

Partnership HealthPlan of California

Medi-Cal Member Handbook



Together for your Health

Our Service Area

Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Shasta, Siskiyou, Solano, Sonoma, Trinity and Yolo Counties



Dear Member,

Welcome!

You are now a member of the Partnership HealthPlan of California (PHC). PHC is a health plan for people who have Medi-Cal.

As a new PHC member there are some things you need to do.

- Choose a Primary Care Provider (PCP) from the list of providers you received from PHC. This list of medical providers is called a Provider Directory.
- Tell the PHC Member Services Department which PCP that you chose.
- Please call your PCP as soon as possible to schedule an appointment for a checkup. You should have this checkup within 120 days from the date you became eligible for Medi-Cal. Your provider will review your current medical and preventive health care needs. Checkups are a great way for you to know that you are in good health. Checkups are also a good way for your provider to prevent health problems. The name and phone number of your assigned PCP is printed on your PHC ID card.

Please read this Handbook carefully. It will answer many questions about PHC. If you have any questions call PHC's Member Services Department at **(800) 863-4155**. We are available to help you Monday – Friday, 8:00 a.m. – 5:00 p.m. Hearing and/or speech impaired members can call the California Relay Service by calling **(800) 735-2929** or call **711**. Don't forget to visit our website at www.partnershiphp.org.

Let's work together for your health!

Sincerely,

Partnership HealthPlan of California

Table of Contents

Section A - Important Phone Numbers.....	1
Section B - Member Rights and Responsibilities	2
Section 1 – Welcome to PHC!.....	4
• A quick look at what you need to know as a new PHC member.	
Section 2 – How to Enroll in Medi-Cal	7
• What to know when you first become a member.	
Section 3 – Who gives me health care?	9
• Learn about different kinds of providers and our network.	
Section 4 – How do I get primary (routine) care?	12
• Learn about choosing a PCP and getting primary care.	
Section 5 – How do I get specialty care?.....	15
• Learn about Prior Approval and types of specialty care.	
Section 6 – Outpatient Mental Health Care	18
• Learn about getting mental health care from our network.	
Section 7 – Urgent and Emergency Care.....	19
• Learn about how and where to get urgent and emergency care.	
Section 8 – Transportation.....	22
• Learn about different types of transportation services.	
Section 9 – Covered services	25
• A list of benefits covered by PHC, State Medi-Cal or Other Programs.	
Section 10 – What does Medi-Cal not cover?	38
• Learn about what is not covered by PHC or Medi-Cal.	
Section 11 – Prescription Drugs	39
• Learn about our prescription drug benefit and how to get covered drugs.	
Section 12 – How to file a grievance.....	43
• Learn about your grievance rights.	
Section 13 – Coordination of Benefits and Other Information.....	47

- Learn about estate recovery, coordination of benefits.

Section 14 – Your Privacy Rights..... 50

- Learn about your rights regarding your medical information.

Section 15 – How you can make a difference..... 53

- Learn about how to participate in the policy making process at PHC.

Section 16 – Notice of Privacy Practices 54

- Learn about what PHC does with your information and your rights.

Section 17 – Help PHC Stop Fraud, Waste and Abuse 61

- Learn about helping stop Fraud, Waste and Abuse.

Section 18 – Glossary 63

- Learn more about the names and words we use in this handbook.

Section A - Important Phone Numbers

All numbers listed below are Toll-Free.

Important PHC Numbers	
PHC's Main Number The toll-free number to call PHC's Member Services Department	(800) 863-4155 8am to 5pm, Monday – Friday
PHC's 24 hour Advice Nurse The toll-free number to speak to a nurse about your health if you're unsure about going to the ER	(866) 778-8873 24 hours a day, 7 days a week
PHC's Compliance Hotline The toll-free number to report fraud, privacy concerns and other compliance issues	(800) 601-2146 24 hours a day, 7 days a week
Disability Services	
California Relay Service (CRS) – TTY/TDD The toll-free number for the hearing impaired	(800) 735-2929 or 711 24 hours a day, 7 days a week
Important State Numbers	
Medi-Cal Managed Care Ombudsman The State office that helps with your Managed Care concerns	(888) 452-8609 8am to 5pm, Monday – Friday
Premium Payment for Medi-Cal for Families The State phone number to call if you have questions about premiums for Medi-Cal	(800) 880-5305 8am to 8pm, Monday – Friday, or 8am to 5pm Saturday
Denti-Cal Services The State phone number to learn more about covered dental services	(800) 322-6384 8am to 5pm, Monday – Friday
Department of Social Services (State Hearings) The State office that helps you file a State Hearing	(800) 952-5253
Medi-Cal Fraud and Elder Abuse Hotline The State office that helps you with concerns about fraud in the Medi-Cal program	(800) 722-0432
U.S. Office of Civil Rights (Privacy Complaints) The federal office that helps you with privacy questions and concerns	(866) 627-7748

Section B - Member Rights and Responsibilities

As a member of PHC, you have a right to:

- **Respectful treatment and privacy.** You have the right to be treated with respect, giving due consideration to your right to privacy and need to maintain confidentiality of your medical information. You also have the right to be free of any form of restraint or seclusion used as a means of coercion, discipline, or retaliation.
- **Choice and involvement in your care.** You have the right to participate in decision making regarding your own health care, including your right to refuse treatment. You have a right to receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or benefit coverage. You also have the right to make advance directives.
- **Have access to health care.** You have a right to be provided with information about PHC and its services, including covered services. You also have the right to choose a Primary Care Provider within PHC's network.
- **Have access to special services.** You have the right to have access to a women's health specialist and Minor Consent Services. You also have a right to receive care from a certified nurse mid-wife or certified nurse practitioner if you can't get care from these providers in our network.
- **File a complaint.** You have the right to file grievances about PHC or the care you received. You also have the right to request a State Hearing and get information about how to get an Expedited State Hearing.
- **Information in your language.** You have the right to request an interpreter at no charge to you. You should not use children to interpret for you. You also have the right to get this Member Handbook and other information in another language or format (such as audio, large print, or Braille).
- **Access your medical records.** You have the right to have access to, and where legally appropriate, receive copies of, amend or correct your medical records.
- **Know your rights.** You have a right to exercise these rights without adversely affecting how you are treated by PHC providers or the State. You also have a right to receive information about your rights and responsibilities, and to make recommendations about these rights and responsibilities.
- **Talk to an Advice Nurse about health questions or worries about your symptoms.** PHC provides **free** telephone advice nurse services, 24 hours a day, 7 days a week. The number for PHC's Advice Nurse is (866) 778-8873.

As a member of PHC, you have a responsibility to:

- **Treat your provider with respect and courtesy.** You are responsible for treating your provider(s) and their staff in a respectful and courteous way. You are responsible for showing up to your appointments on time. If you're unable to make an appointment, you must call your provider at least 24 hours before the appointment to cancel or reschedule.
- **Treat PHC staff with respect and courtesy.** You are responsible for treating PHC staff in a respectful and courteous way. You are responsible for making requests, such as for transportation, in advance, and calling PHC to cancel any transportation if you have to cancel or reschedule your medical appointment.
- **Play an active part in your care.** You are responsible to provide, to the extent possible, information that PHC and its medical providers need in order to care for you. You are responsible for talking to your medical provider about things you can do to improve your overall health.
- **Understanding treatment options.** You are responsible to understand problems and participate in developing mutually agreed upon treatment goals to the degree possible.
- **Calling your provider.** You are responsible for calling your provider for appointments when you need medical care, including routine checkups.
- **Listen to your provider.** You are responsible for telling your medical provider about your medical condition and any medications you are taking. You are also responsible for following instructions for the care you have received from your medical provider.
- **Use the Emergency Room (ER) only in an emergency.** You are responsible for using the emergency room in cases of an emergency or as directed by your provider or the PHC Advice Nurse.
- **Report wrongdoing.** You are responsible for reporting fraud or wrongdoing to PHC. You can do this without giving your name by calling PHC's hotline at (800) 601-2146, 24 hours a day, 7 days a week. You can also call the Department of Health Care Services Medi-Cal Fraud and Abuse Hotline toll-free at (800) 822-6222.

Section 1 – Welcome to PHC!

- *A quick look at what you need to know as a new PHC member.*

Partnership HealthPlan of California (PHC) is a local governmental agency that was created in 1993 in Solano County. PHC, also called a County Organized Health System, was created to help people like you receive quality health care.

Today, PHC serves people with Medi-Cal in 14 counties across Northern California. We are proud to call ourselves your local health plan with offices and staff in several areas.

Our mission is “To Help Our Members and Communities We Serve Be Healthy!”

The Basics

As a member of PHC, you may have some questions about your membership. We hope you find this information useful. You can also look at the Table of Contents to find the information you need.

When this Handbook says “we”, “us”, or “our” it means Partnership HealthPlan of California (PHC).

What is Partnership HealthPlan of California (PHC)?

PHC is a managed care plan for people who are eligible to receive Medi-Cal benefits in their county.

What is a managed care plan?

A managed care plan, sometimes called a Health Maintenance Organization, or HMO is responsible for making sure you get the care you need.

What is a Primary Care Provider (PCP)?

A PCP is your personal provider who will provide basic health care and arrange all of your medical health care needs.

This provider will refer you to specialty care when needed. **Some referrals require Prior Approval by PHC.**

All PHC members, except Special Case Managed members are assigned to a PCP.

You must receive all medical care from your PCP unless they refer you for specialty care, or unless the type of care you need does not require a referral or Prior Approval. See Section 9 of this Handbook for more information.

Contacting PHC's Member Services Department

PHC's Member Services Department can help you with questions, concerns and certain problems you may have:

- Getting a new ID card
- Changing your Primary Care Provider (PCP)
- Questions about your medical benefits
- Problems getting medical care
- Getting information on prenatal care
- Filing a complaint, appeal or State Hearing

PHC's Member Services Department is open Monday through Friday, 8:00am to 5:00pm.

Language Interpreter Services

You have a right to receive interpretation services at no cost to you, any time you get health care.

If you have problems getting interpretation services or need face-to-face interpreting service at your provider's office, call PHC's Member Services Department.

To choose a provider or medical group who can speak your language, look in your PHC Provider Directory to see which languages are spoken at each office.

Translation of Written Material

PHC has some member materials like this Handbook available in English, Spanish and Russian.

If you need this Handbook or another PHC document translated into one of these languages, call PHC's Member Services Department.

Materials for Visually Impaired Members

If you need this Handbook or another PHC document in large print, audio format, or on a CD, call PHC's Member Services Department.

Braille versions are available for members with hearing and visual disabilities.

Services for the Hearing Impaired

If you have trouble hearing, you can call PHC's Member Services Department through the California Relay Service (CRS) at (800) 735-2929 or by dialing 711. This service is also available in Spanish by calling (800) 855-3000.

Reporting a New Address and/or New Telephone Number

If you change your address or telephone number, you should contact the following people:

- If you receive SSI, call the Social Security Administration (SSA) office at (800) 772-1213
- All other members should call their local Medi-Cal eligibility office
- Call PHC's Member Services Department at **(800) 863-4155**

Triage Services

Sometimes it's difficult to know what kind of care you need. A health care professional will be available to assist you by phone, 24 hours a day, 7 days a week. This is known as "triage". We offer triage services both through your provider's office during their business hours, and through our Advice Nurse at (866) 778-8873.

Here are some of the ways that triage can help you:

- They can answer your questions about a health concern and tell you about self-care at home
- They can tell you if you should get medical care and how and where to get that care (for example, if you need emergency or urgent care)
- They can tell you what to do if you need care when your provider's office is closed

PHC will make sure that you speak with a health care provider over the phone in an amount of time that is appropriate for your medical condition. The waiting time to receive a return call from a doctor or nurse will not be longer than 30 minutes. In some cases, you might have to wait longer if the doctor or nurse does not think that the wait will have a bad effect on your health.

PHC makes sure that its network providers have an answering service or answering machine that tells you how to get urgent or emergency care after hours.

Your PCP's phone number is on your PHC ID card, as well as the Advice Nurse number. If you have any questions about this information, call PHC's Member Services Department at **(800) 863-4155**, 8am to 5pm, Monday through Friday. TTY users should call **(800) 735-2929**, or dial **711**.

Section 2 – How to Enroll in Medi-Cal

- *What to know when you first become a member.*

To enroll in the Medi-Cal program, call or visit your county department that handles Medi-Cal enrollment. This may be called the Department of Social Services, the Department of Health and Social Services, or something similar. You can also enroll in Medi-Cal through Covered California at www.coveredca.com or toll free at (800) 300-1506, (888) 889-4500 TTY.

We serve Medi-Cal members in the following counties:

Del Norte	Napa
Humboldt	Shasta
Lake	Siskiyou
Lassen	Solano
Marin	Sonoma
Mendocino	Trinity
Modoc	Yolo

Most people in these counties will be enrolled into PHC.

The State of California requires people who are eligible for Medi-Cal to receive health care through a Managed Care Health Plan like PHC. This means joining PHC is required for you to get your Medi-Cal benefits.

Your PHC Identification (ID) Card

As a PHC member, you will get a PHC ID card. You might also have a card from another type of health coverage, like a Medicare card. Be sure to tell your provider about any and all insurance coverage you have, including Medi-Cal.

Showing your PHC ID card helps your provider know who to call for questions, Prior Approval, and coordinating your care. Your ID card has the following information:

- Your name, date of birth and PHC ID number
- The date you are assigned to your PHC Primary Care Provider (PCP)
- Your PCP's name and phone number
- Information to help your providers bill us for your care

If you change your PCP, or move to another county served by PHC, you may get a new ID card from PHC. You can also call PHC's Member Services Department to ask for a new ID card at any time.

To learn more about your PCP, or how to pick one, please see Section 4 of this Handbook.

What kind of health care can I get from PHC?

In order for you to get any health care service through PHC, the service must be both:

- 1) A covered benefit in Medi-Cal managed care; and
- 2) Medically necessary

A “covered benefit” means you can get this service through your PHC Medi-Cal benefit. Some Medi-Cal services are provided by other providers, such as Specialty Mental Health Care. To learn more about Medi-Cal services covered by other providers, see Section 9 of this Handbook.

Can I be disenrolled from PHC?

You can **ONLY** be disenrolled from PHC for one of the following reasons:

- You have moved to a county not covered by PHC
- You have lost your Medi-Cal eligibility
- Your Medi-Cal coverage changes to a category not covered by PHC

Your enrollment in PHC is based on the type of Medi-Cal you receive and the county you live in.

Enrollment in PHC is required for you to get Medi-Cal benefits. Members cannot choose to leave PHC to go to State Medi-Cal.

If you lose your Medi-Cal coverage

If you lose your Medi-Cal benefits, call Covered California at (800) 300-1506, TTY (888) 889-4500. Covered California can help you find out if you qualify for other health insurance options.

Section 3 – Who gives me health care?

- *Learn about different kinds of providers and our network.*

This section of the Handbook tells you who you can get care from. PHC works with a large group of providers, including Primary Care Providers (PCPs), specialists, pharmacies, hospitals and other health care providers. We may call these providers “contracted” or “network” providers.

Your PCP gives you most of your care

Your PCP is responsible for making sure you get all of your regular health care. Your PCP will also help you get specialty care, prescription drugs and other medically necessary services.

See Section 4 of this Handbook for more information on primary (routine) health care in your Home County.

- **Health Centers**

PHC works with Health Centers to make sure there is access to care in the service area. If you need to know which clinics are in our network, call PHC’s Member Services Department.

Health Centers include Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC) and Indian Health Centers. You can choose one of these Health Centers to receive your primary care. These Health Centers may also offer specialty care and other Medi-Cal services.

- **Medical Groups**

Medical groups are like Health Centers. Medical groups have many providers that work together to provide you care. Sometimes these medical groups have specialists, so you can be referred in the group for specialty care by your PCP.

- **Individual Practices**

In some counties, PHC may work with private practices for primary care services.

Specialists give you care for certain conditions

Your PCP will refer you to a specialist when you have a medical condition that needs care by a provider who specializes in a certain area of medicine. You need a referral or Prior Approval from your PCP before you see a specialist.

See Section 5 of this Handbook for more information on specialty care.

Female members who need an OB/GYN in network don’t need Prior Approval from PHC or their PCP.

Family Planning Services

Family Planning Services are provided to members of childbearing age to let them decide how many children they wish to have, and when. These services include all methods of birth control approved by the federal Food and Drug Administration (FDA).

As a member, you have a right to get Family Planning Services from any certified Medi-Cal provider. This means you can choose a Family Planning provider that is not in PHC's network, without Prior Approval from your PCP or PHC.

Here are some examples of covered Family Planning Services that you can get without Prior Approval:

- Office visits for Family Planning Services
- Birth control, including emergency contraception
- Tubal ligation
- Vasectomy
- Abortion
- Pregnancy testing and counseling
- Sexually transmitted disease (STD) testing and treatment

Providers with a Moral Objection

Your provider has the right to decline to give you Family Planning Services. This is called a Moral Objection.

If your provider tells you they have a Moral Objection (sometimes called an ethical or religious objection), your provider is required to help you find a provider that can give you the services you need. If you need help getting services call PHC's Member Services Department at **(800) 863-4155**. You can also call the Department of Health Care Services, Office of Family Planning toll-free at (800) 942-1054 for information about Family Planning Services. The Office of Family Planning provides information about services, consultation and referrals to Family Planning providers.

Certified Nurse Midwives and Certified Nurse Practitioners

If a Certified Nurse Midwife or Certified Nurse Practitioner is not available through your PCP assignment, call PHC's Member Services Department for information on providers that have Nurse Midwives and Nurse Practitioners on staff.

Certified Nurse Midwife services are available outside of PHC's network with Prior Approval. To find out more, ask your PCP or call PHC.

How does my provider get paid?

Health care providers can be paid in a few ways by PHC or the medical group they have a contract with. Providers can be paid by:

- A fee for each service
- Capitation (a set amount for each member per month)
- Provider incentives or bonuses

Call PHC if you would like to know more about how your provider is paid or about financial incentives or bonuses.

Section 4 – How do I get primary (routine) care?

- *Learn about choosing a PCP and getting primary care.*

This section of your Handbook will talk about receiving primary care.

Who can be my PCP?

You can choose from a list of PCPs in your Home County by looking in your Home County's PHC provider directory.

You may also choose a Health Center or medical group as your PCP. When you choose a Health Center or medical group, the Health Center or medical group may help you choose a PCP within their practice.

Choosing a PCP

As a member of PHC, we will ask you to choose a Primary Care Provider soon after you are enrolled. Sometimes we can't give you the PCP you choose. Some of the reasons are:

- The PCP is not taking new patients
- The PCP does not work with PHC
- The PCP only sees patients of a certain age (pediatric)

If you did not get the PCP you wanted, you can call PHC's Member Services Department to see if that PCP is available or to choose a new PCP.

We have PCPs in our network that speaks other languages in addition to English. You can see which languages a PCP office speaks by looking in your Home County's PHC Provider Directory.

If you have other family members enrolled with PHC, you do not have to choose the same PCP for all of your family members.

To pick a PCP call PHC's Member Services Department or fill out a PCP Selection Form for you and any family members that have PHC.

Changing your PCP

If you want to change your PCP you can choose a PCP at any time from your Home County's PHC Provider Directory and call PHC's Member Services Department with your choice. Our staff will update your records and send you a new PHC identification card.

If you call PHC's Member Services Department before the fifteenth (15th) of the month, you can start going to your new PCP the first day of the next month. If you call PHC's Member Services

Department after the fifteenth (15th) of the month, you will not be transferred to your new PCP until the first day of the second month from the date PHC received your request to transfer.

Special Case Managed Members

Not all members will be assigned to a PCP through PHC. Below are examples of the type of members that are not assigned to a PCP. New members are Special Case Managed for their first month with PHC, unless they have picked a PCP before they joined PHC. Other members will be Special Case Managed after their first month with PHC, such as children in Foster Care, members with End Stage Renal Disease, and members who are enrolled in California Children's Services (CCS).

Even though Special Case Managed members can see any Medi-Cal provider, Prior Approval is still needed for certain services. If you think you may qualify for Special Case Managed assignment, please contact PHC's Member Services Department.

Getting care as a new member

In your first month as a PHC member, you are usually a Special Case Managed member. See Section 4 of this Handbook to learn more about Special Case Managed members.

You will get a PHC ID card with your assigned Primary Care Provider (PCP), this Handbook, and your Home County's Provider Directory. The Provider Directory helps you pick a new PCP if you don't like the PCP we picked for you.

Your assigned PCP is the provider you will start seeing for primary care starting the month after you join PHC. The date you have to start seeing your PCP is on your ID card. Until that time, you can receive medical care from any Medi-Cal provider that is willing to bill PHC.

Prior authorization (also called Prior Approval) may be required for certain services, even when you're not assigned to PCP. If you need help getting Prior Approval during your first month with PHC, call PHC's Member Services Department.

Getting primary care outside of your Home County

Unless you get Prior Approval from PHC, you must get primary care services from your assigned PCP.

If you live in one of the following counties call PHC's Member Services Department to see if you can be assigned to a PCP that is closer to your home:

Del Norte Humboldt Lassen Modoc Shasta Siskiyou Trinity

New member and well visits

PHC believes it is very important for new members to get a checkup with their PCP soon after enrollment, even if you're not sick! This checkup is sometimes called a new member checkup, well visit, or initial health assessment. To get this checkup, call your PCP using the number on your PHC ID card.

Your first visit is very important. During your first visit, your PCP gets to know you and your medical history. Your PCP can see what treatments you have received and begin any new treatments you may need.

It's also important to get a checkup at least once a year. This is sometimes called a "well visit" or a physical. Well visits help you stay healthy and helps keep medical conditions you have from getting worse.

Children also need regular checkups at least once a year. Your child's PCP will tell you more about the regular care your child needs to grow up healthy and happy.

Timely access to primary care

When you call your PCP's office to schedule an appointment, you should get an appointment within 10 business days (about 2 weeks) from the date of your call. It should not take longer than 48 hours from the time of your call to get an appointment for urgent care from your PCP. Your PCP's number is on your PHC ID card. It may take longer to get a physical.

If you have trouble getting an appointment, or you are told that it will take a long time to get an appointment, call PHC's Member Services Department for help.

Disenrollment from your PCP

A PCP can ask PHC to disenroll a member from their practice. Requests for disenrollment from a PCP are reviewed by PHC. If this happens you must choose a new PCP.

Some reasons for disenrollment include:

- Abusive, violent or disruptive behavior
- Frequently missing scheduled appointments
- A breakdown in the patient-physician relationship

PHC encourages all of its members to be respectful and courteous towards their providers and their staff. This is one of your responsibilities as a member of PHC. To learn more about your rights and responsibilities as a member of PHC, see Section B of this Handbook.

Section 5 – How do I get specialty care?

- *Learn about Prior Approval and types of specialty care.*

Looking for how to receive primary or routine care? See Section 4 of this Handbook.

This section talks about other kinds of care you can get with PHC:

- Specialty Care
- Services that need Prior Approval
- Hospital Care (Inpatient Care)
- New Technology

What is Specialty Care?

Specialty care is care that you get from a Specialist. A Specialist is a medical provider who has extra education in a special area of medicine. Specialist providers usually focus on only certain parts of the body, health problems or age groups.

Here are a few examples of specialists:

- Oncologists care for patients with cancer
- Cardiologists care for patients with heart conditions
- Ophthalmologists care for patients with eye conditions

When and if you need specialty care, your PCP will make a referral for you. This referral from your PCP is your approval to see a specialist.

Timely Access to Specialty Care

When you call your specialist's office to schedule an appointment, you should get an appointment within 15 business days (about 3 weeks) from the date of your call, unless it's an urgent or emergency situation. If you need help contacting your specialist or making your appointment, call PHC's Member Services Department.

If you have trouble getting an appointment, or you are told that it will take a long time to get an appointment, call PHC's Member Services Department for help.

Services that require Prior Approval from PHC

Some services must be approved by PHC before you can receive them. We call this Prior Approval or Prior Authorization.

Here are some examples of services that require Prior Approval:

- Medical Equipment (e.g. wheelchairs)
- Medical Supplies (e.g. diapers)
- Certain Medications
- Non-Emergency Hospitalization
- Skilled Nursing Care

If you need one of these services, your medical provider must get Prior Approval from PHC **before** providing the service. To do this, your provider must send a request for Prior Approval to PHC.

If a request for Prior Approval is denied by PHC, PHC will tell you and your provider. If you disagree with our denial, you can call PHC's Member Services Department to request an appeal or State Hearing.

To learn more about filing an appeal or asking for a State Hearing, please see Section 12 of this Handbook.

Hospital Care

If you need to be hospitalized, your PCP will make the hospital arrangements for you.

Some members are assigned to a hospital. If you are admitted to another hospital, in most cases you will be transferred to your assigned hospital if your provider has decided that you are stable for transfer and has approved your transfer to your assigned hospital.

What is a Second Opinion?

You have the right to get a second opinion at no cost to you. A second opinion is a visit with another provider when:

- You do not agree with your PCP or specialist's treatment plan. (A treatment plan is the care your provider thinks you need.)
- You have questions about a diagnosis for your condition, given to you by your PCP or specialist.
- You would like to make sure your treatment plan is the right one for you.

You can ask your PCP or specialist for a referral to another provider for a second opinion. The second opinion must come from a qualified health care professional in PHC's network.

A qualified health care professional is a provider who has the training and experience to treat or review a specific medical condition.

If there is no qualified health care professional within PHC's network, then PHC will give Prior Approval for a second opinion by a provider outside of PHC's network.

How do I get a Second Opinion?

- Talk to your PCP, specialist or PHC's Member Services Department and let them know you want to see another provider. Be sure to tell them why you want to see another provider.
- Your PCP, specialist or PHC will help refer you to a provider for a second opinion.
- Call the second opinion provider to make an appointment.
- Show your PHC ID card at the second opinion provider's office.

You have the right to file a grievance if PHC denies your request for a second opinion or if you do not agree with the second opinion. You can learn more about what a grievance is and how to file a grievance in Section 12 of this Handbook.

New Technology

New Technology is a change or advancement in health care. PHC's medical staff studies new treatments, medicines, procedures and devices. Usually New Technology is not covered by Medi-Cal or PHC, but your provider can ask PHC to look at a request for coverage of New Technology.

If you would like PHC to look at a request for coverage of New Technology, ask your PCP or specialist to ask for Prior Approval from PHC. PHC will look into information about the New Technology, including the recommended use and safety of the New Technology. After review by medical specialists, PHC will let you know if the request will be approved or denied.

Section 6 – Outpatient Mental Health Care

- *Learn about getting mental health care from our network.*

This section talks about the type of mental health care services you can get with PHC. PHC works with a company called Beacon Health Strategies (“Beacon”) to provide outpatient mental health services for mild to moderate mental health conditions. For more information on mental health please refer to Section 9 of this handbook.

Timely access to Outpatient Mental Health Care

Call Beacon at (855) 765-9703 to help find a mental health specialist in your area. When you call that mental health specialist’s office to schedule an appointment, you should get an appointment within 10 business days (about 2 weeks) from the date of your call. If you don’t get the help you need from Beacon, you should call PHC’s Member Services Department at **(800) 863-4155**.

Specialty Mental Health Services

Specialty Mental Health Services for the treatment of severe mental health conditions are provided by county mental health plans and are not covered by PHC or Beacon. Beacon will help coordinate your mental health care services whether they are offered by PHC or the county mental health plan. If you are receiving Specialty Mental Health Services, you can continue to get these services with the county mental health plan.

Section 7 – Urgent and Emergency Care

- *Learn about how and where to get urgent and emergency care.*

If you think you have a medical emergency, call 911 or go to the nearest hospital.

If you want to speak with a nurse about your symptoms, call PHC's Advice Nurse 24 hours a day, 7 days a week at (866) 778-8873.

- If you are assigned to Kaiser Permanente (KFHP), call the Kaiser Advice Nurse at (800) 464-4000.

This free service can be used when you have medical questions and are not able to reach your medical provider, or if you aren't sure if you should go to the emergency room.

We ask that you call your provider's office if their office is open at the time of your call.

Do you need medical advice?

We know it can be hard to tell what kind of care you need. PHC has an Advice Nurse that can help you. Here are some examples of how the Advice Nurse can help:

- They can answer questions about a health concern and let you know if self-care at home is better for you.
- They can give advice about whether you should get medical care, and how and where you should get that care.
- They can tell you what to do if you need care and your PCP's office is closed.

You can call the Advice Nurse 24 hours a day, 7 days a week by calling (866) 778-8873. A trained person may ask you questions to help direct your call.

What is the difference between Urgent and Emergency care?

Urgent and Emergency care are not the same thing. Urgent care is when you have a condition, illness or injury that is not life-threatening, but needs medical care right away. Many of PHC's providers have urgent care hours and options, even at night and on the weekends.

How to get Urgent Care

- Call your PCP. You may speak to someone who answers calls for your PCP when the office is closed.
- Ask to speak to your PCP or the provider on call. Another provider may take your call when your PCP is not available.
- Tell the provider about your condition and follow their instructions.
- You can call our Advice Nurse at (866) 778-8873, 24 hours a day, 7 days a week.

- You can also find Urgent Care Centers in your Provider Directory.

Timely access to Urgent Care

You may receive same-day urgent care services. It should not take longer than 48 hours from the time of your call to get an appointment for urgent care from your PCP.

If you are outside of your Home County, you do not need to call your PCP or get Prior Approval before getting urgent care. Be sure to let your PCP know you got urgent care from another provider. You may need follow-up care from your PCP.

How to get Emergency Care

- Emergency care may be covered in Canada and Mexico when you are admitted to the hospital
- Emergency care is also covered anywhere in the United States and its territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and US Virgin Islands

An emergency medical condition is a condition that you feel could lead to disability or death if not immediately treated. It can also be a condition that is causing you severe pain, or is quickly getting worse.

Examples of emergencies include, but are not limited to:

- heart attacks
- seizures
- severe bleeding
- poisoning
- overdose
- active labor
- difficulty breathing

You can get emergency care, 24 hours a day, 7 days a week at any emergency room without Prior Approval.

If you need to go to the emergency room, take your PHC insurance card (and other insurance card if you have one, such as your red, white and blue Medicare card, or your Kaiser Permanente ID card if you have KFHP). You should always call your PCP after your visit to the emergency room for follow-up care.

Emergency services and care include transportation, medical screening, examination and evaluation by a provider or appropriate personnel for both physical and psychiatric emergency conditions.

Examples of psychiatric emergency medical conditions include, but are not limited to:

- Thoughts or actions about hurting yourself or someone else
- Unable to care for yourself, such as being unable to feed, shelter or dress yourself due to a mental disorder

What to do in the case of an emergency

- If you think you have a medical emergency, call 911 or go to the nearest hospital
- You are not required to call your provider before you go to the emergency room
- Do not use the emergency room for routine (regular) health care

Getting emergency care outside of your Home County

If you have an emergency when you're not in your Home County, you can get emergency services at the nearest emergency room. Emergency services do not require Prior Approval from PHC or your PCP.

If you are admitted to a hospital not in PHC's network, or to a hospital your PCP does not work with, PHC has the right to move you to a hospital that works with PHC as soon as it is medically safe to do so.

You may need hospital care after an emergency to stabilize your condition. This is called "post-stabilization" care. The hospital will call PHC to ask for Prior Approval. Show the hospital your PHC ID card. If you don't have your ID card, ask the hospital to call PHC.

Your PCP must provide follow-up care when you leave the hospital.

Not sure if you have an emergency?

Call your PCP if you are not sure if you are having an emergency. Do what your PCP tells you to do. Non-emergency problems can include, but are not limited to:

- Colds
- Flu
- Sore Throats

Do not call 911 for non-emergency problems, call your PCP.

Section 8 – Transportation

- *Learn about different types of transportation services.*

What kinds of transportation are there?

There are three types of transportation that we will talk about in this section of the Handbook. Each type of transportation has its own rules and requirements.

Emergency medical transportation

Emergency medical transportation is when you are taken by ambulance or helicopter (air ambulance) to a hospital for an emergency condition. You do not need Prior Approval for Emergency Transportation. If you have questions about Emergency Care, see Section 7 of this Handbook.

If you think you are having an emergency, call 911 or go to the nearest hospital. If you aren't sure if your medical condition is an emergency, call your PCP or call the Advice Nurse at (866) 778-8873. If you are assigned to Kaiser Permanente (KFHP) call (800) 464-4000.

Non-emergency medical transportation

You can use non-emergency medical transportation (NEMT) when you cannot get to your medical appointment by car, bus, train, or taxi, and the plan pays for your medical or physical condition.

NEMT is an ambulance, litter van or wheelchair van. NEMT is not a car, bus, or taxi. PHC allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if a wheelchair van is able to transport you, PHC will not pay for an ambulance.

NEMT can be used when:

- Medically needed;
- You can't use a bus, taxi, car or van to get to your appointment;
- Requested by a PHC provider; and
- Approved in advance by PHC.

To ask for NEMT, please call PHC's Care Coordination Department at (800) 809-1350 at least one business day (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 NEMT:

You may use NEMT if you meet the terms above.

What Doesn't Apply?

Getting to your medical appointment by car, bus, taxi, or plane. Transportation will not be provided if the service is not covered by PHC. A list of covered services is in this member handbook.

If you are being taken from a hospital to a Skilled Nursing Facility (also called Long Term Care) your provider does not need Prior Approval from PHC. If the transportation is for another reason, your provider needs Prior Approval from PHC.

Non-emergency medical transportation is covered with Prior Approval from PHC for transportation to any covered Medi-Cal service. This includes some services that are not provided by PHC. Some examples are:

- Specialty mental health care provided by your Home County (if prescribed by your specialty mental health provider)
- Dental care provided by your dentist (if prescribed by your dental provider)
- Dialysis provided at a dialysis center (if prescribed by your provider)

Cost to Member:

There is no cost when transportation is authorized by PHC.

Non-medical transportation

You can use non-medical transportation (NMT) when you are getting to and from a medical appointment for a screening and/or needed treatment service covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program¹.

You may be able to use non-medical transportation (NMT) when you are getting to and from a medical appointment related to prenatal care, renal dialysis, outpatient surgery, radiation, chemotherapy, specialty consult services but your medical condition does not require you to use medical transportation such as an ambulance, litter van, or wheelchair van, to get to your appointment. Prior approval is always required. NMT is defined as a taxi, bus, or other public way of getting to your medical appointment.

¹ Members under 21 years may be able to get more services through a national program called Early and Periodic Screening, Diagnosis and Treatment (EPSDT). This includes doctor, nurse practitioner and hospital services. It also includes physical, speech/language, occupational therapies and home health services. Other services it covers are medical equipment, supplies, and devices; treatment for mental health and drug use, and treatment for eye, ear and mouth problems. If you have questions about the EPSDT program, please call Partnership HealthPlan's Member Services Department.

PHC allows the lowest cost NMT type for your medical needs that is available at the time of your appointment.

To ask for NMT services, please call PHC's Care Coordination Department at (800) 809-1350 at least one business day (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 on the number of rides to or from medical appointments covered under the EPSDT program. For the other, non-EPSDT services listed above, this service may be discontinued when a member has a history of three (3) or more missed appointments in a calendar year.

What Doesn't Apply?

NMT does not apply if:

- 1) an ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service;
- 2) the service is not covered by PHC. A list of covered services is in this member handbook; and
- 3) requesting reimbursement for gas.

Cost to Member:

There is no cost when transportation is allowed by PHC.

Section 9 – Covered services

- *A list of benefits covered by PHC, State Medi-Cal or Other Programs.*

This section of the Handbook talks about services you can get from PHC, State Medi-Cal or Other Programs.

Please read below to see how to use the chart of covered services that starts on the next page.

About the covered services chart

The covered services chart lists most services you can get as a PHC Medi-Cal member. The chart has two columns, for each benefit (row) there are two pieces of information:

- **Column 1: Benefit name.** Benefits are listed in alphabetical order.
- **Column 2: What is covered.** This section lists what the benefit covers and if Prior Approval is needed.

Some services require Prior Approval. Those services will say **Prior Approval** in the “What is covered” column. Services requiring Prior Approval are covered if they are medically necessary with Prior Approval from your provider or PHC.

Limited benefits

These services are listed as “Limited Benefits” in the List of Covered Services Chart in this Section. These benefits are limited to children (up to 21 years of age), and certain groups over 21 years of age. Not everyone will qualify for a Limited Benefit.

- Some Limited Benefits have extra coverage through PHC or Health Centers. See Section 3 of this Handbook for more information.

Some of the benefits in the “List of Covered Services Chart” below are only covered if you meet one of these requirements:

- You are under 21
- You live in a Skilled Nursing Facility
- You are pregnant, and the care is needed to keep your baby healthy
- You have Prior Approval from the Genetically Handicapped Persons Program (GHPP)
- You have Prior Approval from the California Children’s Services program (CCS)
- The service is covered by Medicare Part B
- The service is needed because of an emergency and you get the care in the emergency room
- Your Home County health office or your Health Center offers the service

If you just turned 21 and were getting one of these benefits, your provider can ask that you keep getting that service until your “course of treatment” is done.

If you think you qualify for one of these Limited Benefits and want to know how to access them, call PHC’s Member Services Department at **(800) 863-4155** or ask your provider for more information.

Members with limited Medi-Cal

Some members have coverage for emergency-only or pregnancy-only. That means that only the benefits for emergency services and pregnancy services in the “List of Covered Services” below applies to members who have “limited” Medi-Cal. All other health care, even if that health care is a Medi-Cal benefit, is not covered by PHC or the Medi-Cal program.

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
<p>Acupuncture</p> <p>This is a Limited Benefit See page 25 for more information</p>	<p>You may receive acupuncture services from a Health Center. Not all Health Centers offer this service. See Section 3 of this Handbook for more information.</p>
<p>Audiology</p> <p>This is a Limited Benefit See page 25 for more information</p>	<ol style="list-style-type: none"> 1) Hearing tests with Prior Approval from your PCP 2) Hearing aids with Prior Approval from PHC
<p>Behavioral Health Treatment (BHT) for Autism Spectrum Disorder</p>	<p>Treatment includes applied behavior analysis and other evidence-based services. This means the services have been reviewed and have been shown to work. The services should develop or restore, as much as possible, the daily functioning of a Member with ASD.</p> <p>BHT services must be:</p> <ul style="list-style-type: none"> • Medically necessary; and • Prescribed by a licensed doctor or a licensed psychologist; and • Approved by the Plan; and • Given in a way that follows the Member’s Plan-approved treatment plan. <p>You may qualify for BHT services if:</p> <ul style="list-style-type: none"> • You are under 21 years of age; and • Have a diagnosis of ASD; and • Have behaviors that interfere with home or community life. Some examples include anger, violence, self-injury, running away, or difficulty with living skills, play and/or communication skills. <p>You do not qualify for BHT services if you:</p> <ul style="list-style-type: none"> • Are not medically stable; or • Need 24-hour medical or nursing services; or • Have an intellectual disability (ICF/ID) and need procedures done in a hospital or an intermediate care facility.

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
	<p>You can call PHC's Member Services Department if you have any questions or ask your Primary Care Provider for screening, diagnosis and treatment of ASD.</p> <p><u>Cost to Member:</u></p> <ul style="list-style-type: none"> • There is no cost to the Member for these services.
California Children's Services (CCS)	<p>CCS is a program that helps manage the health care of children, under the age of 21, with certain disabilities or medical conditions. PHC works with CCS to help your child get the care they need.</p> <p>CCS has local offices in each county that has staff that can help you if you think your child is eligible to join CCS.</p> <p>To contact CCS and to get more information about how CCS works, call the PHC Member Services Department and ask for the local CCS office number for your Home County.</p> <p>If your child already has CCS and you need help getting care for your child, please call PHC's Care Coordination Department at (800) 809-1350.</p>
Care Coordination	<p>Includes case management services (described below), and help when you need to access health care.</p> <p>Call PHC's Care Coordination Department at (800) 809-1350 for more information.</p>
Case Management Services	<p>Includes case management for pregnancy care, diabetes, people who are "Seniors and Persons with Disabilities" and other PHC members who could benefit from case management.</p> <p>You do not need Prior Approval from your PCP or PHC to get case management services.</p> <p>Call PHC's Care Coordination Department at (800) 809-1350 to learn about PHC's Case Management Services.</p>
Child Health and Disability Prevention (CHDP)	<p>Children under 21 years old can get preventative services from their PCP. CHDP services help keep kids from getting sick and include regular checkups, shots, education and counseling, vision and hearing tests.</p>

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
	You can call CHDP at (800) 993-2437 if you have any questions.
Chiropractic Services This is a Limited Benefit See page 25 for more information	You may receive chiropractic services from a Health Center. Not all Health Centers offer this service. See Section 3 of this Handbook for more information.
Circumcision	Circumcision is covered without Prior Approval for a child under four (4) months of age.
Community Based Adult Services (CBAS)	<p>CBAS is a service you may qualify for if you have health problems that make it hard for you to take care of yourself and you need extra help. If you qualify, PHC will send you to a CBAS center that can help you. If there is no center in your Home County, we will get you the services you need from other providers.</p> <p>CBAS covers services like skilled nursing care, social services, meals, physical, occupational and speech therapy. CBAS also gives training and support to your family or caregiver.</p> <p>You may qualify for CBAS if you were in Adult Day Health Care (ADHC) or if you were referred for CBAS by your provider.</p> <p>You need Prior Approval from PHC to get CBAS.</p>
Denti-Cal (Dental Services)	<p>Dental care is covered by Denti-Cal.</p> <p>Call (800) 322-6384 to find a Denti-Cal dentist and make an appointment.</p> <ul style="list-style-type: none"> • Your Health Center may offer some dental benefits. Talk to your PCP at the Health Center for more information. See Section 3 of this Handbook for more information.
Durable Medical Equipment (DME)	<p>Includes things like apnea monitors, nebulizers, prosthetics, wheelchairs and other supplies.</p> <p>Requires Prior Approval from your PCP and PHC.</p>
Emergency Care	Includes medical care for life-threatening conditions. Go to the nearest hospital or call 911.

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
	You do not need Prior Approval to get emergency care.
Family Planning Services	Includes birth control, pregnancy testing and counseling, Sexually Transmitted Disease (STD) testing and treatment, and other services. You can go to your PCP for these services or any Medi-Cal certified Family Planning Provider. You do not need Prior Approval to get Family Planning Services.
Health Education	Includes classes for asthma, diabetes, smoking cessation (how to stop smoking), and weight loss. Call PHC's Member Services Department at (800) 863-4155 or Health Education Services at (800) 809-1350 to learn more about PHC's health education benefits.
Health Insurance Premium Payment (HIPP)	If you have another insurance and have a serious medical condition, PHC may pay your insurance premium for you. Call PHC's Member Services Department to learn more about this benefit.
Home Health Care	Includes medical care you get at home. You can get home health care with Prior Approval from your provider and PHC.
Hospice	Includes care and counseling for people with a terminal illness. You need Prior Approval from your provider to be in hospice. Some other services, like inpatient care, may need Prior Approval from PHC.
Incontinence Creams and Washes This is a Limited Benefit See page 25 for more information	Includes creams and washes when you have incontinence. Sometimes creams and washes are covered for other medical conditions. You need Prior Approval from PHC for creams and washes.
Inpatient Hospital Care	Includes medical care when you have been admitted to the hospital.

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
	<p>If the hospitalization is arranged by your provider, you need Prior Approval from PHC.</p> <p>Prior Approval is not required when you are admitted to a hospital for an emergency. Once your health has become stable, your provider must ask PHC for Prior Approval for “post-stabilization” care.</p>
Medical Supplies	<p>Includes supplies that are not reused, such as catheters, bandages, gloves and other medically necessary supplies.</p> <p>Medical supplies require Prior Approval from your PCP.</p>
Mental Health Care	<p>PHC covers the following treatments for mild to moderate mental health conditions:</p> <ul style="list-style-type: none"> • Individual and group psychotherapy • Psychological and neuropsychological testing to evaluate mental health conditions; • Outpatient services that include lab work, drugs, and supplies; • Outpatient services to monitor drug therapy; and • Psychiatric consultation. <p>Moderate & severe mental health needs are covered by your Home County’s Mental Health Plan. See Section 6 of this Handbook to learn more about your Mental Health benefits.</p> <p>You should talk to your PCP or Beacon if you have questions about Mental Health. Your PCP or Beacon can arrange for medically necessary mental health care. Your PCP can provide some mental health care within their scope of practice, and Beacon can help you find a mental health provider near you.</p> <p>PHC and Beacon work with county Mental Health Plans to coordinate your care.</p> <p>PHC or State Medi-Cal will cover drugs you need for your mental health condition. See Section 11 of this Handbook for information on how to fill a prescription.</p>
Minor Consent Services	<p>Minor Consent Services means those Covered Services of a sensitive nature for minors (members under the</p>

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
	<p>age of 18) that do not need parental consent or permission to access, related to:</p> <ul style="list-style-type: none"> • Sexual assault and rape • Drug or alcohol abuse for children 12 years old and older • Pregnancy and Abortion services • Family Planning • STD in children 12 years and older; and • Outpatient Mental Health care for children 12 years of age or older who are mature enough to participate intelligently and where either (1) there is a danger of serious physical or mental harm to the minor or others, OR (2) the children are the alleged victims of incest or child abuse. <p>You can go to your PCP directly, or any Medi-Cal provider for minor consent services. You do not need Prior Approval. All members have the right to confidentiality when getting these services.</p>
<p>Outpatient Hospital Services</p>	<p>Includes medical services you get in the outpatient department of a hospital.</p> <p>Covered services can include:</p> <ul style="list-style-type: none"> • Services in the emergency room or outpatient clinic, such as observation services or outpatient surgery • Lab and diagnostic tests • X-rays and other radiology tests • Medical supplies such as splints and casts • Certain screenings and preventative services • Certain drugs that you can't give yourself <p>Outpatient surgery is arranged by your provider, and needs Prior Approval from PHC.</p>
<p>Physical and Occupational Therapy</p> <p>This is a Limited Benefit See page 25 for more information</p>	<p>Includes care when you need physical therapy (PT) or occupational therapy (OT) after an illness, injury, or surgery.</p> <p>You need Prior Approval from your PCP and PHC to get PT or OT.</p>
<p>Podiatry (foot care from a doctor of podiatry)</p>	<p>Podiatry services are covered when medically necessary. You need Prior Approval from your PCP.</p>

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
Prenatal Care	<p>You can get care when you are pregnant and after your baby is born.</p> <p>Your PCP can help you get prenatal care or get you to a provider who specializes in prenatal care.</p> <p>Call PHC's Growing Together Prenatal Program (GTPP) at (800) 809-1350 to get help with your pregnancy care.</p> <p>You can get extra help, like gift certificates for going to your pregnancy care appointments.</p>
Prescription Drugs	<p>See Section 11 of this Handbook to learn about Prescription Drug coverage.</p> <p>You need to go to a pharmacy in PHC's network, unless you have an emergency.</p> <p>Some prescriptions need Prior Approval from PHC.</p> <p>PHC uses generic drugs unless the use of a brand drug is medically necessary.</p>
Primary Care Services	<p>Primary care services also referred to as 'general medical care'. Call your PCP to make an appointment.</p>
Regional Center Services	<p>Members with developmental disabilities may be eligible for services from Regional Centers.</p> <p>If you need information about Regional Center services, or you need a referral to a Regional Center, call your PCP or PHC's Care Coordination Department.</p>
Sensitive Services	<p>Includes services for Family Planning, STD testing and treatment, AIDS/HIV testing, and Abortion (ending pregnancy) counseling and services.</p> <p>You can go to your PCP directly, or any Medi-Cal provider for sensitive services. You do not need Prior Approval.</p> <p>All members have the right to confidentiality when getting these services.</p>
Skilled Nursing Care	<p>Includes services you need when you are in a skilled nursing facility.</p>

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
	You need Prior Approval from your PCP and PHC to get skilled nursing care.
Specialty Care	Includes care you get from a specialty provider, like a cardiologist, podiatrist, or oncologist. You need Prior Approval from your PCP to get specialty care.
Speech Therapy This is a Limited Benefit See page 25 for more information	Includes care for people who have had a stroke or cancer that affects speech. Sometimes speech therapy is covered for other medical conditions. You need Prior Approval from your PCP for speech therapy. If you need more than one visit, you need Prior Approval from PHC.
Substance Use Disorder Preventative Services	Alcohol misuse screening services are covered for all members ages 17 and older. These services for alcohol misuse cover Screening, Brief Intervention, and Referral to Treatment (SBIRT): <ul style="list-style-type: none"> • One expanded screening for risky alcohol use per year • Three 15-minute brief intervention sessions to address risky alcohol use per year
Substance Abuse Services	No one intends to become addicted to alcohol or other drugs. But when it happens to you or to someone in your family, it is important to get help right away. Alcohol and other drug addiction are diseases, just like heart disease and diabetes. There are some very effective treatments which can help chemically dependent people and their families cope with the problems of substance abuse. If you or someone you care about is suffering from alcohol or other drug dependency, you can call: Del Norte County (707) 464-4813 Humboldt County (707) 476-4054 Lake County (707) 274-9101 North Lake (707) 994-7090 South Lake

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
	<p>Lassen County (530) 251-8108</p> <p>Marin County (415) 755-2345</p> <p>Mendocino County (707) 472-2637</p> <p>Modoc County (530) 233-6319</p> <p>Napa County (707) 253-4412 Adults (888) 992-5332 Teens</p> <p>Shasta County (530) 225-5200, or (530) 225-5936</p> <p>Siskiyou County (530) 841-4890</p> <p>Solano County (707) 784-2220 or (800) 784-2220</p> <p>Sonoma County (707) 565-7450</p> <p>Trinity County (530) 623-1362</p> <p>Yolo County (916) 403-2970</p> <p>Members with KFHP (Kaiser) should call: (800) 464-4000</p>
Transgender Services	<p>Includes care when medically necessary for medical care or surgery to change a person’s gender.</p> <p>You need Prior Approval from your PCP and from PHC to get transgender services.</p>
<p>Vision Care Routine eye exam - Every 24 months or as medically necessary. Lenses - Every 24 months, or as medically necessary Frames - Every 24 months.</p>	<p>You can see any vision care provider that is contracted with PHC. Refer to your provider directory for a list of contracted vision providers. No referral is necessary.</p>
Women, Infants and Children (WIC)	<p>WIC gives pregnant women and new mothers nutrition information and coupons to buy healthy foods. Ask your provider to find out more about WIC.</p>

LIST OF COVERED SERVICES CHART

Benefit Name	What is Covered?
	Call PHC's Member Services Department if you need the local WIC office phone number.
X-Rays and Lab Services	<p>Includes services when you get an x-ray or lab services like a blood draw.</p> <p>You need Prior Approval from your PCP to get an x-ray or lab services.</p> <p>You need to get Prior Approval from PHC for scans called CT, PET and others.</p>

Additional services not included in the “List of Covered Services Chart”

If you have questions about a service that isn't listed in this section, call PHC's Member Services Department to find out if that service is covered by PHC.

The following is a list of additional services that you may have access to:

- Alcohol and Drug Treatment
- Alpha-fetoprotein Lab Services
- Childhood Lead Poisoning Case Management
- Dental Services
- Directly Observed Therapy (DOT) for Tuberculosis
- Fabrication of Optical Lenses (for glasses)
- Home and Community Based Services (HCBS) Waiver Program services
- Local Education Agency (LEA) services
- Multi-Purpose Senior Service Program (MSSP)
- Pediatric Day Health Care
- Personal Care Services
- Services in any Federal or State governmental hospital
- Short-Doyle Mental Health Services
- Some HIV/AIDS Drugs
- Some Psychotherapeutic Drugs
- Specialty Mental Health Services for the treatment of severe mental health conditions
- Targeted Case Management Services

If you have questions about the services listed here or about a service that you can't find in this Handbook, please call PHC's Member Services Department for help.

Section 10 – What does Medi-Cal not cover?

- *Learn about what is not covered by PHC or Medi-Cal.*

The list below is for services that are not covered by PHC or by State Medi-Cal:

- Services that are excluded from Medi-Cal under state and federal law
- Same day surgery or hospital admission solely for the purpose of routine circumcision
- Cosmetic surgery (surgery that is done to change your body to improve how you look)
- Custodial care. Some custodial care may be covered by State Medi-Cal. For more information about custodial care covered by State Medi-Cal, call your Home County Medi-Cal eligibility office.
- Experimental and investigational services
- Infertility, including reversing sterilization
- Shots for sports (for adults), work or travel
- Personal comfort items like a phone, TV or guest tray when you are in the hospital
- Services that are not medically necessary
- Mental health services for relationship problems are not covered. This includes counseling for couples or families for conditions listed as relational problems as defined by the current Diagnostic and Statistical Manual of Mental Disorders (DSM).

Services not covered when you have other insurance

If you have another insurance coverage (like Worker’s Compensation, coverage because of an accident, or insurance through your work), PHC will not pay for your health care because your other insurance has to pay first. This is called “Coordination of Benefits.”

See Section 13 of this Handbook to learn about Coordination of Benefits.

You can call PHC’s Member Services Department if you have questions about another insurance you might have and how PHC works with your other insurance to make sure you get the health care you need.

Section 11 – Prescription Drugs

- *Learn about our prescription drug benefit and how to get covered drugs.*

If your provider thinks you need a prescription drug (medication or medicine) your provider will write you a prescription. Prescriptions are filled by a pharmacy that works with PHC.

Covered and approved drugs are available at no cost to you.

Members with other insurance, like Medicare Part D, may have to pay a co-pay.

What is a pharmacy?

A pharmacy is a provider that fills your prescriptions. PHC works with many pharmacies in the service area, including independent pharmacies, pharmacies in grocery stores and pharmacy chains.

Your Provider Directory lists all of the pharmacies in your Home County and you can go to any of them listed in the provider directory.

If you are ever asked to pay for your medication, call PHC's Member Services Department. If you have already paid for your prescription see Section 13 of this Handbook for more information.

How to get a prescription filled

- Choose a pharmacy that works with PHC
- Bring your prescription to your pharmacy
- Show the pharmacy your PHC ID card and any other insurance cards you have
- Make sure your pharmacy knows of any other medications you're taking, and if you have any allergies to any medicines
- Ask your pharmacist any questions you may have about your prescription(s)

Prescription Refills

If you are refilling a prescription you already have, go to a pharmacy listed in your Provider Directory. Some medicines covered by PHC can be filled for 90-days. These medicines are called "maintenance medications" and are drugs that you have to take for a long time. Examples of maintenance medications include drugs for high blood pressure or diabetes.

Ask your provider if you can get a longer supply of maintenance medications.

What is a formulary?

A formulary is a list of drugs that are approved by a PHC committee of providers and pharmacists. These providers and pharmacists meet every three months to review and make changes to our formulary.

Drugs on the formulary are reviewed and picked for their quality, safety, effectiveness and affordability.

Can I use a pharmacy out of the area?

Sometimes, you may have to use a pharmacy outside of our network. You can get a limited supply of your prescription drugs in times like these.

Remember, covered drugs are available at no cost to you.

Drugs not on the formulary

If your provider writes you a prescription for a drug not on PHC's formulary, your provider may need to contact PHC for Prior Approval. Your pharmacy may give you the Generic version of the drug you were prescribed, if the Generic version of the drug is on PHC's formulary.

If your prescribed drug is not on the formulary and a Generic version of the drug is not available, your pharmacy may contact PHC to submit a request for Prior Approval (also called a Treatment Authorization Request, or TAR).

PHC looks at these requests for Prior Approval within 1 business day (24 hours). PHC may ask the pharmacy or your provider (or both) for more information. Sometimes this process can take a few days depending on how quickly your provider submits this information to PHC.

If the drug is approved, you can get your drug at your pharmacy. If the drug is denied, you have a right to file an appeal. See Section 12 of this Handbook for more information.

Brand Name Drugs and Generic Drugs

Generic drugs are drugs that have the same active ingredient as the Brand name version of the drug. Generic drugs are approved for use by the federal Food and Drug Administration (FDA) and usually cost less than Brand name drugs.

Generic drugs must be used unless there is a medical reason why you cannot use the Generic version of the drug. This is called "generic substitution." PHC's network pharmacies will dispense Generic drugs even if the prescription they get is for a Brand drug, unless your provider has told the pharmacy to only give the Brand drug. If your provider believes you need to have the Brand version of a drug, Prior Approval is needed from PHC.

What drugs are not covered?

Certain drugs are not covered by PHC. These include:

- Drugs from a pharmacy not in PHC's network, except for drugs needed because of an emergency or out-of-area care
- Non-formulary drugs, except when you have a Prior Approval from PHC
- Drugs that are experimental or investigational, except in certain instances of terminal illness. If you have been denied an experimental or investigational drug, you have the right to file an appeal or ask for a State Hearing. To learn more about filing an appeal or asking for a State Hearing, see Section 12 of this Handbook for more information.
- Cosmetic drugs, except as prescribed for medically necessary conditions
- Non-formulary dietary or nutritional products, except when medically necessary or for the treatment of Phenylketonuria
- Any injectable drug that is not medically necessary
- Appetite suppressants, except as medically necessary for morbid obesity
- Compounded medications with formulary alternatives or those with no FDA-approved use
- Replacement of lost or destroyed drugs no more than two times each year (from January to December)
- Infertility drugs

Emergency contraception (“Plan B”)

You may get emergency contraception drugs from:

- Your provider
- A pharmacy with a prescription from your provider, if you are younger than 17
- A pharmacy without a prescription if you are older than 17
- A pharmacy not in PHC's network. If this is the case, you may be asked to pay for this service. PHC will reimburse you if you have to pay for the drug. See Section 13 of this Handbook for more information.
- A local Family Planning provider

Prescriptions in emergency or urgent situations

Your pharmacist can give you an emergency 5-day supply of a medication if you are out of medication or if you were discharged from the emergency room but not put in the hospital.

You should talk to your provider if you got a 5-day emergency supply of medication to get a longer prescription of medication.

If you have Medicare

If you have Medicare Part D, or qualify for Part D, you must use your Medicare Part D plan to get your prescriptions covered. You can get Medicare Part D if you have Medicare Part A or Part B.

Most of your medications will be covered by Medicare Part D. PHC will still cover some drugs that are not covered by Medicare.

If you qualify for Medicare Part D, you cannot use your PHC Medi-Cal coverage to pay for a drug that is covered by Medicare.

To find out more about Medicare Part D, or to choose a Medicare Prescription Drug Plan call Medicare at (800) 633-4227 (800-MEDICARE) 24 hours a day, 7 days a week. You can also go to www.medicare.gov.

Section 12 – How to file a grievance

- *Learn about your grievance rights.*

What is a Grievance?

There are two kinds of grievances.

- Complaints

A complaint is when you tell PHC that you don't like how you were treated, or didn't like the care you received.

- Appeals

An appeal is when you don't agree with a decision by PHC to not cover a service.

Each type of grievance has rules and a limit on how long you can wait to file the grievance.

When you send us a grievance, you will get a letter from PHC telling you that we are working on your complaint or appeal within five (5) calendar days. You will get another letter within 30 calendar days of the date your complaint or appeal was received by PHC.

If PHC needs more time to work on your complaint or appeal, we will send you a letter. PHC will have 14 more calendar days to work on your complaint or appeal.

Is there a time when I can't file a grievance with PHC?

If you have another insurance, like Medicare or insurance through your work, and your grievance is about a service the other insurance covers or provides, you must file your grievance with that insurance.

- **If you have a grievance about your Medi-Cal eligibility.**

Medi-Cal eligibility is handled by your Home County's eligibility office. Call your eligibility office if you need help with your eligibility.

If you aren't sure who you can file your grievance with, call PHC's Member Services Department.

- **Grievances about Outpatient Mental Health Services**

Beacon is responsible for grievances about Outpatient Mental Health Services Beacon provides. Beacon will work with you on your grievance, including State Hearings.

Call Beacon at (855) 765-9703 if you have questions about Beacon and your grievance.

- **Grievances for Members with Kaiser**

Kaiser Permanente is responsible for grievances that are filed by its members. Kaiser will work with you on your grievance, including State Hearings.

Call Kaiser Member Services at (800) 464-4000, TTY (800) 777-1370 if you have questions about Kaiser Permanente and your grievance.

How do I make a complaint?

When you don't like a service or the care you received, you have 180 days (about 6 months) from the day you got the care or service that made you unhappy.

You can make a complaint about the service or care you got from a PCP, specialist, medical group or Health Center, hospital, pharmacy or PHC.

To make a complaint, you can call PHC's Member Services Department at **(800) 863-4155**. TTY users should call **(800) 735-2929** or by dialing **711**. You can make a complaint over the phone, in person or ask for a Grievance Packet to be sent to your home.

PHC's mailing address is:

Partnership HealthPlan of California
Attn: Grievance Unit
4665 Business Center Drive
Fairfield, CA 94534

If you have Internet access, you can also file a complaint online. Go to our website at www.partnershiphp.org and go to the "For Members" section of our website. Pick the Medi-Cal program, and then "How to File a Complaint, Appeal and/or Hearing."

How do I file an appeal?

If PHC denies a request for Prior Approval, we will send you a letter called a "Notice of Action", or "NOA."

The NOA will tell you if your provider's request was denied, pended for more information or was modified. The NOA will also include your appeal rights:

- You can file an appeal within 90 calendar days of the date on your NOA letter
- You can request a State Hearing within 90 calendar days of the date on your NOA letter. State Hearings are talked about in more detail later in this section.

To file an appeal, you can call PHC's Member Services Department at **(800) 863-4155**. TTY users should call **(800) 735-2929** or by dialing **711**. You can file an appeal over the phone, in person or ask for a Grievance Packet to be sent to your home.

PHC's mailing address is:

Partnership HealthPlan of California
Attn: Grievance Unit
4665 Business Center Drive
Fairfield, CA 94534

Aid Paid Pending (Continuing Services)

When you are receiving a service that was authorized before by PHC or State Medi-Cal, and that service is stopped or changed by PHC, you can ask for Aid Paid Pending when you file your appeal or ask for a State Hearing.

Aid Paid Pending lets you get the service that PHC had approved before while your appeal or State Hearing is in process.

You have 10 calendar days from the date on your NOA letter to ask PHC or the Department of Social Services (DSS) for Aid Paid Pending.

You cannot ask for Aid Paid Pending if:

- Your request is made more than 10 calendar days after the date on your NOA; or
- You asked for Aid Paid Pending for a service that PHC or State Medi-Cal didn't pay for

Aid Paid Pending is only given when you were getting a service, approved and paid for by PHC or State Medi-Cal that is stopped by PHC.

What is a State Hearing?

You have the option of filing your appeal through a State Hearing. You can ask for a State Hearing at any time by calling the State Hearing Division at the California Department of Social Services (CDSS) at (800) 952-5253.

A State Hearing is when your appeal is heard by an Administrative Law Judge (ALJ). The ALJ will look at information from you, your provider, and PHC to decide what needs to happen with your appeal.

The ALJ will tell you their decision within 90 calendar days of your hearing.

You can choose to file an appeal through a State Hearing, PHC, or both.

Contacting PHC about your appeal will usually get you a quicker response and issues can be resolved before a State Hearing is needed.

What is an Expedited State Hearing?

If you feel that you can't wait to have a State Hearing, because a long wait would be a threat to your health, you can ask for an Expedited State Hearing by calling CDSS at (800) 952-5253, TDD (800) 952-8349.

You can also send a letter to CDSS at:

California Department of Social Services
State Hearing Division
PO Box 944243
Mail Station 9-17-37
Sacramento, CA 94244-2430

You can also fax CDSS at:

(916) 651-5210 or
(916) 651-2789

PHC gives you a copy of a State Hearing request form in your Grievance Packet and with any NOA.

- **About Legal Assistance**

You may seek legal counsel to represent you at a State Hearing. For more information on obtaining free legal aid, contact your local legal aid office or welfare rights group.

About the Office of the Medi-Cal Managed Care Ombudsman

The Medi-Cal Managed Care Ombudsman is responsible for looking into complaints about health plans. You can reach the Ombudsman at (888) 452-8609 from 8am to 5pm, Monday through Friday if you feel that the health plan has not resolved your issue.

Section 13 – Coordination of Benefits and Other Information

- *Learn about estate recovery, coordination of benefits.*

What if I have another insurance (“Coordination of Benefits”)?

If you have another insurance, like Medicare or commercial coverage through your work or your family (with a company like Blue Cross of California, Blue Shield of California, Health Net, or Kaiser Permanente) you must get your care covered by your “primary” insurance first. This is called Coordination of Benefits.

Medi-Cal is the “payer of last resort” by state and federal law. This means that Medi-Cal cannot pay for health care if another insurance plan you have could pay for that same health care first.

PHC will not pay for health care unless your primary insurance has paid their part, or has denied the health care as not covered.

If you have another insurance, call PHC’s Member Services Department to make sure PHC knows you have this kind of coverage. We can also answer any questions you have about how your Medi-Cal works with your other insurance.

Third Party Liability

The next two topics in this section are about Third Party Liability, or TPL. TPL is a situation where you are getting care because of an injury you got at work, or because you were in an accident.

You must tell your provider and PHC if you need care because of an injury at work or an accident. California State law requires that PHC not pay for health care when one of these situations happens.

- **What if I have Worker’s Compensation?**

Worker’s Compensation, also called “Worker’s Comp” is insurance for people who were hurt at work. If you have an injury or illness that happened at work, your Worker’s Comp will cover the care you need to get better for that injury or illness.

PHC will not pay for health care that is covered by Worker’s Comp.

- **What if I have coverage because of an accident?**

If you were in an accident, like a car accident, the health care you get for any injury or health condition from the accident may be covered by someone’s car or liability insurance.

PHC will pay for the care you get if there is an emergency, including ambulance or air ambulance rides to get you to a hospital. Your emergency care will also be covered.

PHC and the State of California will then work with any insurance plans (auto or liability insurance plans) to pay for the health care you received.

Advance Directives

An Advance Directive is a signed legal document that lets you make decisions about your beliefs and wishes about your health care if you are ever unable to make those decisions for yourself. It also lets you choose a person that will make sure your choices are followed by your providers.

If you have questions about Advance Directives, or want to know how to make one, talk to your PCP.

Estate Recovery

The State of California is required to seek repayment of Medi-Cal benefits from the estate of a deceased Medi-Cal beneficiary for services received on or after the beneficiary's 55th birthday.

For Medi-Cal beneficiaries in a managed care plan, like PHC, the State will recover "capitation payments" for the time the beneficiary was enrolled in the health plan. Capitation payments are payments made by the State to a health plan to pay for your care.

This means that if you are 55 years of age or older and enrolled in PHC, your estate will be financially impacted even if you didn't receive services from PHC.

Additionally, any other payments for services given to you by providers not with PHC will also be recovered from the estate.

For further information regarding the Estate Recovery program only, call (916) 650-0490 or seek legal advice.

What do I pay for health care?

If you get a bill for medical services, **don't ignore it**. Make sure you were eligible with us at the time of service. If you were, call the provider who is billing you; their phone number will be listed on the bill. Tell the office that you were covered by PHC for that date of service and give them your PHC ID number. Ask the office to bill PHC. If you have done this but keep getting a bill, call PHC's Member Services Department. **We can't help you with bills that are more than a year old**. You may send a copy of the bill to us at:

Partnership HealthPlan of California
Attn: Member Services Department Billing Issues
4665 Business Center Drive
Fairfield, CA 94534

Do I have to pay a monthly charge called a “premium” (not share of cost) for my Medi-Cal?

If you have been told you have to pay a premium, you may visit your Home County eligibility office or call (800) 880-5305.

Transitional Medi-Cal

Transitional Medi-Cal (TMC) is for members who lose their cash aid or Medi-Cal eligibility because they make more money from their work, from a marriage or a spouse returning to work. Medi-Cal members who qualify for TMC may keep their Medi-Cal for up to 12 months and keep their membership in PHC.

If you lose eligibility for Medi-Cal because you have more income, you should contact your Medi-Cal eligibility worker right away. For more information about the Medi-Cal TMC program, contact the Department of Health Care Office phone number toll free at (800) 880-5305 or contact your Home County eligibility office.

Organ Donation

Donating organs and tissues provide many social benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability.

If you are interested in organ donations, please speak with your provider. Organ donation begins at the hospital when a patient is pronounced brain dead and identified as a potential organ donor.

An organ procurement organization will become involved to coordinate the process.

The Department of Health and Human Services' Internet website (www.organdonor.gov) has additional information on donating your organs and tissues. You can also call (800) 355-7427 to get a donor card and to obtain more information about organ donation.

Section 14 – Your Privacy Rights

- *Learn about your rights regarding your medical information.*

You have the right to keep your medical records confidential. That means that only people who need to see your records so you can get good health care will see them.

You can request a copy of our Notice of Privacy Practices by calling PHC's Member Services Department. A copy of the Notice is also included at the end of this Handbook and on our website at www.partnershiphp.org.

Privacy of your Health Information

PHC understands how important it is to protect medical records and other confidential member information. We want to let you know what PHC does to keep your and your family's health information private. We:

- Train our staff, when they are hired and annually on what information is protected and how it must be treated
- Monitor reports from staff, members and providers on any privacy issues so we can fix them
- Follow state and federal laws on privacy and confidentiality

PHC also:

- Keeps policies and procedures that tell how member information is protected
- As a requirement for employment, all PHC employees are required to sign a confidentiality statement and take compliance training
- Puts in provider contracts PHC's expectations on privacy and confidentiality, and PCP offices are monitored by PHC to make sure they keep patient information confidential
- Tells providers in PHC's network about members' rights to access their medical records at no charge
- Has a committee that creates and reviews our privacy policies and practices

PHC policies and procedures protect your information, no matter how we get that information (for example, by computer, over the phone or in writing). PHC employees only have access to the information they need to do their job. PHC also uses passwords, secure email software and other technology to protect sensitive information. PHC does not give out protected information to anyone, or any group that does not have a right to that information by law.

Your protected information is important to PHC because we need this information to get you the health care you need. The type of information we use and disclose includes your:

- Name
- Gender
- Date of birth (DOB)
- Spoken and written language
- Home address
- Home or work phone numbers
- Health history

PHC does not have complete copies of your medical records. If you need copies of your medical records you should check with your PCP or other providers that have given you health care services.

When can PHC release my information?

Unless allowed by law, PHC needs your written approval to release your information to someone. Below is a list of times we do not need your written approval to release your information:

- A court, arbitrator or similar agency needs your information
- A coroner needs your health information
- Your health information is needed by law
- Your health information is needed for treatment, payment or for health care operations

We may give your health information to another health plan to:

- Make a diagnosis or give treatment
- Make a payment for your health care
- Review the quality of your health care

We may also give your information to:

- Groups who license health care providers for quality reasons
- Public agencies
- Investigators, like law enforcement
- Probate courts
- Organ donation groups
- Federal or state agencies as required by law
- Disease management programs
- Other health plans or providers involved in your care

Please note that we won't tell anyone the results from any genetic testing.

If you have questions about your health information privacy or when PHC can release your information, call PHC's Member Services Department at **(800) 863-4155**.

If you believe your privacy has not been protected, you can file a complaint with PHC's Member Services Department at **(800) 863-4155**. You can also contact the Department of Health Care Services at (916) 255-5259, TTY/TDD (877) 735-2929, or the U.S. Office of Civil Rights toll free at (866) 627-7748, TTY/TDD (866) 788-4989. These numbers are available 24 hours a day, 7 days a week. All calls are confidential.

Protecting yourself from identity theft

Identity theft is when someone else uses your information, illegally, to obtain health care or commit other kinds of fraud.

To protect yourself from this kind of theft, you should do the following:

- Protect your PHC ID card like you protect your bank or credit cards
- Take your ID card to your provider's appointment, and show your California ID (for example, a driver's license) when you get care
- Try to avoid speaking about your membership information, personal information like your address or saying your social security number out loud or to people who don't have a right to that information
- Don't give out your personal information, unless it is asked for by your provider, medical group, health center, hospital, other medical staff or PHC staff

If you ever think your information has been stolen, or if you lose your PHC ID card, call PHC's Member Services Department at **(800) 863-4155**.

Section 15 – How you can make a difference

- *Learn about how to participate in the policy making process at PHC.*

PHC Consumer Advisory Committee (CAC)

PHC has a Consumer Advisory Committee (CAC) that meets a few times during the year. The CAC has meetings in different parts of PHC's service area, so there is a CAC meeting you can attend in your part of the State.

- **Here's how you can get involved:**

Attend the meetings: All PHC members and other interested parties can attend these meetings. Members can talk about their experiences in receiving medical services through PHC. They can also give input to the CAC and make suggestions for improving services.

Become a CAC Member: Several people have seats on the committee as a member. They are PHC members who live in different parts of the PHC Service Area. To find out if there is a seat available to represent where you live, call PHC's Member Services Department at **(800) 863-4155**.

Other Meetings

Our Commission meetings (also called Board meetings), and the Physician Advisory Committee (PAC) are open to the public. PHC posts the agenda and meeting locations at its offices in an easy to find place, right on the front door! You can attend one of these meetings at the meeting location listed on the announcement.

If you need a list of PHC meeting date, times and locations, call PHC's Member Services Department or visit our website at www.partnershiphp.org.

The PHC Member Newsletter

PHC will send you a member newsletter. The newsletter includes health education information and healthy recipes.

If you want a copy of the most recent Newsletter, call the PHC Member Services Department or visit our website at www.partnershiphp.org.

Section 16 – Notice of Privacy Practices

- *Learn about what PHC does with your information and your rights.*

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.

Why am I receiving this Notice?

Partnership HealthPlan of California is required by law to provide you with adequate notice of the uses and disclosures of your protected health information that we may make, and of your rights and our legal duties and to notify you following a breach of your unsecured health information where your protected health information (PHI) is concerned.

We agree to follow the terms of this Notice of Privacy Practices. We also have the right to change the terms of this notice if it becomes necessary, and to make the new notice effective for all health information we maintain. If we need to make any changes, we will provide you an updated copy of this notice by mailing it to you at your address in our records. If you received this notice electronically, you have the right to request a paper copy from us at any time.

How does Partnership HealthPlan of California (PHC) use and disclose my health information?

PHC stores health-related records about you, including your claims history, health plan enrollment information, case management records, and prior authorizations for treatment you receive. We use this information and disclose it to others for the following purposes:

- **Treatment.** PHC uses your health information to coordinate your health care, and we disclose it to hospitals, clinics, physicians and other health care providers to enable them to provide health care services to you. For example, PHC maintains your health information in electronic form, and allows pharmacies to have on-line access to it to provide appropriate prescriptions for you.
- **Payment.** PHC uses and discloses your health information to facilitate payment for health care services you receive, including determining your eligibility for benefits, and your provider's eligibility for payment. For example, we inform providers that you are a member of our plan, and tell them your eligible benefits.
- **Health care operations.** PHC uses and discloses your health information as necessary to enable us to operate our health plan. For example, we use our members' claims information for conducting quality assessment and improvement activities, patient safety activities, business management and general administrative activities, and reviewing competence or qualifications of health care professionals.

We also disclose health information to our service providers who assist us in these functions, but we obtain assurances from them that they will use appropriate safeguards to prevent use or disclosure of the information other than as outlined in our contract before we make such disclosures for payment or operational purposes. For example, companies that provide or maintain our computer services may have access to your computerized health information in the course of providing services to us.

Communication and Marketing: PHC will not use your health information for marketing purposes for which we receive payment without your prior written authorization. We may use your health information for case management or care coordination purposes and related functions without your authorization. We may provide appointment or prescription refill reminders or describe a product or service that is included in your benefit plan, such as our health provider network. We may also discuss health-related products or services available to you that add value, but are not part of your benefit plan.

Sale of your health information: We will not sell your health information for financial remuneration without your prior written authorization.

Fundraising: We may use, or disclose to a business associate or to an institutionally related foundation, for the purpose of raising funds for the benefit of PHC, certain information without your authorization for fundraising purposes, including your name, address, contact information, age, gender, date of birth, dates of health care provided, treatment of service information, treating physician, outcome information and health insurance status. However, we will provide you with a clear and conspicuous opportunity to opt out of receiving further fundraising communications in a way that does not cause you undue burden or cost, and will honor that request. We will not condition treatment or payment on your choice with respect to the receipt of fundraising communications. We may provide you with a way to opt back in to receive such communications if you later prefer.

Can my health information ever be released without my permission?

Yes, we may disclose health information without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required or authorized by law to do so. Certain health information may be subject to restrictions by federal or state law that may limit or prevent some uses or disclosures. For example, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, genetic information, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

Examples of the types of disclosures we may be required or allowed to make without your authorization include:

- **When Legally Required:** PHC will disclose your health information when it is required to do so by any federal, state or local law
- **When there are Risks to Public Health:** PHC may disclose your health information:
 - To public health authorities or to other authorized persons in connection with public health activities, such as for preventing or controlling disease, injury or disability or in the conduct of public health surveillance or investigations
 - To collect information or report adverse events related to the quality, safety or effectiveness of FDA regulated products or activities
 - To Report Abuse, Neglect, or Domestic Violence: PHC is mandated to notify government agencies if we believe a member is the victim of abuse, neglect or domestic violence.

In Connection with Judicial and Administrative Proceedings: PHC may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when PHC makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes:

- As required by law for reporting of certain types of wounds or other physical injuries pursuant to the court order, warrant, subpoena, summons or similar process
- For the purpose of identifying or locating a suspect, fugitive, material witness or missing person
- Under certain limited circumstances, when you are the victim of a crime
- To a law enforcement official if PHC has a suspicion that your death was the result of criminal conduct including criminal conduct at PHC
- In an emergency in order to report a crime

To Coroners and Medical Examiners: PHC may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

To Funeral Directors: PHC may disclose your health information to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements. If necessary to carry out their duties, PHC may disclose your health information prior to, and in reasonable anticipation of, your death.

For Organ, Eye or Tissue Donation: PHC may use or disclose your health information to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation, if you so desire.

In the Event of a Serious Threat to Health or Safety: PHC may, consistent with applicable law and ethical standards of conduct, disclose your health information if PHC, in good faith, believes that such disclosure is necessary to prevent or lessen a serious and imminent threat to your health or safety or to the health and safety of the public.

For Specified Government Functions: PHC may make disclosure to authorized federal officials in national security activities or for the provision of protective services to officials.

For Workers Compensation: PHC may release your health information for worker's compensation or similar programs.

To a Correctional Institution or to a Law Enforcement Official: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the institution or official

To other agencies administering government health benefit programs, as authorized or required by law

For Immunization Purposes: To a school, about a member who is a student or prospective student of the school, but only if: (1) the information that is disclosed is limited to proof of immunization; (2) the school is required by the State or other law to have such proof of immunization prior to admitting the member; and (3) there is documented agreement by the member or the member's guardian.

For underwriting or related purposes, such as premium rating or other activities related to the creation, renewal or replacement of a contract of health insurance or benefits as required by law, but may not include genetic information.

Can others involved in my care receive information about me?

Yes, we may release health information to a friend or family member who is involved in your care, or who is paying for your care, to the extent we judge it necessary for their participation unless you specifically ask us not to and we agree to that request. This includes responding to telephone enquiries about eligibility and claim status.

OTHER THAN WHAT IS STATED ABOVE, PHC WILL NOT DISCLOSE YOUR HEALTH INFORMATION OTHER THAN WITH YOUR WRITTEN AUTHORIZATION. IF YOU OR YOUR REPRESENTATIVE AUTHORIZES PHC TO USE OR DISCLOSE YOUR HEALTH INFORMATION, YOU MAY REVOKE THAT AUTHORIZATION IN WRITING AT ANY TIME

Are there instances when my health information is not released?

We will not permit other uses and disclosures of your health information without your written permission, or authorization which you may revoke at any time in the manner described in our authorization form.

Except as described above (How does Partnership HealthPlan of California use and disclose my health information), disclosures of psychotherapy notes, marketing and the sale of your information require your written authorization and a statement that you may revoke the authorization at any time in writing.

Your Individual Rights

What rights do I have as a PHC member?

As a PHC member you have the following rights with respect to your health information:

- To ask us to restrict certain uses and disclosures of your health information. PHC is not required to agree to any restrictions requested by its members unless the disclosure is for the purpose of carrying out payment or health care operations and the request is solely for a health care item or service for which you, or another person other than PHC, has paid for the service(s) out of pocket.
- To receive confidential communications from PHC at a particular phone number, P.O. Box, or some other address that you specify to us.
- To see and copy any of your health records that PHC maintains on you, including billing records, we must receive your request in writing. We will respond to your request within 30 days. We may charge a fee to cover the cost of copying, assembling and mailing your records, as applicable. You may also request PHC to transmit the information directly to another person if your written request is signed by you and clearly identifies both the designated person and where to send the information. In some situations, we may ask if you would agree to receive a summary or an explanation of the requested information and to any fees that might be imposed to create it. Under certain circumstances, PHC may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal a denial.

- If you feel the information in our records is wrong, you have the right to request us to amend the records. We may deny your request in certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- You have the right to receive a report of non-routine disclosures that we have made of your health information, up to six years prior from the date of your request. There are some exceptions: for example, we do not maintain records of disclosures made with your authorization; disclosures made for the purposes of health care treatment, determining payment for health services, or conducting the health plan operations of PHC; disclosures made to you; and certain other disclosures.
- If you received this notice electronically, you have the right to request a paper copy from us at any time.

How do I exercise these rights?

You can exercise any of your rights by sending a written request to our Privacy Official at the address below. To facilitate processing of your request, we encourage you to use our request form, which you can obtain from our Internet website at www.partnershiphp.org or by calling us at the telephone number below. You can also obtain a complete statement of your rights, including our procedures for responding to requests to exercise your rights, by calling or writing to the Privacy Official at the address below.

How do I file a complaint if my privacy rights are violated?

As a PHC member, you or your personal representative have the right to file a complaint with our Privacy Official if you believe your privacy rights have been violated. You or your representative must provide us with specific written information to support your complaint; see contact information below. You may also file a complaint with the Secretary of Health and Human Services on their website or use the contact information listed below:

<http://www.hhs.gov/ocr/privacy/hipaa/complaints/>

PHC encourages you to contact us with any concerns you have regarding the privacy of your information. PHC will not retaliate against you in any way for filing a complaint. Filing a complaint will not adversely affect the quality health care services you receive as a PHC member.

Contact us at:

Mailing address: Partnership HealthPlan of California
Attn: Privacy Officer
4665 Business Center Drive
Fairfield, CA 94534

Telephone Number: **(800) 863-4155** or TTY/TDD **(800) 735-2929** or call **711**

PHC's Complaint Hot-Line is (800) 601-2146 and is operated 24 hours a day, 7 days a week

California's Department of Health Care Services:

DHCS Privacy Officer
c/o Office of Legal Services
Ca Dept. of Health Care Services
PO BOX 997413, MS 0011
Sacramento, CA 95899-7413
Phone: (916) 440-7750
Privacyofficer@dhcs.ca.gov
TTY/TDD: (877) 735-2929
FAX: (916) 440-7680

Contact the Secretary of United States Departments of Health and Human Services at:

Office for Civil Rights
Attn: Regional Manager
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Voice Phone: (800) 368-1019
FAX: (415) 437-8329
TDD: (800) 537-7697

Section 17 – Help PHC Stop Fraud, Waste and Abuse

- *Learn about helping stop Fraud, Waste and Abuse.*

PHC, as your health plan, is responsible for getting you the health care you need. Getting health care means you have to present certain information at your provider's office when you have an appointment.

This helps PHC and your medical provider provide the right service at the right time. It also helps keep the Medi-Cal program free of fraud, waste and abuse. Below we describe what fraud, waste and abuse is and how you can help fight it.

Fraud

Fraud includes, but is not limited to, intentionally using someone else's medical benefits for your health care services, intentionally using someone else's social security number to qualify for government assistance or intentional billing by the provider for services that did not occur. If you commit fraud you may lose your Medi-Cal coverage.

Waste

Waste is the use, throwing away or spending of health care or government resources in an unwise and wrong manner. Examples of waste include:

- Prescribing more medication than is medically necessary
- Providing more health care services than is medically necessary

Abuse

Abuse is the misuse of health care or government resources. Examples of abuse include:

- Requesting and obtaining medications or medical equipment you do not need to use for your benefit
- Billing from the provider for services that did not occur

How to report Fraud, Waste and Abuse

If you suspect someone of using your information or committing fraud, waste or abuse, please call PHC's Compliance Hotline at (800) 601-2146. This number is available 24 hours a day, 7 days a week.

You can also call PHC's Member Services Department to report the issue at **(800) 863-4155** or you could call:

- The Department of Health Care Services Fraud & Abuse Hotline at (800) 822-6222
- The Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud & Elder Abuse at (800) 722-0432

Why should you care about Fraud, Waste and Abuse?

Health care fraud, waste and abuse are serious issues. Fraudulently received benefits or services impact the cost of health care services.

Preventing health care fraud

Here are a few helpful tips on what you can do to help prevent health care fraud:

- Do not give your ID card or ID card number to anyone except your provider, clinic, hospital, health care provider or health plan.
- Do not let anyone borrow your ID card
- Never give your social security card to anyone
- Never sign a blank insurance claim form
- Beware of anyone who offers you free medical services in exchange for your ID card. You should never give away your ID card to anyone in exchange for free medical services.

If it sounds too good to be true, it probably is. Be careful about accepting other medical services not covered by Medi-Cal when you are told they will be free of charge.

Section 18 – Glossary

- *Learn more about the names and words we use in this handbook.*

This section of the Handbook gives you explanations for some of the terms and names we have used.

If you need help understanding this Handbook, call PHC’s Member Services Department at **(800) 863-4155**.

A

Appeal is something you do if you disagree with our decision to deny a request for a benefit or service, including prescription drugs. You can also appeal a decision by PHC to stop covering a benefit you are already receiving. See Section 12 of this Handbook for more information.

B

Brand Drug is a prescription drug that is made and sold by the company that originally researched and developed the drug. Brand drugs are usually more expensive than generic drugs even though brand name drugs have the same active ingredient formula as the generic drug.

C

Complaint is when you tell us you don’t like something about your PHC membership, including concerns about the quality of care you get from providers.

Covered Services means all of the services PHC covers, including prescription drugs, PCP visits and hospitalization. To see a full list of what PHC covers and what other programs may cover see Section 9 of this Handbook.

D

Denial is when PHC decides not to cover a benefit or service that has been requested by you or your provider. When PHC denies a benefit or service, you and your provider will receive a Notice of Action (NOA). To learn more, look up Notice of Action in this Section or see Section 12 of this Handbook for more information.

Deferral is when PHC, you or your provider has asked for more time to review a request for a benefit or service. More time is usually asked for to make sure PHC has all of the information it needs to review a request for a benefit or service. When more time is needed, PHC will send a Notice of Action (NOA) to you and your provider. To learn more, look up Notice of Action in this Section, or see Section 12 of this Handbook for more information.

Durable Medical Equipment (DME) means certain medical equipment that is ordered by your provider for medical reasons. Examples are walkers, wheelchairs or hospital beds. To see what PHC covers for DME see Section 9 of this Handbook for more information.

E

Emergency means a condition that you feel could lead to disability or death if not immediately treated. It can also be a condition that is causing you severe pain, or is quickly getting worse. An emergency can also be psychiatric (mental health) related, including having thoughts or actions about hurting yourself or someone else, or being unable to care for yourself. See Section 7 of this Handbook for more information.

Emergency Care is when you are treated in an emergency room of a hospital for an emergency condition. See Section 7 of this Handbook for more information.

Enrollment can mean 1) your joining PHC, or 2) your assignment to a PCP. Usually when we talk about enrollment, we mean when you become a PHC member.

Evidence of Coverage (EOC) is the document you are reading right now. This EOC tells you what is covered, what PHC must do, your rights, and what you need to do as a member of our plan.

F

Federally Qualified Health Center (FQHC) is a type of Health Center that can provide you primary care and other types of health care. See Section 3 of this Handbook for more information.

G

Generic Drug is a prescription drug that is approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as a brand name drug. Generally, a generic drug works the same as a brand name drug and usually costs less.

Grievance is used to describe both complaints and appeals, and is when you disagree with a decision by PHC, or how you were treated by PHC or your provider.

H

Home County means the county that you live in. This is important because, except for certain cases, you must see providers in your Home County. See Section 3 of this Handbook for more information. Some services are covered outside of your Home County, like urgent and emergency care.

I

Indian Health Center is a type of Health Center that can provide you primary care and other types of health care. Native American Indian members are able to access services at an Indian Health Center (IHS) without Prior Approval from PHC. See Section 3 of this Handbook for more information.

Inpatient Hospitalization is when you are admitted to the hospital. Some hospital stays can be for one or more days. To learn more about inpatient hospitalization, see Section 5 of this Handbook for information.

M

Medi-Cal is California's Medicaid program. Medi-Cal is a joint federal and state health care program for people with low income or limited resources.

Medicare is the federal health care program for people who are 65 years of age or older, or who have certain medical conditions like End Stage Renal Disease (ESRD). To learn more about Medicare call (800) MEDICARE.

Member Services is a department at PHC that is responsible for helping you with your membership, benefits, grievances and more. You can call PHC's Member Services Department at **(800) 863-4155**, 8am to 5pm, Monday through Friday.

N

Network Pharmacy is a pharmacy that is contracted with PHC to provide covered prescription drugs to PHC members. You can find a list of pharmacies in your Home County Provider Directory.

Network Provider is a provider that has a contract with PHC to see PHC members. Not all contracted providers are open for new members. Call PHC's Member Services Department if you need help finding a provider, or look in your Home County's Provider Directory.

O

Outpatient Hospital Care is when you receive care at a hospital that doesn't involve you being admitted to the hospital. These can be specialty provider visits or even outpatient surgery. See Section 9 of this Handbook for more information.

P

Primary Care Provider (PCP) is a provider that you choose, or is assigned to you to give you routine health care. Your PCP can prescribe medically necessary drugs and refer you to specialty providers. See Section 4 of this Handbook for more information.

Prior Approval is when your provider or PHC needs to review a request for health care services before you get them. We also call this “Prior Authorization”. See Section 9 of this Handbook for more information.

Provider Directory is a document that lists all of the providers that PHC contracts with. Each county in PHC’s service area has its own Provider Directory.

Q

Quantity Limit is when only a certain amount of a prescription drug can be approved for reasons of quality, safety or utilization. Limits can be on the amount of drug that we cover per prescription, or for a stated period of time.

R

Rural Health Center (RHC) is a type of Health Center that can provide you primary care and other types of health care. See Section 3 of this Handbook for more information.

S

Service Area means the counties that are served by PHC. We list these counties in Section A of this Handbook.

State Hearing is when you want your complaint or appeal heard by an Administrative Law Judge (ALJ) that works for the State of California. See Section 12 of this Handbook for more information.

State Medi-Cal or “Regular Medi-Cal” is when you are receiving some or all services from any providers that are willing to bill the Medi-Cal program (not PHC). When members are enrolled in PHC, they will get most services from PHC’s providers.

Step Therapy is when PHC requires that you try one type of prescription drug before another prescription drug, prescribed by your provider, can be covered.

U

Urgent Care is when you need care to treat a non-emergency medical illness, injury or condition that needs immediate medical care. See Section 7 of this Handbook for more information.



Partnership HealthPlan of California
4665 Business Center Drive
Fairfield, CA 94534
(800) 863-4155 (Toll-Free)
(800) 735-2929 TTY

Office Hours: Monday through Friday, 8am to 5pm
www.partnershiphp.org

Last Updated: August 24, 2016