 711). We are open Monday through Friday, 8:00 am to 8:00 pm.

If you believe that PHC California has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with Member Services. You can file a grievance in person, in writing, by phone or by email:

Member Services
PO Box 46160
Los Angeles, CA 90046
1-800-263-0067 (TTY 711)
Fax 1888-235-8552
Email php@positivehealthcare.org

If you need help filing a grievance, Member Services can help you.

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
1-916-440-7370 (TTY 711 California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, (TTY 1-800-537-7697)
Complaint Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at http://www.hhs.gov/ocr/office/file/index.html.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Welcome to PHC California!

Thank you for joining PHC California. PHC California is a health plan for people who have Medi-Cal and a prior AIDS or AIDS-defining illness diagnosis. PHC California works with the State of California to help you get the health care you need.

Member Handbook

This Member Handbook tells you about your coverage under PHC California. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of PHC California. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of PHC California rules and policies and based on the contract between PHC California and Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from Member Services.

Call 1-800-263-0067 (TTY 711) to ask for a copy of the contract between PHC California and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the PHC California website at www.phc-ca.org to view the Member Handbook. You may also request, at no cost, a copy of the PHC California non-proprietary clinical and administrative policies and procedures, or how to access this information on the PHC California website.

Contact us

PHC California is here to help. If you have questions, call 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 5:00 pm. The call is toll free.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

You can also visit online at any time at www.phc-ca.org.

Thank you,

PHC California
PO Box 46160
Los Angeles, CA 90046

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

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1. Getting started as a member

How to get help

PHC California wants you to be happy with your health care. If you have any questions or concerns about your care, PHC California wants to hear from you!

Member services

PHC California Member Services is here to help you. PHC California can:

- Answer questions about your health plan and covered services
- Help you choose a primary care provider (PCP)
- Tell you where to get the care you need
- Offer interpreter services if you do not speak English
- Offer information in other languages and formats
- Help you with a referral for medical services
- Help you with enrollment eligibility questions

If you need help, call 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free.

You can also visit online at any time at www.phc-ca.org.

Who can become a member

You qualify for PHC California because you qualify for Medi-Cal, live in Los Angeles County and have a prior AIDS or AIDS-defining illness diagnosis. You may also qualify for Medi-Cal through Social Security. For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Transitional Medi-Cal

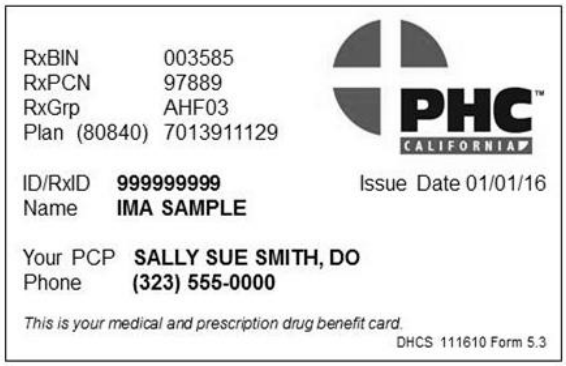
Transitional Medi-Cal is also called "Medi-Cal for working people." You may be able to get transitional Medi-Cal if you stop getting Medi-Cal because:

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Medi-Cal at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

Identification (ID) cards

As a member of PHC California, you will get a PHC California ID card. You must show your PHC California ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here is a sample PHC California ID card to show you what yours will look like:


RxBIN 003585
RxPCN 97889
RxGrp AHF03
Plan (80840) 7013911129

PHC CALIFORNIA

ID/RxID **999999999** Issue Date 01/01/16
Name **IMA SAMPLE**

Your PCP **SALLY SUE SMITH, DO**
Phone **(323) 555-0000**

This is your medical and prescription drug benefit card.
DHCS 111610 Form 5.3

Front


Important Member Numbers
Member Services: (800) 263-0067
Pharmacy Customer Service: (888) 436-5018
Nurse Advice Line: (800) 797-1717
Case Manager: (800) 474-1434
TTY for the Above: 711
Web: www.phc-ca.org

PHC California is a managed care plan with a California Medi-Cal contract.

Important Provider Numbers
Provider Services/Benefits: (888) 726-5411
Eligibility: (800) 263-0067
Authorizations: (800) 474-1434
Pharmacy Technical Help: (888) 554-1334
Claims: (888) 662-0626
Submit Claims to:
Attn: Claims
PHC California
P.O. Box 7490
La Verne, CA 91750

Emergency services rendered to a member by non-contracted providers are reimbursable by the plan without prior authorization.
This card does not guarantee coverage.
Check eligibility by calling (800) 263-0067.

Back

If you do not get your PHC California ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Member Services right away. PHC California will send you a new card for free. Call 1-800-263-0067 (TTY 711).

Ways to get involved as a member

PHC California wants to hear from you. Each quarter, PHC California has meetings to

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Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

talk about what is working well and how PHC California can improve. Members are invited to attend. Come to a meeting!

Client Advisory Committee

PHC California has a group called Client Advisory Committee. This group is made up of plan members and plan management staff. Joining this group is voluntary. The group talks about how to improve PHC California policies and is responsible for:

- Providing feedback to plan management about their experiences using the plan and its provider network
- Submitting suggestions to the Committee for improvements to the plan's operation
- Providing feedback on AIDS Healthcare Foundation advocacy work as it affects PHC California members

If you would like to be a part of this group, call 1-800-263-0067 (TTY 711).

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

2. About your health plan

Health plan overview

PHC California is a health plan for people who have Medi-Cal in Los Angeles County and have a prior AIDS or AIDS-defining illness diagnosis. PHC California works with the State of California to help you get the health care you need.

You may talk with one of the PHC California Member Services representatives to learn more about the health plan and how to make it work for you. Call 1-800-263-0067 (TTY 711).

When your coverage starts and ends

When you enroll in PHC California, you should receive a PHC California member ID card within two weeks of enrollment. Please show this card every time you go for any service under the PHC California.

There are a few steps you should take to start using PHC California:

1. **Check your member identification (ID) card**

   Please look at the information on your ID card. Check the name of the primary care provider (PCP) on the card to be sure it is the doctor you chose. If you did not choose a PCP when you completed your enrollment request form, we chose one for you who is closest to your residence. If you want another PCP, please call Member Services at 1-800-263-0067 (TTY 711). Remember, you may change your PCP at any time for any reason. You cannot choose more than one PCP. You must see the PCP to whom you are assigned. The date your health plan coverage starts is also shown on your ID card.

2. **Complete and return the forms in your new member welcome packet**

   The letter in your new member welcome packet tells you which forms you need to

complete, sign and return to PHC California. These are forms like the "Authorization for Use or Disclosure of Health Information," and "Primary Care Provider (PCP) Selection/Change Form." See the letter in your new member welcome packet for more information. If you have any questions about these forms, call Member Services at 1-800-263-0067 (TTY 711).

3. **Transfer your medical records to your PHC California PCP, if you will see a new PCP**

   Please ask your current PCP to send your medical records to your new PHC California PCP. You can also ask your new PCP to ask your old PCP for your medical records. **If your PCP is already in the PHC California network, this does not apply.**

   If you need any help with this, you can call Member Services at 1-800-263-0067 (TTY 711).

4. **Learn about PHC California's disease management program**

   PHC California uses a systematic approach called "disease management" to help you manage your illness. The program focuses on helping you follow your treatment plan. A part of the program is having the plan's care team work with you. The care team will help you coordinate your health care needs.

   PHC California provides you with a Registered Nurse Case Manager (RNCM) within 30 days from the date you first join the health plan. You should expect a meeting with your RNCM for a health assessment within 90 days from the day you become a member. Your RNCM will contact you to set up the meeting.

   The plan's care team will be an important source of help for you. The plan's care team will call you every once in a while to see how you are doing. Your medical and behavioral health needs will help them decide how often they will call you. To contact your RNCM or if you have any questions about the program, call Member Services at 1-800-263-0067, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY users call 711.

   To learn more about the disease management program, see the publication we sent you called Disease Management and Your Care Team.

5. **Visit your primary care provider (PCP)**

   Your PHC California primary care provider (PCP) is the doctor who will take care of all your routine medical care. Your PCP will arrange for any specialists or hospital care you need. Call your PCP at the number on your ID card for non-emergency health needs. PHC California doctors are fully credentialed. They are ready to see you. We

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Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

check their education and training. We look at their experience.

See your PCP within 90 days of you becoming a PHC California member. Even if you have seen a PCP recently, you should still see your new PCP.

If you are pregnant, see your doctor within 30 days from the date of your joining the plan. Your start date with PHC California is printed on your ID card.

It is important that you get to know your PCP. Also, your PCP needs to get to know you. Call your doctor's office to make an appointment for a checkup.

6. **Know what to do in a medical emergency**

   For a medical emergency, call 911 or go to the nearest emergency room. This Membership Guide explains more about your health plan and how to get health care. Please read it carefully. Pay special attention to the Emergency Care section. There is a list of examples of what is a medical emergency.

7. **Know where to go if you need help or have questions about the plan**

   Call us with questions about the health plan and your benefits. We are here to help you. Interpretation services and other communication options are available, free of charge, for all foreign languages. Member Services representatives are available to help you Monday through Friday, 8:00 a.m. to 8:00 p.m. Call 1-800-263-0067 (TTY 711).

You may ask to end your PHC California coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

Sometimes PHC California can no longer serve you. PHC California must end your coverage if:

- You move out of the county or are in prison
- You no longer have Medi-Cal
- You qualify for certain waiver programs
- You need a major organ transplant (excluding kidneys and corneal transplants)

There are circumstances when PHC California may disenroll a member from the health plan. They are as follows:

- You refuse to cooperate with your primary care provider (PCP)
- You repeatedly obtain non-emergency medical services from providers outside the PHC California provider network without prior authorization

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Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- You act in an abusive or violent manner in the presence of PHC California providers, ancillary, or administrative staff
- You allow someone else to use your PHC California member identification/pharmacy card or your Medi-Cal beneficiary identification card
- You have been prosecuted and convicted of Medi-Cal fraud involving the inappropriate use of Medi-Cal coverage under the plan

Indian Health Services

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from PHC California while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason.

To find out more, please call Indian Health Services at 1-916-930-3927 or visit the Indian Health Services website at www.ihs.gov.

How your plan works

PHC California is a health plan contracted with DHCS. PHC California is a managed care health plan. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. PHC California works with doctors, hospitals, pharmacies and other health care providers in the PHC California service area to give health care to you, the member.

Member Services will tell you how PHC California works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services, and how to activate your Health and Wellness Benefit.

To learn more, call 1-800-263-0067 (TTY 711). You can also find member service information online at www.phc-ca.org.

Changing health plans

You may leave PHC California and join another health plan at any time. Call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077) to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday. Or visit www.heatlhcareoptions.dhcs.ca.gov.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

It takes 15-45 days to process your request to leave PHC California. To find out when Health Care Options has approved your request, call 1-800-430-4263 (TTY 1-800-430-7077).

If you want to leave PHC California sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Beneficiaries that can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs; members with special health care needs, including, but not limited to major organ transplants; and members already enrolled in another Medi Cal, Medicare or commercial managed care plan.

You may ask to leave PHC California in person at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx. Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

Continuity of care

If you now go to providers who are not in the PHC California network, in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your providers do not join the PHC California network by the end of 12 months, you will need to switch to providers in the PHC California network.

- PHC California will determine in you have an existing relationship with your out-of-network provider. An existing relationship means you saw the out-of-network primary care provider (PCP) or specialist at least once in the past 12 months prior to your initial enrollment in PHC California.
- Your out-of-network provider is willing to accept the higher of PHC California's contract or Medi-Cal fee-for-service rates.
- Your out-of-network provider meets PHC California's applicable professional quality-of-care standards and has no disqualifying quality-of-care issues.
- Your out-of-network provider is a California state plan-approved provider
- Your provider supplies PHC California with all relevant treatment information.

Members, their authorized representatives, or providers may make a direct continuity of care request to PHC California in writing or by telephone. Members may change from

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

an out-of-network provider to a PHC California network provider at any time.

Providers who leave PHC California

If your provider stops working with PHC California, you may be able to keep getting services from that provider. This is another form of continuity of care. PHC California provides continuity of care services for:

- Acute conditions — A medical condition that involves a sudden onset of symptoms due to an illness, injury or other medical problem that requires prompt medical attention and has a limited duration. PHC California provides continuity of care for the duration of the acute condition.
- Chronic conditions — A medical condition that usually progresses slowly and is of a long duration and requires ongoing care. PHC California provides continuity of care for the duration of the chronic condition, but no longer than 90 days from the provider contract termination date.
- Serious chronic condition — A medical condition caused by a disease, illness or other medical problem or disorder. The condition is serious in nature and persists without full cure or worsens over an extended period. The condition requires ongoing treatment to maintain remission or prevent deterioration. PHC California provides continuity of care for the duration of the serious chronic condition, but no longer than 12 months from the provider contract termination date or 12 months from the member's effective date of coverage.
- Pregnancy — PHC California provides continuity of care through the three trimesters of pregnancy (the duration of the pregnancy) and the immediate postpartum period.
- Terminal illness — PHC California covers continuity of care for the duration of the terminal illness, which is a medical condition as certified by a physician that results in a prognosis of life one year or less if the disease follows its natural course.
- Surgery or other procedure follow-up — Authorized by the plan as part of a documented course of treatment and has benn recommended and documented by the provider to occur within 180 calendar days from the provider contract termination date.

PHC California does **not** provide continuity of care services when:

- A member disenrolls from the plan during the course of and prior to the

completion of a treatment or prior to a scheduled surgery or other procedure.

- The provider is unwilling to continue to treat the member or accept PHC California's payment or other terms.
- PHC California terminated a contract based on a professional review action, as defined in the Health Care Quality Improvement Act of 1986 (as amended), 42 U.S.C. §11101 et seq., or a medical disciplinary cause or reason as defined in California Business and Professions Code 805, or for fraud or other criminal activity.
- Services are not covered by Medi-Cal.
- A request is for durable medical equipment (DME), transportation, other ancillary services, or a carved-out service.

To learn more about continuity of care and eligibility qualifications, call Member Services.

Costs

Member costs

PHC California serves people who qualify for Medi-Cal. PHC California members do **not** have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, go to "Benefits and services."

For members with a share of cost

You may have to pay a share of cost each month. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by PHC California for that month. You will not be covered by PHC California until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any PHC California doctor. If you are a member with a share of cost, you do not need to choose a PCP.

How a provider gets paid

PHC California pays providers in these ways:

- Capitation payments

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

    - PHC California pays some providers a set amount of money every month for each PHC California member. This is called a capitation payment. PHC California and providers work together to decide on the payment amount.
- Fee-for-service payments
    - Some providers give care to PHC California members and then send PHC California a bill for the services they provided. This is called a fee-for-service payment. PHC California and providers work together to decide how much each service costs.

To learn more about how PHC California pays providers, call 1-800-263-0067 (TTY 711).

We do not pay our network providers bonuses or incentives to care for PHC California members.

Asking PHC California to pay a bill

If you get a bill for a covered service, call Member Services right away at 1-800-263-0067 (TTY 711).

If you pay for a service that you think PHC California should cover, you can file a claim. Use a claim form and tell PHC California in writing why you had to pay. Call 1-800-263-0067 (TTY 711) to ask for a claim form. PHC California will review your claim to see if you can get money back. You can also send us an email message with an electronic copy of the bill, and if you paid for a service, an electronic copy of the receipt. Send the bill and receipt if applicable to php@positivehealthcare.org.

3. How to get care

Getting health care services

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW FROM WHOM OR WHAT GROUP OF PROVIDERS HEALTH CARE MAY BE OBTAINED.

You can begin to get health care services on your effective date of coverage. Always carry your PHC California ID card and Medi-Cal BIC card with you. Never let anyone else use your PHC California ID card or BIC card.

New members must choose a primary care provider (PCP) in the PHC California network. The PHC California network is a group of doctors, hospitals and other providers who work with PHC California. You must choose a PCP within 30 days from the time you become a member in PHC California. If you do not choose a PCP, PHC California will choose one for you.

You may choose the same PCP or different PCPs for all family members in PHC California.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the PHC California network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-800-263-0067 (TTY 711). You can also find the Provider Directory on the PHC California website at www.phc-ca.org/provider-find.

If you cannot get the care you need from a participating provider in the PHC California network, your PCP must ask PHC California for approval to send you to an out-of-network provider.

Read the rest of this chapter to learn more about PCPs, the Provider Directory and the provider network.

Initial health assessment (IHA)

PHC California recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help

your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of PHC California. Give your PHC California ID number.

Take your BIC card and your PHC California ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. PHC California covers routine care from your PCP.

Your PCP will:

- Give you all your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read Chapter 4 in this handbook.

Urgent care

Urgent care is **not** for an emergency or life threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within 48 hours. If you are outside PHC California's service area, urgent care visits may

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Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, call your PCP. If you cannot reach your PCP, call 1-800-263-0067 (TTY 711). Or you can call your Registered Nurse Care Manager (RNCM), Monday through Friday, 8:30 a.m. to 5:30 p.m. If you don't know how to contact your RNCM, call Member Services at 1-800-263-0067. Or you can all the After-Hours Nurse Advice Line at 1-800-797-1717. The After-Hours Nurse Advice Line operates from 5:30 p.m. to 8:30 a.m., Monday through Friday, and all day on weekends and holidays.

If you need urgent care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization). If you need mental health urgent care, call the county Mental Health Plan at 1-800-854-7771 that is available 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from PHC California.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples include:

- Active labor
- Broken bone
- Severe pain, especially in the chest
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency condition

Do not go to the ER for routine care. You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. Or you can call your Registered Nurse Care Manager (RNCM), Monday through Friday, 8:30 a.m. to 5:30 p.m. If you don't know how to contact your RNCM, call Member Services at 1-800-263-0067. You may also call the After-Hours Nurse Advice

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Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Line at 1-800-797-1717. The After-Hours Nurse Advice Line operates from 5:30 p.m. to 8:30 a.m., Monday through Friday, and all day on weekends and holidays.

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the PHC California network. If you go to an ER, ask them to call PHC California. You or the hospital to which you were admitted should call PHC California within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico and need emergency care, PHC California will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or PHC California first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call PHC California.

Remember: Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.

Sensitive care

Adult sensitive services

As an adult, you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections

The doctor or clinic does not have to be part of the PHC California network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call 1-800-263-0067 (TTY 711). You may also call the After-Hours Nurse Advice Line at 1-800-797-1717. The After-Hours Nurse Advice Line operates from 5:30 p.m. to 8:30 a.m., Monday through Friday, and all day on weekends and holidays.

Advance directives

An advance health directive is a legal form. On it, you can list what health care you want in case you cannot talk or make decisions later on. You can list what care you do **not**

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. PHC California will tell you about changes to the state law no longer than 90 days after the change.

Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also go to your PCP for care when you are sick. Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call your Registered Nurse Care Manager (RNCM), Monday through Friday, 8:30 a.m. to 5:30 p.m. If you don't know how to contact your RNCM, call Member Services at 1-800-263-0067. You can call the After-Hours Nurse Advice Line at 1-800-797-1717 (TTY 711). The After-Hours Nurse Advice Line operates from 5:30 p.m. to 8:30 a.m., Monday through Friday, and all day on weekends and holidays.

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours, but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.

For emergencies, call **911** or go to the nearest emergency room.

Moral objection

Some providers have a moral objection to some services. This means they have a right to **not** offer some covered services if they morally disagree. If your provider has a moral objection, he or she will help you find another provider for the needed services. PHC California can also work with you to find a provider.

Some hospitals and other providers do not offer one or more of the services listed below. These services you or your family member might need may be covered under your plan contract:

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- Family planning and contraceptive services, including emergency contraception
- Sterilization, including tubal ligation at the time of labor and delivery
- Infertility treatments
- Abortion

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call PHC California at 1-800-263-0067 (TTY 711) to make sure you can get the health care services you need.

Provider Directory

The PHC California Provider Directory lists providers that participate in the PHC California network. The network is the group of providers that work with PHC California.

The PHC California Provider Directory lists hospitals, pharmacies, PCPs, specialists, family planning providers, ancillary services providers, like diagnostic imaging facilities and durable medical equipment, Federally Qualified Health Centers (FQHCs), and outpatient mental health providers.

The Provider Directory has PHC California network provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking ramps, stairs with handrails, and restrooms with wide doors and grab bars.

You can find the online Provider Directory at www.phc-ca.org/provider-find.

If you need a printed Provider Directory, call 1-800-263-0067 (TTY 711).

Provider network

The provider network is the group of doctors, hospitals and other providers that work with PHC California. You will get your covered services through the PHC California network.

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call 1-800-263-0067 (TTY 711). Go to Chapter 3 for more about moral objections.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. PHC California can also work with you to find a provider.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

In network

You will use providers in the PHC California network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the PHC California network.

To get a Provider Directory of network providers, call 1-800-263-0067 (TTY 711). You can also find the Provider Directory online at www.phc-ca.org/provider-find.

For emergency care, call **911** or go to the nearest emergency room.

Except for emergency care, you may have to pay for care from providers who are out of network.

Out-of-network or Out-of-service area

Out-of-network providers are those that do not have an agreement to work with PHC California. Except for emergency care, you may have to pay for care from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

If you need help with out-of-network services, call 1-800-263-0067 (TTY 711).

If you are outside of the PHC California service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call 1-800-263-0067 (TTY 711). PHC California's service area is Los Angeles County.

For emergency care, call **911** or go to the nearest emergency room. PHC California covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, PHC California will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, PHC California will **not** cover your care.

If you have questions about out-of-network or out-of-area care, call 1-800-263-0067 (TTY 711). If the office is closed, or you want help from a representative, call the After-Hours Nurse Advice Line at 1-800-797-1717. The After-Hours Nurse Advice Line operates from 5:30 p.m. to 8:30 a.m., Monday through Friday, and all day on weekends and holidays.

Doctors

You will choose your doctor or a primary care provider (PCP) from the PHC California Provider Directory. The doctor you choose must be a participating provider. This means

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Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

the provider is in the PHC California network. To get a copy of the PHC California Provider Directory, call 1-800-263-0067 (TTY 711). Or find it online at www.phc-ca.org/provider-find.

You should also call if you want to check to be sure the PCP you want is taking new patients.

If you had a doctor before you were a member of PHC California, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call 1-800-263-0067 (TTY 711).

If you need a specialist, your PCP will refer you to a specialist in the PHC California network.

Remember, if you do not choose a PCP, PHC California will choose one for you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, you do not have to choose a PCP.

If you want to change your PCP, you must choose a PCP from the PHC California Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-800-263-0067 (TTY 711).

Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the network. The hospitals in the PHC California network are listed in the Provider Directory. Hospital services, other than emergencies, require pre-approval (prior authorization).

Primary care provider (PCP)

When you enrolled in PHC California, you chose a primary care provider (PCP) from the PHC California's list of network PCPs. If you did not choose a PCP, we chose one for you who is closest to your home address. Each PCP in the plan's network is an HIV/AIDS specialist. A nurse practitioner (NP) or physician assistant (PA) may also act as your PCP. If you choose a NP or PA, you will be assigned a doctor to oversee your care.

You can also choose a Federally Qualified Health Center (FQHC) as your PCP provided the clinic is contracted with PHC California to provided HIV/AIDS primary care services.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

If you are assigned to a PCP and want to change, call 1-800-263-0067 (TTY 711). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the PHC California network. The Provider Directory has a list of FQHCs that work with PHC California.

You can find the PHC California Provider Directory online at www.phc-ca.org/provider-find. Or you can request a Provider Directory to be mailed to you by calling 1-800-263-0067 (TTY 711). You can also call to find out if the PCP you want is taking new patients.

Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so he or she can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the PHC California provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call 1-800-263-0067 (TTY 711).

PHC California may ask you to change your PCP if the PCP is not taking new patients, has left the PHC California network or does not give care to patients your age. PHC California or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If PHC California needs to change your PCP, PHC California will tell you in writing.

If you change PCPs, you will get a new PHC California member ID card in the mail. It will have the name of your new PCP. Call Member Services if you have questions about getting a new ID card.

Appointments

When you need health care:

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- Call your PCP
- Have your PHC California ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC card and PHC California ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- Be on time for your appointment
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

If you have an emergency, call **911** or go to the nearest emergency room.

Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call 1-800-263-0067 (TTY 711). Tell PHC California the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by PHC California for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary and not available in the network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you can also file a claim form with PHC California. You will need to tell PHC California in writing why you had to pay for the item or service. PHC California will read your claim and decide if you can get money back. For questions or to ask for a claim form, call 1-800-263-0067 (TTY 711). You can also submit your bill us at php@positivehealth.org.

Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to go to the specialist.

Other services that may require a referral include in-office procedures, X-rays, lab work, imaging services, medical and drug treatment therapies, outpatient hospital and

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Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

outpatient rehabilitation and therapy services.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as he or she thinks you need treatment.

If you have a health problem that needs special medical care for a long time, you may need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the PHC California referral policy, call 1-800-263-0067 (TTY 711).

You do not need a referral for:

- PCP visits
- Ob/gyn visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assult care
- Family planning services (to learn more, call California Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling
- Treatment for sexually transmitted infections
- Acupuncture (the first two services per month, additional appointments will need a referral)
- Chiropractic services (when provided by FQHCs)
- Podiatry services (when provided by FQHCs)
- Initial mental health assessment

Pre-approval

For some types of care, your PCP or specialist will need to ask PHC California for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that PHC California must make sure that the care is medically necessary or needed.

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

The following services always need pre-approval, even if you receive them from a provider in the PHC California network:

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- Hospitalization, if not an emergency
- Services out of the PHC California service area
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(2), PHC California will decide routine pre-approvals within 5 working days of when PHC California gets the information reasonably needed to decide.

For requests in which a provider indicates or PHC California determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, PHC California will make an expedited (fast) pre-approval decision. PHC California will give notice as quickly as your health condition requires and no later than 72 hours after receiving the request for services.

PHC California does **not** pay the reviewers to deny coverage or services. If PHC California does not approve the request, PHC California will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

PHC California will contact you if PHC California needs more information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.

Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call 1-800-263-0067 (TTY 711).

PHC California will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from PHC California to get a second opinion from a network provider.

If there is no provider in the PHC California network to give you a second opinion, PHC

California will pay for a second opinion from an out-of-network provider. PHC California will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, PHC California will decide within 72 hours.

If PHC California denies your request for a second opinion, you may appeal. To learn more about appeals, go to page 71 in this handbook.

Women's health specialists

You may go to a women's health specialist within PHC California's network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call 1-800-263-0067 (TTY 711). You may also call your Registered Nurse Care Manager (RNCM), Monday through Friday, 8:30 a.m. to 5:30 p.m. If you don't know how to contact your RNCM, Member Services can help connect you to him or her. You can all the After-Hours Nurse Advice Line at 1-800-797-1717. The After-Hours Nurse Advice Line operates from 5:30 p.m. to 8:30 a.m., Monday through Friday, and all day on weekends and holidays.

Timely access to care

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-doctor)	10 business days

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Appointment Type	Must Get Appointment Within
Non-urgent appointment for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes
Triage – 24/7 services	24/7 services – No more than 30 minutes
Initial pre-natal care	10 business days

Travel time and distance to care

PHC California must follow travel time and distance standards for your care. Those standards helps to make sure you are able to get care without having to travel too long or too far from where you live. Travel time and distance standards are different depending on the county you live in.

If PHC California is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used. To see PHC California's time and distance standards for where you live, please, visit www.phc-ca.org/members/medical/time-distance or call 1-800-263-0067 (TTY 711).

If you need care from a specialist and that provider is located far from where you live, you can call Member Services at 1-800-263-0067 (TTY 711) to get help finding care with a specialist located closer to you. If PHC California cannot find care for you with a closer specialist, you can request PHC California arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the PHC California's travel time and distance standards for your county, regardless of any alternative access standard PHC California may use for your ZIP Code.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

4. Benefits and services

What your health plan covers

This section explains all of your covered services as a member of PHC California. Your covered services are free as long as they are medically necessary and provided by an in-network provider. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask PHC California for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

PHC California offers these types of services:

- Outpatient (ambulatory) services
- Emergency services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Mental health services
- Substance use disorder treatment services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)

Read each of the sections below to learn more about the services you can get.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Medi-Cal benefits

Outpatient (ambulatory) services

- ***Adult Immunizations***

  You can get adult immunizations (shots) from a network pharmacy or network provider without pre-approval. PHC California covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

- ***Allergy care***

  PHC California covers allergy testing and treatment, including allergy desensitization, hyposensitization, or immunotherapy.

- ***Anesthesiologist services***

  PHC California covers anesthesia services that are medically necessary when you receive outpatient care.

- ***Chiropractic services***

  PHC California covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services. PHC California may pre-approve other services as medically necessary.

  The following members are eligible for chiropractic services:

  - Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
  - Residents in a skilled nursing facility, intermediate care facility, or subacute care facility; or
  - All members when services are provided at hospital outpatient departments, or FQHC

- ***Dialysis/hemodialysis services***

  PHC California covers dialysis treatments. PHC California also covers hemodialysis (chronic dialysis) services if your PCP and PHC California approve it.

- ***Outpatient surgery***

  PHC California covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures require pre-approval (prior authorization).

- ***Physician services***

  PHC California covers physician services that are medically necessary.

- ***Podiatry (foot) services***

  PHC California covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

- ***Treatment therapies***

  PHC California covers different treatment therapies, including:

  - Chemotherapy
  - Radiation therapy

Mental health services

- ***Outpatient mental health services***
  - The PHC California covers a member for an initial mental health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the PHC California network without a referral.
  - Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within the PHC California network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, PHC California can provide mental health services for you. PHC California covers these mental health services:
    - Individual and group mental health evaluation and treatment (psychotherapy)

  - Psychological testing when clinically indicated to evaluate a mental health condition
  - Development of cognitive skills to improve attention, memory and problem solving
  - Outpatient services for the purposes of monitoring medication therapy
  - Outpatient laboratory, medications, supplies and supplements
  - Psychiatric consultation

- For help finding more information on mental health services provided by PHC California, call 1-800-263-0067 (TTY 711).
- If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to receive an assessment. To learn more, read "*What your health plan does not cover*" on page 51.

Emergency services

- ***Inpatient and outpatient services needed to treat a medical emergency***

  PHC California covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:

  - Serious risk to your health; ***or***
  - Serious harm to bodily functions; ***or***
  - Serious dysfunction of any bodily organ or part; ***or***
  - In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
    - There is not enough time to safely transfer you to another hospital before delivery.
    - The transfer may pose a threat to your health or safety or to that of your unborn child.

- ***Emergency transportation services***

  PHC California covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Hospice and palliative care

PHC California covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

Hospice care is a benefit that services terminally ill members. It is intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Drugs and biological services
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

Palliative care is patient- and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Hospitalization

- ***Anesthesiologist services***

  PHC California covers medically necessary anesthesiologist services during

covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

- ***Inpatient hospital services***

  PHC California covers medically necessary inpatient hospital care when you are admitted to the hospital.

- ***Surgical services***

  PHC California covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

PHC California covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Prenatal care
- Diagnosis of fetal genetic disorders and counseling

Prescription drugs

Covered drugs

Your provider can prescribe you drugs that are on the PHC California's List of Covered Drugs subject to exclusions and limitations. The PHC California List of Covered Drugs is sometimes called a formulary. Drugs on the List of Covered Drugs are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.

- Updating this list helps make sure the drugs on it are safe and effective.
- If your doctor thinks you need to take a drug that is not on this list, your doctor will need to call PHC California to ask for pre-approval before you get the drug.

To find out if a drug is on the List of Covered Drugs or to get a copy of the List of Covered Drugs, call Pharmacy Benefit Line at 1-888-436-5018 (TTY 711). You may also find the List of Covered Drugs at www.phc-ca.org/members/formulary.

Sometimes PHC California needs to approve a drug before a provider can prescribe it. PHC California will review and decide these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. PHC California will pay for the emergency supply.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- If PHC California says no to the request, PHC California will send you a letter that lets you know why and what other drugs or treatments you can try.

Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with PHC California. You can find a list of pharmacies that work with PHC California in the PHC California Provider Directory at www.phc-ca.org/provider-find. You can also find a pharmacy near you by calling Pharmacy Benefit Line at 1-888-436-5018 (TTY 711).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your PHC California ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Rehabilitative and habilitative (therapy) services and devices

The plan covers:

- ***Acupuncture***

  PHC California covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of the needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services. PHC California may pre-approve (prior authorization) additional services as medically necessary.

- ***Audiology (hearing)***

  PHC California covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services. PHC California may pre-approve (prior authorization) additional services as medically necessary.

- ***Behavioral health treatments***

  Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention

programs that develop or restore, to the maximum extent practicable, the functioning of an individual.

BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.

- ***Cancer clinical trials***

  PHC California covers a clinical trial if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

- ***Cardiac rehabilitation***

  PHC California covers inpatient and outpatient cardiac rehabilitative services.

- ***Cosmetic Surgery***

  PHC California does not cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.

- ***Durable medical equipment***

  PHC California covers the purchase or rental of medical supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. PHC California does not cover comfort, convenience or luxury equipment, features and supplies.

- ***Enteral and parenteral nutrition***

  These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. PHC California covers enteral and parenteral nutrition products when medically necessary.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- ***Hearing aids***

  PHC California covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. PHC California may also cover hearing aid rentals, replacements and batteries for your first hearing aid.

- ***Home health services***

  PHC California covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

- ***Medical supplies, equipment and appliances***

  PHC California covers medical supplies that are prescribed by a doctor.

- ***Occupational therapy***

  PHC California covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic and speech therapy services. PHC California may pre-approve (prior authorization) additional services as medically necessary.

- ***Orthotics/prostheses***

  PHC California covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

- ***Ostomy and urological supplies***

  PHC California covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.

- ***Physical therapy***

  PHC California covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medications.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- ***Pulmonary rehabilitation***

  PHC California covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

- ***Reconstructive Services***

  PHC California covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

- ***Skilled nursing facility services***

  PHC California covers skilled nursing facility services as medically necessary, if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24 hour per day basis.

- ***Speech therapy***

  PHC California covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy. PHC California may pre-approve (prior authorization) additional services as medically necessary.

- ***Transgender Services***

  PHC California covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

Laboratory and radiology services

PHC California covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures are covered based on medical necessity.

Institutional long-term care

PHC California covers long-term care in a skilled nursing facility and sub-acute care services that lasts longer than 60 days. To learn more, call Member Services at 1-800-263-0067 (TTY 711)

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services
- Health Resources and Service Administration's Bright Futures recommendations
- Preventive services for women recommended by the Institute of Medicine
- Smoking cessation services
- United States Preventive Services Task Force A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include some methods of birth control approved by the FDA. PHC California's PCP and ob/gyn specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with PHC California without having to get pre-approval from PHC California. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call 1-800-263-0067 (TTY 711).

Health and Wellness Benefit

Members of PHC California may choose one of the following Health and Wellness Benefit options:

- Gym membership at 24 Hour Fitness ***OR***
- Up to $200 a plan year of over-the-counter (OTC) pharmacy (non-prescription drug) items fulfilled through AHF Pharmacy.

The 24 Hour Fitness gym membership may be used at any Active/Express, Sport, or Super Sport facility. 24 Hour Fitness Ultra Sport facilities are not included with this membership.

If you who choose the OTC pharmacy merchandise option, you may order items like cold medication, vitamins, first aid supplies, toothpaste, etc. in whatever increment you like up to $200 total for the plan year. There is no cost to you for your order or its delivery. We will provide you Over-the-Counter Pharmacy Order Forms and instructions how to order if you choose this option.

Declining the Health and Wellness Benefit will not affect your eligibility for or membership in PHC California. If you have not chosen a benefit option, you may make

a selection at any time. If you prefer to decline the benefit, you may change your decision anytime. Please call Member Services if you decide later you want to activate the benefit and choose an option. Call 1-800-263-0067 (TTY 711), Monday through Friday, 8:00 am to 8:00 pm.

When you enrolled in PHC California, you should have completed a Health and Wellness Benefit Option Election Form. If you did not complete this form at the time of enrollment or soon after enrolling, call Member Services to make your benefit option choice. Member Services can be reached at 1-800-263-0067 (TTY 711).

You may change you benefit option once a year between January 1 and January 15. If you want to make a change, such as changing from a gym membership to OTC pharmacy merchandise, call Member Services at 1-800-263-0067 (TTY 711)

Note that it takes between 15 and 45 days for PHC California to process Health and Wellness Benefit option selections.

Dental managed care services

Medi-Cal covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planning
- Periodontal maintenance
- Complete and partial dentures

If you have questions or want to learn more about dental services, call Denti-Cal at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at www.denti-cal.ca.gov.

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and techniques

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include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call PHC California to learn more about the program and eligibility.

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse

Vision services

The plan covers:

- Routine eye exam once every 24 months; PHC California may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lens) once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

Non-emergency medical transportation (NEMT)

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor and they will prescribe the correct type of transportation to meet your medical condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. PHC California allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, PHC California will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

NEMT must be used when:

- It is physically or medically needed as determined with a written authorization by a doctor; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by PHC California with a written authorization by a doctor.

To ask for NEMT services that your doctor has prescribed, please call PHC California at 1-800-474-1434 **or** 1-800-263-0067 at least two business days (Monday-Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

Limits of NEMT

There are no limits for receiving NEMT to or from medical, dental, mental health and substance use disorder appointments covered under PHC California when a provider has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

Transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi, or other easily accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook.

Cost to member

There is no cost when transportation is authorized by PHC California.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider.
- Picking up prescriptions and medical supplies.

PHC California allows you to use a car, taxi, bus or other public/private way of getting to

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Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

your medical appointment for Medi-Cal-covered services. PHC California provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to PHC California by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. PHC California allows the lowest cost NMT type that meets your medical needs.

To request NMT services that your provider authorized, please call PHC California at 1-800-263-0067 at least two business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for receiving NMT to or from medical, dental, mental health and substance use disorder appointments when a provider has authorized it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- The service is not covered by Medi-Cal.

Cost to member

There is no cost when transportation is authorized by PHC California.

What your health plan does not cover

Other services you can get through Fee-For-Service (FFS) Medi-Cal

Sometimes PHC California does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call 1-800-263-0067 (TTY 711).

Specialty mental health services

County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity rules. SMHS may include these outpatient, residential and inpatient services:

- Outpatient services:
  - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
  - Medication support services
  - Day treatment intensive services
  - Day rehabilitation services
  - Crisis intervention services
  - Crisis stabilization services
  - Targeted case management services
  - Therapeutic behavioral services
  - Intensive care coordination (ICC)
  - Intensive home-based services (IHBS)
  - Therapeutic foster care (TFC)
- Residential services:
  - Adult residential treatment services
  - Crisis residential treatment services
- Inpatient services:
  - Acute psychiatric inpatient hospital services
  - Psychiatric inpatient hospital professional services
  - Psychiatric health facility services

To learn more about specialty mental health services the county mental health plan provides, you can call the county. To find all counties' toll-free telephone numbers online, visit www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Substance use disorder services

Substance and alcohol abuse treatment services are available through the Drug Medi-Cal Program. PHC California will refer members to Los Angeles County Public Health Substance Abuse Prevention and Control Program for such services if necessary.

Services you cannot get through PHC California or Medi-Cal

There are some services that neither PHC California nor Medi-Cal will cover, including:

- Cosmetic Surgery
- Drugs and medications when used for cosmetic purposes
- Common household items which can be used as durable medical equipment
- Routine non-medically necessary foot-care services
- Personal comfort items, such as, but not limited to, telephones, televisions and guest trays
- All other services excluded from Medi-Cal under state and federal law

Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Organ and tissue donation

Read the section below to learn more about other programs and services for people with Medi-Cal.

Organ and tissue donation

Anyone can help save lives by becoming an organ or tissue donor. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at www.organdonor.gov.

Care coordination

PHC California offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health, call 1-800-263-0067 (TTY

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

711).

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

5. Rights and responsibilities

As a member of PHC California, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of PHC California.

Your rights

PHC California members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including Covered Services.
- To be able to choose a primary care provider within the PHC California's network.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer, or limit services or benefits.
- To receive oral interpretation services for their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To disenroll upon request. Members that can request expedited disenrollment include those with special health care needs.
- To receive written member-informing materials in alternative formats (such as braille, large-size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare &

Institutions Code Section 14182 (b)(12).

- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by PHC California, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside PHC California's network pursuant to the federal law.

Your responsibilities

PHC California members have these responsibilities:

- Participate in your health care and the health care of your family. This means taking care of medical problems before they become more serious.
- Keep in touch with and regularly visit your PHC California primary care provider (PCP)
- Cooperate with your PCP, follow his or her instructions regarding your care and take all of your prescribed medications as directed
- Arrive on time for your doctor visits. Call if you will be late or need to cancel or reschedule your appointment.
- Be courteous and cooperative with people who provide you or your family with health care services
- Not let anyone else use your PHC California member identification/pharmacy card or Medi-Cal beneficiary identification card (BIC) or pretend to be you
- Not participate in Medi-Cal fraud or any inappropriate use of your Medi-Cal coverage through PHC California or the Medi-Cal fee-for-service system
- Be proactive in your health care. Let us know how you like PHC California and how we can improve our services.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Notice of Privacy Practices

A STATEMENT DESCRIBING PHC CALIFORNIA'S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

PHC California's policies and procedures for preserving the confidentiality of medical records are available and will be furnished to you upon request. If you would like a copy or have any questions about this notice, please contact Member Services at 1-800-263-0067, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY users call 711.

Who Will Follow this Notice

PHC California is a Medi-Cal managed health plan and HMO ("Plan") offered by AIDS Healthcare Foundation ("AHF"). This notice describes AHF's practices and that of:

- All departments, units, employees, staff, volunteers, and other personnel of AHF and its affiliates.
- All AHF affiliates including AHF MCO of Florida, Inc., AHF Healthcare Centers, AIDS Healthcare Foundation Disease Management of California, Inc. When we use the term "we," "us" and "our" in this notice, we are referring to AHF and these affiliates.

All the persons and organizations listed above may share medical information with each other for treatment, payment or health care operations purposes described in this notice or allowed by law.

Our Pledge and Responsibilities Regarding Your Medical Information

We understand that information about you and your health is personal. We are committed to protecting medical information about you.

In the course of providing health care, we collect protected health information ("PHI") from members and patients and other sources, including other health care providers. PHI includes identifiers such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifying information. For simplicity, throughout this notice, we will use the term "medical information" instead of "PHI," but the two terms will have the same meaning.

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Your medical information may be used, for example, to provide health care services and customer services, evaluate benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of health care professionals, and fulfill legal and regulatory requirements. The types of medical information we collect and keep may include, for example:

- Hospital, medical, mental health and substance abuse records, X-ray reports, pharmacy records and appointment records;
- Information from member/patients, for example, through surveys, applications and other forms, and online communications; and
- Information about your relationship with AHF, such as medical services received and claims history.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

We are required by law to:

- Make sure that medical information that identifies you is kept private (with certain exceptions);
- Tell you about your rights and our legal duties with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information about You

The following categories describe different ways that we use and disclose medical information. For each category of use or disclosure we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Disclosure at Your Request

We may disclose information when requested by you. We may ask that you make a request in writing.

For Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other health care personnel who are involved in taking care of you. Our personnel will use and disclose your medical information in

order to provide and coordinate the care and services you need: for example, prescriptions, X-rays, and lab work. If you need care from health care providers who are not part of the plan's network, such as community resources to assist with your health care needs at home, we may disclose your medical information to them.

For Payment

Your medical information may be needed to determine our responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or the provider sends us the bill, we use and disclose your medical information to determine how much, if any, of the bill we are responsible for paying.

For Health Care Operations

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the plan, and make sure that all of our members receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of our staff in helping you. We may use medical information to determine premiums and other costs of providing health care. We may also combine medical information about many members to decide what additional services the plan should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health care and health care delivery without learning who the specific patients are.

Appointment Reminders

We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or health care.

Treatment Alternatives and Health-Related Products and Services

We may use and disclose medical information: (1) to tell you about treatment alternatives or other health-related benefits and services that may be of interest to you, including those provided by AHF or its affiliated organizations; (2) for your treatment; (3) for case management or care coordination, or (4) to direct or recommend alternative treatments, therapies, health care providers, or settings of care. For example, we may

tell you about a new drug or procedure or about educational or health management activities.

Business Associates

We may contract with business associates to perform certain functions or activities on our behalf, such as payment and health care operations. These business associates must agree to safeguard your medical information.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to a friend or family member who is involved in your medical care. If you have not previously authorized this in writing, and you are not present or lack the decision-making capacity to consent to a disclosure to a friend or family member, we will use our professional judgment to determine if it is in your interest to disclose your medical information. For example, we may allow someone to pick up a prescription for you. We may also give information to someone who helps pay for your care.

In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. Also, if you are either unconscious or otherwise unable to communicate, we may attempt to contact someone we believe can make health care decisions for you (*e.g.,* a family member or agent under a health care power of attorney).

Research

Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process, but we may, however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, as long as the medical information they review does not leave AHF.

As Required By Law

We will disclose medical information about you when required to do so by federal, state or local law.

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To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Special Situations

Organ and Tissue Donation

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, but only to the extent necessary to comply with state and federal laws.

Health Oversight Activities

We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs and compliance with civil rights laws.

Lawsuits and Disputes

If you are involved in a lawsuit or a dispute, we may disclose medical information about you in response to a court or administrative order. We may also disclose medical information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you or your lawyer) or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official, including:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About a death we believe may be the result of criminal conduct;
- About criminal conduct at the hospital; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about members to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Protective Services for the President and Others

We may disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state or conduct special investigations.

Inmates

If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure might be required, for example, (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Multidisciplinary Personnel Teams

We may disclose health information to a multidisciplinary personnel team relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect.

Special Categories of Information

In some circumstances, your health information may be subject to restrictions that may limit or preclude some uses or disclosures described in this notice. For example, there are special restrictions on the use or disclosure of certain categories of information – *e.g.,* tests for HIV or treatment for mental health conditions or alcohol and drug abuse. Government health benefit programs, such as Medi-Cal, may also limit the disclosure of beneficiary information for purposes unrelated to the program.

Your Rights Regarding Medical Information about You

You have the following rights regarding medical information we maintain about you.

Right to Inspect and Copy

In general, you have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but may not include some mental health information or other information that may be withheld by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Member Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If

you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by AHF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the plan.

To request an amendment, your request must be made in writing and submitted to Member Services. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you other than our own uses for treatment, payment and health care operations (as those functions are described above) and with other exceptions provided by law.

To request this list or accounting of disclosures, you must submit your request in writing to Member Services. Your request must state a time period, which may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper or electronically). The

first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Member Services. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Member Services. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Member Services.

Changes to This Notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as

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well as any information we receive in the future. If we make an important change to this notice, we will send it to you. You may also obtain a copy of our current notice at any time by contacting Member Services. The notice will contain the effective date on the first page, in the top right-hand corner.

Concerns about Our Use of Your Medical Information

If you believe your privacy rights have been violated, you may file a complaint with the plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the plan, contact Member Services at the telephone number listed on the back of your member ID card. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*

You may also file a complaint with the California Department of Healthcare Services (DHCS) by contacting the Office of HIPAA Compliance (OHC):

DHCS Privacy Officer
PO Box 997413 MS 4721
Sacramento, CA 95899-7413
Toll-free: 1-866-866-0602
TTY: 1-877-735-2929
Phone: 1-916-445-4646
Fax: 1-916-440-7680
E-mail: privacyofficer@dhcs.ca.gov

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, this will stop any further use or disclosure of your medical information for the purposes covered by your written authorization, except if we or others have already acted in reliance on your permission. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and

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responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services PHC California provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers Compensation has to pay first.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at http://dhcs.ca.gov/PI
- Workers Compensation Recovery Program at http://dhcs.ca.gov/WC

To learn more, call 1-916-445-9891.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. PHC California will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

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To learn more about the estate recovery, call 1-916-650-0490. Or get legal advice.

Notice of Action

PHC California will send you a Notice of Action (NOA) letter any time PHC California denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with PHC California.

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

6. Reporting and solving problems

There are two kinds of problems that you may have with PHC California:

- A **complaint** (or **grievance)** is when you have a problem with PHC California or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with PHC California's decision not to cover or change your services

You can use the PHC California grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact PHC California first to let us know about your problem. Call us between 8:00 a.m. to 8:00 p.m., Monday through Friday at 1-800-263-0067 (TTY 711) to tell us about your problem.

If you are dissatisfied with PHC California for any reason you can file a grievance. You cannot be disenrolled or penalized in any way if you file a grievance. Your doctor can file a grievance on your behalf, if you give him or her written approval to do this.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) at 1-888-HMO-2219 (TTY 1-877-688-9891).

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing, or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-888-452-8609.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call 1-800-263-0067

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(TTY 711).

Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from PHC California or a provider. There is no time limit to file a complaint. You can file a complaint with us at any time by phone, in writing or online.

- **By phone:** Call PHC California at 1-800-263-0067 (TTY 711) between 8:00 a.m. to 8:00 pm, Monday through Friday. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call PHC California at 1-800-263-0067 (TTY 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

  Mail the form to:

  Attn: Member Services
  PHC California
  PO Box 46160
  Los Angeles, CA 90046

  Your doctor's office will have complaint forms available.
- **Online:** Visit PHC California website. Go to www.phc-ca.org/members/complaints/grievance .

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-800-263-0067 (TTY 711).

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem.

If you call PHC California about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not receive a letter.

If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call us at 1-800-263-0067 (TTY

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711). We will make a decision within 72 hours of receiving your complaint.

Appeals

An appeal is different from a complaint. An appeal is a request for PHC California to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date PHC California says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

You can file an appeal by phone, in writing or online:

- **By phone:** Call PHC California at 1-800-263-0067 (TTY 711) between 8:00 am to 8:00 pm, Monday through Friday. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call PHC California at 1-800-263-0067 (TTY 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

  Mail the form to:

  Attn: Member Services
  PHC California
  PO Box 46160
  Los Angeles, CA 90046

  Your doctor's office will have appeal forms available.
- **Online:** Visit the PHC California website. Go to www.phc-ca.org/members/complaints/appeal.

If you need help filing your appeal, we can help you. We can give you free language services. Call 1-800-263-0067 (TTY 711).

Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision.

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If you or your doctor wants us to make a fast decision because the time it takes to resolve your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-800-263-0067 (TTY 711). We will make a decision within 72 hours of receiving your appeal.

What to do if you do not agree with an appeal decision

If you filed an appeal and received a letter from PHC California telling you that we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from Department of Social Services, and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from DMHC and an outside reviewer who is not part of PHC California will review your case.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing or an IMR.

Independent Medical Reviews (IMR)

An IMR is when an outside reviewer who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with PHC California. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may then request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger.

Here is how to ask for an IMR. The term "grievance" is for "complaints" and "appeals."

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-263-0067 (TTY 711)** and use your health plan's

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grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site **http://www.hmohelp.ca.gov** has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the DSS. A judge will help to resolve your problem. You can ask for a State Hearing only if you have already filed an appeal with PHC California and you are still not happy with the decision, or if you have not received a decision on your appeal after 30 days, and you have not requested an IMR.

You must ask for a State Hearing within 120 days from the date on the notice telling you of the appeal decision. Your PCP can ask for a State Hearing for you with your written permission and if he or she gets approval from DSS. You can also call DSS to ask the State to approve your PCP's request for a State Hearing.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the DSS Public Response Unit at 1-800-952-5253 (TTY 1-800-952-8349).
- **By mail**: Fill out the form provided with your appeals resolution notice. Send it to:

  California Department of Social Services
  State Hearings Division
  P.O. Box 944243, MS 09-17-37
  Sacramento, CA 94244-2430

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-800-263-0067 (TTY 711).

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At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. PHC California must follow what the judge decides.

If you want the DSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the DSS and ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your complete case file from PHC California.

Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

Attn: Compliance Officer
PHC California
6255 W. Sunset Blvd., 21st Floor
Los Angeles, CA 90028
1-800-243-7448
TTY 711

Call Member Services at 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is toll free. Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

7. Important numbers and words to know

Important phone numbers

- PHC California Member Services 1-800-263-0067 (TTY 711)
- Pharmacy (Prescription Drug) Benefit Line 1-888-436-5018 (TTY 711)
- After Hours Nurse Advice Line 1-800-797-1717 (TTY 711)
- Case Management 1-800-474-1434 (TTY 711)
- Non-Medical Transportation (NMT) (Call Member Services) 1-800-263-0067 (TTY 711)
- Medi-Cal Information Hotline (Los Angeles County) 1-877-597-4777 (TTY 711)
- Fraud and Abuse Hotline 1-800-243-7448 (TTY 711)
- Medi-Cal Fraud Hotline 1-800-822-6222 (TTY 711)
- California Department of Social Services State Hearings Division (State Fair Hearing) 1-800-952-8349 (TTY 1-800-952-5253)
- California Department of Health Care Services Office of the Ombudsman, Medi-Cal Managed Care Division 1-888-452-8609 (TTY 711)
- California Department of Managed Health Care Help Center 1-888-HMO-2219 (TTY 1-877-688-9891)

Words to know

Active labor: The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

Acute: A medical condition that is sudden, requires fast medical attention and does not last a long time.

Appeal: A member's request for PHC California to review and change a decision made

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about coverage for a requested service.

Benefits: Health care services and drugs covered under this health plan.

California Health and Disability Prevention (CHDP): A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your PCP can provide CHDP services.

Case manager: Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

Chronic condition: A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

Clinic: A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Service Facility or other primary care facility.

Community-based adult services (CBAS): Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

Complaint: A member's verbal or written expression of dissatisfaction about PHC California, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

Continuity of care: The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months, if the provider and PHC California agree.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

County Organized Health System (COHS): A local agency created by a county board of supervisors to contract with the Medi-Cal program. Enrolled recipients choose their health care provider from among all COHS providers.

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Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

Coverage (covered services): The health care services provided to members of PHC California, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

DHCS: The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

Disenroll: To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

DMHC: The California Department of Managed Health Care. This is the State office that oversees managed care health plans.

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. PHC California decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

Emergency medical condition: A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right

Emergency room care: An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to receive emergency medical care.

Enrollee: A person who is a member of a health plan and receives services through the plan.

Excluded services: Services not covered by PHC California; non-covered services.

Family planning services: Services to prevent or delay pregnancy.

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Federally Qualified Health Center (FQHC): A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

Fee-For-Service (FFS): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept "straight" Medi-Cal and bill Medi-Cal directly for the services you got.

Follow-up care: Regular doctor care to check a patient's progress after a hospitalization or during a course of treatment.

Formulary: A list of drugs or items that meet certain criteria and are approved for members.

Fraud: An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about PHC California, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

Habilitation services and devices: Health care services that help you keep, learn or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll you in or disenroll you from the health plan.

Health care providers: Doctors and specialists such as surgeons, doctors who treat cancer, or doctors who treat special parts of the body and who work with PHC California or are in the PHC California network. PHC California network providers must have a license to practice in California and give you a service PHC California covers.

You usually need a referral from your PCP to go to a specialist. Your PCP usually must refer you to a specialist before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, ob/Gyn care or sensitive services.

Types of health care providers:

- Audiologist is a provider who tests hearing.

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- Certified nurse-midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor with special training in internal medicine, including diseases.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care providers, such as nurse-midwives, physician assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician/gynecologist (ob/Gyn) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

Health insurance: Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

Home health care: Skilled nursing care and other services given at home.

Home health care providers: Providers who give you skilled nursing care and other services at home.

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than 6 months).

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Hospital: A place where you get inpatient and outpatient care from doctors and nurses.

Hospitalization: Admission to a hospital for treatment as an inpatient.

Hospital outpatient care: Medical or surgical care performed at a hospital without admission as an inpatient.

Inpatient care: When you have to stay the night in a hospital or other place for the medical care you need.

Long-term care: Care in a facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. PHC California is a managed care plan.

Medical home: A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

Medically necessary (or medical necessity): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury.

Medicare: The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

Member: Any eligible Medi-Cal member enrolled with PHC California who is entitled to receive covered services.

Mental health services provider: Licensed individuals who provide mental health and behavioral health services to patients.

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

Network: A group of doctors, clinics, hospitals and other providers contracted with PHC California to provide care.

Network provider (or in-network provider): Go to "Participating provider."

Non-covered service: A service that PHC California does not cover.

Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. PHC California pays for

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the lowest cost NEMT for your medical needs when you need a ride to your appointment.

Non-formulary drug: A drug not listed in the drug formulary.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider.

Non-participating provider: A provider not in the PHC California network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

Orthotic device: A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

Out-of-area services: Services while a member is anywhere outside of the service area.

Out-of-network provider: A provider who is not part of the PHC California network.

Outpatient care: When you do not have to stay the night in a hospital or other place for the medical care you need.

Outpatient mental health services: Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements

Palliative care: Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

Participating hospital: A licensed hospital that has a contract with PHC California to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by PHC California's utilization review and quality assurance policies or PHC California's contract with the hospital.

Participating provider (or participating doctor): A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that

have a contract with PHC California to offer covered services to members at the time a member receives care.

Physician services: Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

Plan: Go to "Managed care plan."

Post-stabilization services: Services you receive after an emergency medical condition is stabilized.

Pre-approval (or prior-authorization): Your PCP must get approval from PHC California before you get certain services. PHC California will only approve the services you need. PHC California will not approve services by non-participating providers if PHC California believes you can get comparable or more appropriate services through PHC California providers. A referral is not an approval. You must get approval from PHC California.

Premium: An amount paid for coverage; cost for coverage.

Prescription drug coverage: Coverage for medications prescribed by a provider.

Prescription drugs: A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

Preferred drug list (PDL): A chosen list of drugs approved by this health plan from which your doctor may order for you. Also called a formulary.

Primary care: Go to "Routine care."

Primary care provider (PCP): The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need ob/gyn care.
- You need sensitive services.
- You need family planning care.

Your PCP can be a:

- HIV specialist general practitioner, internist or family practitioner
- FQHC or RHC with an HIV specialist provider
- Nurse practitioner supervised by an HIV specialist physician
- Physician assistant supervised by an HIV specialist physician

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Prior authorization (pre-approval): A formal process requiring a health care provider to get approval to provide specific services or procedures.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the PHC California network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Public health services: Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

Qualified provider: Doctor qualified in the area of practice appropriate to treat your condition.

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval.

Routine care: Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Sensitive services: Medically necessary services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

Serious illness: A disease or condition that must be treated and could result in death.

Service area: The geographic area PHC California serves. This is the County of Los Angeles.

Skilled nursing care: Covered services provided by licensed nurses, technicians and/or therapists during a stay in a Skilled Nursing Facility or in a member's home.

Skilled nursing facility: A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

Specialist (or specialty doctor): A doctor who treats certain types of health care

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problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.

Specialty mental health services:

- Outpatient services:
    - Mental health services (assessments, plan development, therapy, rehabilitation and collateral)
    - Medication support services
    - Day treatment intensive services
    - Day rehabilitation services
    - Crisis intervention services
    - Crisis stabilization services
    - Targeted case management services
    - Therapeutic behavioral services
    - Intensive care coordination (ICC)
    - Intensive home-based services (IHBS)
- Residential services:
    - Adult residential treatment services
    - Crisis residential treatment services
- Inpatient services:
    - Acute psychiatric inpatient hospital services
    - Psychiatric inpatient hospital professional services
    - Psychiatric health facility services

Terminal illness: A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

Triage (or screening): The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

Urgent care (or urgent services): Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.