Care1st
HEALTH PLAN
An affiliate of Blue Shield of California

# EVIDENCE OF COVERAGE
# MEMBER HANDBOOK

Medi-Cal
**SAN DIEGO COUNTY 2016-2017**

# EVIDENCIA DE COBERTURA
# MANUAL PARA LOS MIEMBROS

Care1st HEALTH PLAN
An affiliate of Blue Shield of California

# Medi-Cal

## Member Handbook

**… a helpful guide to getting services**

(Combined Evidence of Coverage and Disclosure Form)

Benefit Year 2016-2017

**Care1st Health Plan**
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Suite 1300
San Diego, CA 92108
Toll-free: 1-855-699-5557
TTY/TDD: 711
Office Hours: Monday through Friday, 8 a.m. to 5 p.m.
Website address: **www.care1st.com**

# Need this handbook in your language or format?

Call Care1st at **1-855-699-5557** if you would like your member handbook or other written materials in a language other than English. Member Services will assist you in your language over the phone.

Llame a Care1st si desea recibir su manual para miembros u otros materiales escritos en español. Servicios para los Miembros puede brindarle ayuda telefónica en español.
(Spanish)

إذا كنت ترغب في أن يكون الكتيب الخاص بك أو المواد المكتوبة الأخرى باللغة العربية. يمكن أن تساعدك خدمة Care1stيُرجى الاتصال بخطة الأعضاء عبر الهاتف باللغة العربية.
(Arabic)

خدمات اعضا می تماس بگیرید. Care1stاگر مایلید که دفترچه اطلاعاتی اعضا یا سایر مطالب کتبی خود را به زبان فارسی دریافت کنید با تواند از طریق تلفن به زبان فارسی به شما کمک کند.
(Farsi)

សូមទូរស័ព្ទទៅ Care1st បើសិនអ្នកចង់បានសៀវភៅណែនាំសមាជិក ឬសំភារៈផ្សេងៗទៀត ដែលសរសេរជាភាសាខ្មែរ។ ផ្នែកសេវាសមាជិកអាចជួយអ្នកតាមទូរស័ព្ទ ជាភាសាខ្មែរ។
(Khmer)

Tumawag sa Care1st kung gusto mong nasa Tagalog ang iyong handbook ng miyembro o ang iba pang mga nakasulat na materyal. Maaari kang matulungan ng mga serbisyo para sa miyembro sa wikang Tagalog sa telepono.
(Tagalog)

Vui lòng gọi cho Care1st nếu quý vị muốn có tập cẩm nang hội viên này hay những tài liệu, văn bản khác bằng tiếng Việt. Ban dịch vụ hội viên có thể giúp đỡ quý vị bằng tiếng Việt qua điện thoại.
(Vietnamese)

Call Care1st at **1-855-699-5557** if you would like this member handbook or other written materials in large print, audio, or _another format.

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# Welcome:
# Thank you for choosing Care1st Health Plan!

**IMPORTANT:Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal legation at the time of labor and delivery; infertility treatments or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call Care1st Member Services at 1-855-699-5557 to ensure that you can obtain the health care services that you need."**

This member handbook is also called the Combined Evidence of Coverage and Disclosure Form. **This Combined Evidence of Coverage and Disclosure Form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.** The health plan contract can be furnished to you if you request.

. This handbook tells you how to get health care. It also has the terms and conditions of your health benefits coverage. You should read the **Member Handbook** completely and carefully. Words in **bold** can be found at the end of the book. Refer to the section titled "GLOSSARY". The glossary will help you understand words used in this **Member Handbook**.

If you or your child has special health needs, you should read the sections that apply to you.

Call Care1st **Health Plan** if you have questions about covered services or specific provisions.

For a listing of participating providers, including provider name, phone number, address, and languages spoken, please refer to your provider directory. You may call Care1st Member Services at 1-855-699-5557 to ask for this or any other member related material.

# How to change your Health Maintenance Organization (HMO)

You can also leave Care1st to enroll with another health maintenance organization (HMO) at any time for any reason. To change your HMO, call Health Care Options (HCO). You can find HCO's phone number in the "Important Phone Numbers" section. When you change your HMO, you will get a new ID card and Member Handbook from your new HMO. Be sure to destroy your old ID card.

# Program Transitions to Medi-Cal

If you and/or your family members had Covered California, but now have Medi-Cal, your current provider(s) may not be part of the Care1st Health Plan Medi-Cal network. If you would like to know more about this transition, please call our Member Services Department at 1-855-699-5557 (TTY/TDD 711). They can tell you the name of your doctor or help you find a new doctor. They can also answer your questions about Care1st or Medi-Cal managed care. If you have been told you need to pay a monthly premium, you may go to your county office or call 1-866-262-9881 to find out more. If you have questions about your Medi-Cal coverage or about when you need to renew your Medi-Cal, please call your Medi-Cal case worker. You can also call the number listed below for more information:

San Diego Department of Public Social Services: 1-866-262-9881

# Continuity of Care

If you are a new Care1st Medi-Cal beneficiary, and were required to transition to Medi-Cal managed care, you have the right to request continuity of care. As a Care1st member, you may make a continuity of care request to continue receiving needed services for up to 12 months with an out-of-network doctor. Retroactive requests may be accepted and approved if all continuity of care requirements are met. For more details, see the Continuity of Care Policy in the "Our provider network: Who gives me health care?" section of this handbook.

To find out more about making a continuity of care request, please call 1-855-699-5557 (TTY/TDD 711).

# This Member Handbook:

## *"Why is it important to me?"*

This Member Handbook has important information. Keep it where you can find it easily. This handbook contains information on:

- How and from whom to get care
- What types of care are and are not covered
- Who to contact if you have problems
- Your rights regarding Medi-Cal and how you are treated

**In this handbook, we use "you" and "your" to mean "the Medi-Cal member." Only the member can get the benefits mentioned in this handbook.**

**Your Member Handbook is also called the Combined Evidence of Coverage and Disclosure Form. It gives only a summary of Care1st Health Plan policies and rules. You must look at the contract between Care1st and the California Department of Health Care Services (DHCS) to learn the exact terms and conditions of coverage. Call Care1st if you would like a copy of the contract.**

*Understanding Whom to call and When*.

You can call your **Primary Care Provider (PCP)** — when you:

- Need an appointment
- Need a checkup
- Are sick
- Need urgent care services in San Diego County
- Have a health question

Your doctor's name and telephone number are on your ID card.

You can call **the Nurse Advice Line** 24 hours a day, 7 days a week when:

- You, or a covered family member, aren't feeling well and you aren't sure if a doctor is needed
- You have a question about a medication
- You have a general question about you or a covered family member's health

The number is listed on the back of your Care1st ID Card

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You can call **Care1st** when you:

- Need a new ID card
- Want to change your PCP
- Have questions about services and how to get them
- Want to know what's covered or what is not covered
- Need help getting the care you need
- Need an interpreter for your medical appointment
- Need a document from Care1st read in your language
- Are pregnant
- Have a problem you can't resolve
- Get a bill from a doctor
- Want to change health plans from Care1st to a different health plan
- Are unsure who to call

**Care1st toll-free number is 1-855-699-5557.**

## Helpful information on the Internet at **www.care1st.com**

Do you use the Internet? Our website, www.care1st.com (available in English and Spanish), is a great resource for:

- Finding a doctor
- Learning about the Nurse Advice Line and how and when to use it
- Learning about your benefits
- Learning more about privacy rights
- Learning about health education services
- Finding out about your rights and responsibilities
- Learning about fraud, waste and abuse and how to report suspected fraud, waste and abuse
- Filing a complaint (called a "grievance")

You can also check your eligibility for medical coverage or request to change your health plan. Since this information is private, you will need to log in. Go to **www.care1st.com** to find out what to do.

Be sure to have your ID card ready because we will ask for your member ID number.

# Your Rights and Responsibilities

## As a Care1st member, you have the right to…

**Respectful and courteous treatment**. You have the right to be treated with respect and courtesy by your health plan's providers and staff. You have the right to be free from consequences of any kind when making decisions about your care.

**Privacy and confidentiality**. You have the right to have a private relationship with your provider and to have your medical record kept confidential. You also have the right to receive a copy of and request corrections to your medical record. If you are a minor, you have the right to certain services that do not need your parents' approval.

**Choice and involvement in your care**. You have the right to receive information about your health plan, its services, its doctors and other providers. You also have the right to get appointments within a reasonable amount of time. You have the right to talk to your doctor about all treatment options for your condition, regardless of the cost. You have the right to say "no" to treatment, and the right to a second opinion. You have a right to decide how you want to be cared for in case you get a life-threatening illness or injury.

**Receive timely customer service**. You have the right to wait no more than 10 minutes to speak to a customer service representative during Care1stnormal business hours.

**Voice your concerns**. You have the right to complain about Care1st, the health plans and providers we work with, or the care you get without fear of losing your benefits.

**Care1st will help you with the process**. If you don't agree with a decision, you have the right to appeal, which is to ask for a review of the decision. You have the right to disenroll from your health plan whenever you want. As a Medi-Cal member, you have the right to request a State Hearing.

**Service outside of your health plan's provider network**. You have the right to receive emergency or urgent services as well as family planning and sexually transmitted disease services outside of your health plan's network. You have the right to receive emergency treatment whenever and wherever you need it.

**Service and information in your language**. You have the right to request an interpreter at no charge to you.. You have the right to get all member information

in your language or in another format (such as audio or large print).

**Know your rights**. You have the right to receive information about your rights and responsibilities.

## As a Care1st member, you have a responsibility to…

**Act courteously and respectfully**. You are responsible for treating your doctor, all providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before your visit to cancel or reschedule.

**Give up-to-date, accurate and complete information**. You are responsible for giving correct information to all of your providers and to Care1st. You are responsible for getting regular checkups and telling your doctor about health problems before they become serious.

**Follow your doctor's advice and take part in your care**. You are responsible for talking over your health care needs with your doctor, developing and following the treatment plans you and your doctor agree on.

**Use the Emergency Room only in an emergency**. You are responsible for using the emergency room in cases of an emergency or as directed by your doctor.

**Report wrong-doing**. You are responsible for reporting health care fraud or wrongdoing to Care1st. You can do this without giving your name by calling the Care1st Compliance Helpline toll-free at **1-800-400-4889**, or calling the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at **1-800-822-6222.**

# Let's get started: How do I get health care?

In this handbook, we will call your primary care provider your "PCP." Your PCP, also known as your primary care doctor, is responsible for making sure you get the medical care you need.

You were asked to choose a PCP and a Health Plan Partner when you filled out the Medi-Cal enrollment form. Each member has a PCP. Some exceptions may apply. Please call Care1st at **1-855-699-5557** to learn more about these exceptions.

You may choose one PCP for all members of your family in Medi-Cal. Or you may choose a different PCP for each member. Women may choose an Ob/Gyn or family planning clinic as their PCP.

But, sometimes we can't give you the PCP you choose. Some of the reasons are:

- The doctor is not taking new patients.
- The doctor does not work with the health plan you chose.
- The doctor only sees patients of a certain age or only women (Ob/Gyn).
- The doctor does not work with Care1st.

If you did not get the PCP or health plan you chose, call Care1st at 1-855-699-5557 to see if that PCP or health plan is available. You can change your PCP at any time for any reason. If you did not choose a PCP within 30 days of enrolling, a PCP was assigned to you

## Members with Medi-Cal and Medicare coverage

Members who receive both Medicare and Medi-Cal benefits may not need to choose or be assigned a PCP with Care1st. If you have both Medicare and Medi-Cal benefits, Medicare is your main coverage. You will still go to your Medicare doctors, specialists, hospitals and get most of your prescriptions from Medicare. Care1st will work with your Medicare doctor to determine what Medi-Cal services you may need. This handbook explains your Medi-Cal benefits through Care1st. Your co-payments, medical services and supplies that are not covered by Medicare will be taken care of by Medi-Cal, but these services must be:

- Not covered by Medicare
- Covered by Medi-Cal and
- Medically needed.

## Your PCP

Your PCP gives you "primary" (or basic) medical care. Health care services you can get from your PCP include:

- Routine care
- Checkups (also called "well visits"). This is when you go to your PCP when you are not sick, like when you need immunization shots. It is important to see your PCP even when you are not sick.
- Sick care. These visits are when you see your PCP because you are not feeling well.

**When you need a checkup or if you get sick, you need to go to your PCP. Call your PCP using the phone number on your member ID card.**

## Start getting care now! Call your PCP for a checkup

Be sure to schedule a checkup soon after becoming a Care1st member. Call your PCP today to make an appointment for a "new member checkup." **Be sure to schedule a checkup within the first four (4) months or 120 days of becoming a Care1st Member.** This visit is also called a "well visit" or "initial health visit".

This first visit is important. Your PCP looks at your medical history, finds out what your health status is, and can begin any new treatment you might need. You and your PCP will also talk about preventive care. This is care that helps "prevent" you from getting sick or keeps certain conditions from getting worse. Remember, children also need to get a checkup every year, even when they are not sick, to make sure they are healthy and growing properly.

## How to see your PCP

Call your PCP's office to schedule an appointment. You should get an appointment to see your PCP for non-urgent services within 10 business days from the date of your call. Your PCP's phone number is on your Care1st member ID card.

1. Be on time for your appointment. If you need directions, call the PCP's office.
2. If you can't go to your appointment, call the PCP's office right away. By canceling your appointment, you allow someone else to be seen by the doctor.
3. If you miss your appointment, call right away to make another appointment.
4. Show the PCP's office your member ID card when you are there.

**Important! You can still get services without your member ID card. If you need to see your PCP, your PCP, hospital or pharmacy can call Care1st to verify your membership so you can get care.**

## How to get care when your PCP's office is closed

If you need non-emergency care when your PCP's office is closed (such as after normal business hours, on the weekends or holidays), call your PCP's office. You will get the office's answering service. Leave your name and telephone number and a doctor will call you back.

You can also call the Nurse Advice Line number that is on your member ID card. The Nurse Advice Line is available to you 24 hours a day, seven (7) days a week, to help answer your health care questions and have your health concerns and symptoms evaluated by a registered nurse. This service is free of charge and available to you in your language.

For urgent care (this is when a condition, illness or injury is not life-threatening, but needs medical care right away), call or go to your nearest urgent care center. Many of Care1stdoctors have urgent care hours in the evening, on weekends or during holidays. For emergency care, call 911 or go to the nearest emergency room.

## If you get a bill

Care1st pays for all medical costs covered by Medi-Cal for emergency care. You should not get a bill for any services covered by Care1st. Please call Care1st right away if you receive a medical bill and we will make sure the doctor stops sending you a bill.

You may get a medical bill if you go to a doctor or hospital that does not work with Care1st or is located outside of San Diego County. If this happens, then you may be billed by the doctor or hospital and you may have to pay for services that are not covered by Care1st. If you pay the bill, keep a copy or record of your payment and send a copy of your payment to Care1st for review. If the bill is for covered or authorized services, you may receive a refund from Care1st.

You should not be billed for emergency care, urgent care, the care required to stabilize an emergency condition, family planning services, or for sexually transmitted disease testing at a clinic. You should not be billed for hospital care you get due to an emergency. If you receive a bill, do not pay it. Call Care1st right away to have us take care of the bill for you.

Do not pay medical bills you get from a collection company. If you get a bill for covered services and need help or if you want to file a complaint, call Member Services at Care1st. If your doctor sent your information to a collection company for covered services that you received when you were eligible for

Medi-Cal and receives proof that you had Medi-Cal at the time of your visit, your doctor must let the collection company know you had Medi-Cal at that time. If you had Medi-Cal at the time of your doctor visit, you cannot be charged for covered medical services and your doctor must tell the collection company to stop trying to make you pay the bill.

## What is a second opinion?

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

- You question a diagnosis for a chronic condition or for a condition that endangers your life or body. (A diagnosis is when a doctor identifies a condition, illness or disease).
- You do not agree with your PCP or specialist's treatment plan (A treatment plan is what the doctor says is best for you, based upon the doctor's diagnosis.)
- You would like to make sure your treatment plan is right for you.

The second opinion must be from a qualified health care professional in the Care1st network (A qualified health care professional is a person who has the training and expertise to treat or review a specific medical condition.)

If there is no qualified health care professional within our network, then Care1st will authorize (or okay) a second opinion by a qualified health care professional outside Care1stnetwork.

## How to get a second opinion?

To get a second opinion:

1. Talk to your PCP, specialist or Care1st and let them know you would like to see another PCP and the reason why.
2. Your PCP, specialist or Care1st will refer you to a qualified health care professional. If you are requesting a second opinion about a diagnosis that your PCP made, the second opinion shall be from a PCP of your choice from the same physician organization as your PCP's. If you are requesting a second opinion about a diagnosis that your specialist made, a second opinion must come from any independent physician association (IPA) or medical group within the network for the same specialty. If there is no qualified health care professional within your plan's network, Care1st will authorize (or okay) a second opinion by a qualified provider outside the network.
3. Call the second opinion doctor to make an appointment.
4. Show the doctor's office your member ID card.

You may file a complaint if your health plan denies your request for a second opinion or if you do not agree with the second opinion. This is called "filing a grievance." You can learn more about this in the "Complaints: What should I do if I am not happy?" section of this handbook.

## Are you pregnant? Call Care1st at 1-855-699-5557

We want you and your baby to be healthy. Please call your health plan right away if you are pregnant

or become pregnant. Then, call your PCP or Ob/Gyn to make an appointment. You should get an appointment to see your PCP or Ob/Gyn within ten (10) calendar days from the date of your call. When you are pregnant, it is important to get care right away, throughout your pregnancy, and after you give birth.

## How to get health care that your PCP can't give you

Sometimes you need care your PCP can't give you. You may need care from a specialist or a hospital. To see a specialist, or for treatment at a hospital, your PCP must authorize (or okay) the care, and give you a "referral." (A referral is a request from your PCP to another doctor or to the hospital for health care services or treatment you may need). Your PCP will start the referral process but you MUST get a referral BEFORE you get specialized health care services or treatment.

Routine referrals take up to five (5) business days to process (business days are Monday through Friday), but may take longer if more information is needed from your PCP. In some cases, your PCP may ask to "rush" your referral. Expedited (rush) referrals may not take more than three (3) calendar days. Please call Care1st if you do not get a response by these times.

But, if you need to see an Ob/Gyn or need to receive emergency or urgent care, you do not need a referral. Emergency or urgently needed services are covered 24 hours a day, seven (7) days a week in San Diego County and also anywhere in the United States, Canada, and Mexico. Referrals are never needed for emergency or urgently needed services or OB/GYN care.

If a referral is not approved, you will receive a letter from your PCP or Care1st explaining why the referral was denied. If you do not agree with the explanation given, you may file a complaint. For information on how to file a complaint, turn to the "Complaints: What should I do if I am not happy?" section of this handbook.

## How to get a standing referral with a specialist

You may need to see a specialist (or another qualified health care professional) for a long time if you have a chronic disease (such as diabetes or asthma), a life- threatening condition (such as HIV/AIDS) or a disability.

This is called a "standing referral." (A standing referral is made to a specialist who is in Care1st network or who is with a contracted specialty care center.) If Care1st does not have a qualified specialist, we will send you to a specialist outside of our network.

A standing referral needs an approval by Care1st. You can ask your PCP for a standing referral, or your PCP can ask Care1st for a standing referral.

Care1st must decide on your request for a standing referral within three (3) business days. Once you have a standing referral, you will not need permission for each visit with the specialist.

Your specialist will develop a treatment plan for you that will show how often you need to go to the doctor. Once the treatment plan is approved, the specialist will coordinate the care you get. This specialist will be authorized to provide health care services the same way your PCP would.

# ID cards:

## *"How do I use them?"*

### What to do with your Care1st member ID card

Along with this handbook you received a Care1st member ID card for every family member covered by Medi-Cal. If you did not receive a member ID card for a family member who is covered by Medi-Cal, call Care1st right away.

You will need to show your Care1st member ID card to access Medi-Cal services.

If you have both Medicare and Medi-Cal benefits, **Medicare is your main coverage**. This means that you will not be assigned a Medi-Cal PCP and you should see your Medicare doctor for your primary care needs, such as:

- Doctor visits
- Hospital stays
- Prescriptions
- Lab work

Use your Care1st Medi-Cal ID card for services that **Medicare does not cover**, such as:

- Long term stays in nursing homes,
- Non-emergency medical transportation,
- Some co-payments
- Other costs that Medicare may not cover.

**Here's what to do with your member ID card:**

- Check to make sure the information on your member ID card is correct. Is your name spelled right? If anything on your member ID card is incorrect, call Care1st at **1-855-699-5557** right away.
- Keep your member ID card in a safe place. If you lose or damage your member ID card, call Care1st at **1-855-699-5557**.
- Call Care1st or visit Care1stwebsite at **www.care1st.com** if you need to request or reorder a member ID card.

### What to do with your Medi-Cal card (also known as BIC card)

The State of California sent you an ID card called the Medi-Cal Benefits Identification Card ( BIC card). You need to show your Medi-Cal card whenever you get services you don't get from Care1st. You can learn more about these services in the "More benefits: What other services can I get?" section of this handbook. Call Health Care Options (HCO) at **1-800-430-4263**, if you need a new Medi-Cal card.

 **Never let anyone use your health plan member ID card or Medi-Cal card. This is called fraud. You can lose your Medi-Cal benefits if someone else uses your member ID cards to get care. If you lose your Medi-Cal benefits, Care1st will not be able to give you care.**

# Our provider network:

## *"Who gives me health care?"*

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

Care1st works with a large group of doctors, specialists, pharmacies, hospitals and other health care providers. This group is called a "network." You can get a copy of Care1stnetwork by calling **1-855-699-5557** and asking for a provider directory.

**In most cases, you need to get care within Care's network**. That is not the case if you need emergency or urgent care in Mexico, Canada or outside of San Diego County. You can learn more about this in the "Emergency and Urgent care: How do I get care in an emergency?" section of this handbook.

### Your PCP gives you most of your care

If you have both Medicare and Medi-Cal benefits, Medicare is your main coverage. This means that you will not be assigned a Medi-Cal PCP and you should see your Medicare PCP for your primary care needs.

If Medi-Cal is your main coverage, your Medi-Cal PCP is responsible for making sure you get the health care benefits you need and should receive from Medi-Cal.

### Choice of Physicians and Providers

### How to change your PCP

If you didn't choose a PCP when you enrolled in Medi-Cal, a PCP was chosen for you by Care1st. Your PCP was chosen for you based on:

- The language you speak
- Your age and gender
- How close you live to the PCP's office
- It is best to stay with the same PCP because they are familiar with your health history and health needs. If you choose not to stay with the same PCP, you can choose a new one from the Care1st network. You can find another PCP by using the provider directory mailed to you along with this handbook, or by visiting Care1stwebsite at www.care1st.com. Call Care1st if you need help with choosing another PCP.

**You can change your PCP for any reason if you are not happy. Choosing the right PCP for you and your family members is important. To change your PCP, call San Diego Care.**

Things to remember if you choose a new PCP:

- Some PCPs work within a group of doctors with certain specialists, hospitals and other health care providers. If you need a specialist, your PCP may send you to these providers. If you are going to a specialist already or want to use a specific hospital, talk with the PCP you are choosing.
- A PCP is a doctor or even a clinic. You can pick one PCP for all members of your family in Medi-Cal or you can pick a different PCP for each member of your family in Medi-Cal. Women may choose an Ob/Gyn or family planning clinic as their PCP.
- Ask about office access if you or a family member has a disability.

In some cases, your PCP may not agree to treat you and may ask Care1st to make a change. This can happen if:

- You are disruptive or disrespectful to your doctor or your doctor's office staff.
- You do not follow your doctor's treatment plan.
- The service or care you need is not within the doctor's scope of care (like a high-risk pregnancy).

## Kinds of PCPs

You can choose your PCP from the Care1st provider directory that came with this handbook, or by visiting Care1st website at www.care1st.com. The kinds of physicians that can be PCPs are:

- Family Practitioners
- General Practitioners
- Internal Medicine Practitioners
- Pediatricians
- Ob/Gyns (for female members only)

Some hospitals and other providers may have a moral objection to provide some services. To ensure you can get the health care services you need, be sure to call Care1st at **1-855-699-5557** to get more information about the hospital or provider before you choose them. If a hospital or provider has religious or ethical objections to performing a procedure or otherwise support, Care1st shall arrange for the timely referral and coordination of covered services to another hospital or provider that will perform the procedure or otherwise support.

Please note that some hospitals and other providers do not provide one or more of the following services even if it is covered by your health plan or may be needed:

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

If a hospital or other provider tells you that it has a moral objection to providing you with these

services, you should call Care1stMember Services to ensure you can get the health care services you need.

## Choosing a Federally Qualified Health Center (FQHC) as your PCP

A Federally Qualified Health Center (FQHC) is a health clinic. FQHCs get money from the federal government because they are located in areas without a lot of health care services. An FQHC can be your PCP. To get the names and addresses of the FQHCs that work with Care1st, call Care1st, or visit Care1stwebsite at **www.care1st.com**.

## How to get care from a specialist

Your PCP is the doctor who makes sure you get the care you need when you need it. Sometimes your PCP will send you to a specialist. (A "specialist" is a doctor who is an expert in a certain kind of health care). These specialists work with your PCP and are part of Care1stnetwork. If you need care from a specialist, your PCP must approve these services before you receive them. Routine referrals to a specialist may take up to five (5) business days, but may take longer if more information is needed from your PCP. In some cases, your PCP may ask to "rush" your referral. Expedited (rush) referrals (for when you need medical care right away or have an urgent condition) may not take more than three (3) calendar days.

Female members who need Ob/Gyn care don't need their PCP's approval to go to an Ob/Gyn or family planning doctor with Care1st.

## Our doctors' professional qualifications

We are proud of our doctors and their professional training. If you have questions about the professional qualifications of our network doctors and specialists in our provider directory, call Care1st,

## Certified Nurse Midwives

Certified Nurse Midwife services may be available outside of Care1stnetwork with prior authorization. (A Certified Nurse Midwife is a registered nurse who has experience in labor and delivery.) To find out more, ask your PCP or call Care1st.

## Certified Nurse Practitioners

Some PCPs who work with Care1st have Certified Nurse Practitioners on staff to see patients. (A Certified Nurse Practitioner is a registered nurse who has completed an advanced training program in a medical specialty.) Members may see a Certified Nurse Practitioner. To see a Certified Nurse Practitioner, or for more information, ask your PCP or call Care1st.

## Choosing a non-physician provider as your PCP

Members are able to choose certain non-physician providers as their PCP. If a certified nurse midwife, certified nurse practitioner or physician assistant is in the Care1st network and you would like them to be your PCP, you have 30 calendar days from enrollment to select one of these individuals to be your PCP.

## What care can you get from a provider who is not your PCP?

There are some kinds of care that you can get from someone other than your PCP:

- Emergency care. In an emergency, dial 911. Emergency services do not need a referral, or an okay, from your PCP or Care1st before you get them.
- Urgent care when you are not in San Diego County and can't come back to County to get care. Call your PCP if you are not sure how to get urgent care when you are not in San Diego County.
- Family planning services and sexually transmitted disease testing. You may get these services from any health care provider licensed to provide these services. You do not need your PCP's okay to get these services.
- Specialist care. Your PCP will send you to a specialist if you need one. In most cases, you can't see a specialist without your PCP's approval.
- Members may see an in-network Ob/Gyn for Ob/Gyn services without the PCP's okay.

## How to keep seeing your doctor if your doctor leaves your health plan

Sometimes Care1st stops working with a doctor, medical group, or hospital. If this happens, we will let you know as soon as we can. You can ask to keep seeing your doctor (including specialists and hospitals) if that doctor agrees. Call us if:

- You have an acute condition (a condition that comes on quickly and lasts for a short time).
- You have a serious chronic condition (a long-term, ongoing condition).
- You have an illness which will end in death.
- You have been scheduled and/or approved for surgery or a medical procedure.*
- You are going to have a baby.
- You have a child up to 3 years old (36 months).

Some examples of when you can keep seeing your previous doctor:

- You are seeing or have been approved to see a specialist.
- You are waiting to see a specialist.
- You think you need to see a specialist, but you do not have an approval.
- You need special medical equipment.

* Must be a surgery or other procedure authorized by Care1st as part of a documented course of treatment. This treatment must have been set to occur within 180 calendar days of the time the doctor or hospital stops working with Care1st, or within 180 calendar days of the time you began coverage with Care1st.

## How to keep seeing your doctor if you are a new member

Members who have just joined Care1st may ask to keep seeing their doctor or hospital if they are in the middle of treatment or have scheduled treatments or procedures. This is called a "continuity of care" benefit.

You will not be eligible for the continuity of care benefit if:

- You had the option to continue care from your previous provider but still chose to change health plans.

PCPs not contracted with **Care1st** may be required to agree to the same terms and conditions as contracted providers. If the PCP does not agree, **Care1st** is not required to provide continuity of care through that doctor.

## Continuity of Care Policy

As a member, you, your authorized representative, or provider may make a direct request for continuity of care. Once the request is made, Care1st will begin to process the request within five (5) businessdays after the receipt of the request, or (3) calendar days if there is a "risk of harm". The continuity of care process begins when Care1st determines there is a pre-existing relationship and has entered into an agreement with the provider, and if granted, will be approved retroactively

Continuity of care with an out-of-network provider must be granted when the following are met:

1. Care1st is able to determine that you have an existing relationship with your out-of-network provider. (An existing relationship means that you have seen the out-of-network PCP or specialist at least once during the 12 months prior to the date of your initial enrollment with Care1st for a non-emergency visit).
2. The provider is willing to accept the higher of Care1stcontract rates or Medi-Cal FFS rates; and
3. The provider meets Care1stapplicable professional standards and has no disqualifying quality-of-care issues.

Care1st is not required to provide continuity of care for services not covered by Medi-Cal. Also, if your provider won't work with Care1st, you will need to find a new provider.

You can get a copy of Care1st"continuity of care" policy by calling **1-855-699-5557**.

## Care outside of Care1st network

As a member of Care1st, your service area is San Diego County. For routine (regular) care, all health care services are provided in San Diego County. Routine care outside of San Diego County is not covered.

In most cases, you need to get care within Care1stnetwork and within San Diego County. However,

you can always get emergency or urgent care in Mexico, Canada or anywhere in the United States when you are outside of San Diego County.

If you get care from a non-contracted provider (a doctor or other provider that is not a part of Care1st network) or outside of San Diego County, you may be billed by the provider and you may have to pay. You will not have to pay if you receive emergency care, urgent care, HIV testing and counseling, family planning and for sexually transmitted disease (STD) testing services outside of the Care1st Health Plan network. You can learn more about this in the "Emergency and urgent care: How do I get care in an emergency?" section of this handbook.

# What is covered?

## *"What kind of health care can I get from Care1st?"*

In order for you to get any health care service through Care1st, the service must be both:

- A covered benefit in Medi-Cal and
- Medically necessary

A "covered benefit" means that you can get this service through Medi-Cal and Care1st. "Medically necessary" means that you need the service to get healthy or stay healthy.

All health care services are reviewed, changed, approved or denied according to medical necessity. If you would like a copy of the policies and procedures Care1st uses to decide if a service is medically necessary, call Care1st. No doctor has to give you services that he/she doesn't believe you need. **Services are subject to all terms, conditions, limits and exclusions**. You can learn more about this in the "Non-covered services: What does Medi-Cal not cover?" section of this handbook.

**All services require prior authorization unless the benefit says that prior authorization is not needed**. "Prior authorization" means that your PCP and Care1st agree that both services and care are necessary. You must have a prior authorization before you get most services or care, such as services from a specialist.

Services that do not require prior authorization are:

- PCP visits
- Emergency services
- Urgently needed services when outside of San Diego County
- Family planning services
- Preventive Services
- Sexually transmitted disease (STD) services
- HIV testing
- Basic prenatal care form a doctor who works with Care1st
- In-network Certified Nurse Midwife/Ob-Gyn services

**Call Care1st at 1-855-699-5557 if you have questions about:**

- Your benefits
- How or where to get benefits
- What is covered or not covered

**All covered benefits are free.** *Some exceptions may apply. Please call Care1st at 1-855-699-5557 to learn more about these exceptions.*

**IMPORTANT:Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal legation at the time of labor and delivery; infertility treatments or abortion. You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call the health plan at 1-855-699-5557 to ensure that you can obtain the health care services that you need."**

## Covered benefits include:

### *Alcohol Misuse*

Care1st covers alcohol misuse screening services for all members 18 and older. Services include:

- Behavioral counseling intervention
- Health education services
- Screening, brief intervention and referral to treatment

**Not Covered**:

- Treatment for alcohol use disorders. If found to meet criteria for alcohol use disorder, the member will be referred to the alcohol and drug program in the county in which he/she lives for further evaluation and treatment.

### *Acupuncture*

- Services must be obtained from an In Service Area Contracted Provider or Local Out of Service Area Provider.
- Does not require a referral or prior authorization from the Plan.
- Services are limited to a maximum of 2 visits per calendar month.
- Benefit is limited to 24 visits per benefit year.

- **Non-Covered Services**
- Acupuncture services are not reimbursable when:
- Billed as an emergency or inpatient service.
- Rendered by a physician assistant, nurse practitioner or certified nurse midwife.
- Non-acupuncture services rendered by a certified acupuncturist are not reimbursable.
- In addition, if the only service rendered is an acupuncture treatment, physicians and podiatrists may not be reimbursed for an office or medical visit.

***Asthma Services***

- Nebulizers (including face mask and tubing), inhaler spacers and peak flow meters for management and treatment of asthma
- Member education on proper use of asthma equipment
- Member education for self-management and group education classes (offered at Family Resource Centers).

***Behavioral Health Treatment for Autism Spectrum Disorder***

Care1st Health Plan covers behavioral health treatment (BHT) for autism spectrum disorder (ASD). This 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.

BHT services must be:

- 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

You may qualify for BHT services if:

- 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.

You do not qualify for BHT services if you:

- 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.

If you are currently receiving BHT services through a regional center, the regional center will continue to provide these services until a transition plan is developed. Further information will be available at that time.

You can call Care1st Health Plan if you have any questions or ask your Primary Care Provider for screening, diagnosis and treatment of ASD.

***Cancer Screening***

- All generally medically accepted cancer screening tests, including coverage for screening and diagnosis of prostate cancer
- Colon cancer screening and diagnosis with options of at home screening kits (Fecal Occult Blood Test), flexible sigmoidoscopy, and/or colonoscopy exam
- Mammography for screening/diagnostic purposes
- Cervical cancer screening test and prevention, including:
- Papanicolaou (Pap) test
- Human Papilloma Virus (HPV) screening
- HPV vaccinations
- Cancer clinical trials.

If you have cancer, you may be able to be part of a cancer clinical trial. A cancer clinical trial is a research study with cancer patients to find out if a new cancer treatment or drug is safe and treats a member's type of cancer. The cancer clinical trial must meet certain requirements, when referred by your Care1st doctor or treating provider. It must have a meaningful potential to benefit you and must be approved by one of the following: the National Institute of Health (NIH), the Food and Drug Administration (FDA), the U.S. Department of Defense or the U.S. Veteran's Administration. If you are part of an approved cancer clinical trial, Care1st will provide coverage for all routine patient care costs related to the clinical trial.

If you have a life-threatening condition, or were eligible but denied coverage for a cancer clinical trial, you have the right to request an Independent Medical Review (IMR) on the denial. You can learn more about this in the "Complaints: What should I do if I am not happy?" section of this handbook.

***Chiropractic Services***

Services must be obtained from an In Service Area Contracted Provider or Local Out of Service Area Provider.

Requires a referral from the Member's PCP and prior authorization from the Plan. Benefit is limited to 20 visits per benefit year.

***Diabetic Services***

These services are covered for diabetic patients when medically necessary:

- Medical equipment
- Prescription drugs on Care1st formulary
- Diabetes-related supplies:
- Blood glucose monitors and testing strips
- Blood glucose monitors designed to assist the visually impaired for insulin dependent, non-insulin dependent and gestational diabetes
- Insulin pumps and all related necessary supplies
- Ketone urine testing strips
- Lancets and lancet puncture devices
- Pen delivery systems for the administration of insulin
- Podiatric devices of the feet (such as special footwear or shoe inserts) to prevent or treat diabetes-related complications
- Insulin syringes
- Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin
- Health education for self-management and group education classes (offered at the Family Resource Centers)
- Family education about the diabetic disease process and daily management

***Doctor's Office Visits***

- All routine visits, exams, treatments, required immunization shots, and Child Health Disability Prevention Program (CHDP) visits are provided by your doctor
- Services received from a specialist
- Any CHDP services from school-based programs or the San Diego County Department of Health Services. There is more information about CHDP services under the "More benefits: What other services can I get?" section of this handbook. You can also call CHDP at **619-692-8808.**

***Drugs/Medications***

- Prescription drugs and over-the-counter drugs on the Care1st formulary are covered. You can learn more about this in the "Pharmacy benefits: How do I get prescription drugs?" section of this handbook.

***Durable Medical Equipment (DME)***

DME is medical equipment used repeatedly (over and over again) by a person who is ill or injured. These items are ordered by your doctor. Examples include:

- Apnea monitors
- Blood glucose monitors, including monitors for the visually impaired for insulin dependent, non-insulin dependent and gestational diabetes
- Insulin pumps and all related supplies
- Nebulizer machines
- Orthotics (shoe inserts)
- Ostomy bags
- Oxygen and oxygen equipment
- Prosthesis
- Pulmo-Aides and related supplies
- Spacer devices for metered-dose inhalers
- Tubing and related supplies
- Urinary catheters and related supplies

To find out what other items are on the approved DME list, please call **Care1st at 1-855-699-5557**. You may get other items not on the list if they are covered and are medically necessary.

***Emergency Services***

Emergency services are covered 24 hours a day, seven (7) days a week. No services are covered outside of the United States, except for emergency services in Canada and Mexico. Emergency care is a service that a member reasonably believes is necessary to stop or relieve:

- Severe pain
- Sudden serious illnesses or symptoms
- Injuries or conditions requiring immediate diagnosis and treatment, including emergency labor and delivery.

Emergency services and care include ambulance, medical screening, examination, and evaluation.. Emergency services include services for both physical and psychiatric emergency conditions, active labor, and, in the case of pregnant women, services for conditions that would place her or her unborn child in serious jeopardy. You can learn more about these in the "Emergency and urgent care: How do I get care in an emergency?" section of this handbook.

Enteral and Parenteral Nutrition: Enteral formula and additives, adult and pediatric, including for inherited diseases of metabolism; enteral feeding supply kits; enteral nutrition infusion pump; enteral tubing; gastrostomy/jejunostomy tube and tubing adaptor; nasogastric tubing; parenteral nutrition infusion pump; parenteral nutrition solutions; stomach tube; and supplies for self-administered injections. Enteral nutrition products may be covered when requested by your doctor and if medically necessary.

### *Family Planning*

Family planning services are provided to members to help delay or prevent pregnancy. These services include all methods of birth control approved by the Food and Drug Administration (FDA). You may receive family planning services and FDA-approved contraceptives from any health care provider licensed to provide these services.

Examples of family planning providers include:

- Your PCP
- Clinics
- Certified Nurse Midwives and Certified Nurse Practitioners
- Ob/Gyn specialists (doctors who specialize in female reproductive health care)
- Planned Parenthood clinics

Family planning services also include pregnancy tests, counseling and surgical procedures for the termination of pregnancy (called an abortion). Please call Care1st to find out more.

Many of our doctors who provide family planning services are also Ob/Gyn specialists. Women may choose a PCP from a list of family planning clinics located near them. Call Care1st for a copy of this list.

Women have the right to family planning services given by a family planning provider who is not in Care1st network. You do not need an okay from your PCP to do this. Care1st will pay that PCP or clinic for the family planning services you get.

The California Department of Public Health Office of Family Planning, can also answer questions or give you a referral for family planning services. You can reach them at **1-800-942-1054.**

### *Hearing Aids*

Hearing aids are covered when ordered by your doctor.

### *HIV/AIDS Testing*

You can get confidential HIV testing from any health care provider licensed to provide these services and that accepts Medi-Cal. You do not need a referral or okay from your PCP or health plan. Examples of where you can get confidential HIV testing include:

- Your PCP
- San Diego County Department of Health Services
- Family planning services providers
- Prenatal clinics

Please call Care1st to request a list of testing sites.

If you need treatment for HIV/AIDS, you must see a doctor that is in the Care1st network.

***Home Health Care***

Home health care services are provided in the home if the following are met:

- You are housebound
- You require help from a nurse, physical, occupational or speech therapist
- Services can be provided and monitored in a safe way in your home

Home health services ordered by your doctor are provided by home health personnel such as:

- Registered Nurses
- Licensed Vocational Nurses
- Home Health Aides
- Medical Social Services

If a service can be provided in more than one location, Care1st will work with the provider to choose the location.

***Hospice Care***

Hospice care is limited to members who have been certified as terminally ill and are expected to live six (6) months or less. If you decide to receive hospice benefits, you are waiving all rights to all other benefits for the terminal illness for the duration of the hospice election. You can change your choice to receive hospice care at any time. The hospice election may be made of up to two (2) periods of 90 days each and an unlimited number of subsequent periods of 60 days each during the individual's lifetime.

If you are under the age of 21, Care1st will offer and pay for covered services related to your terminal illness even if you choose to receive hospice care.

If you are terminally ill, these services are covered:

- A semi-private room in a hospice facility
- The services of a dietician
- Nursing care
- Medical social services
- Home health aide and homemaker services
- Physician services
- Drugs
- Medical supplies and appliances
- Respite care for up to seven (7) days. Respite is short-term inpatient care provided in order to give relief to a person caring for you
- Counseling services for you and your family

- Development of a care plan for you
- Short term inpatient care
- Pain control
- Symptom management

Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing or hospice facility.

Physical therapy, occupational therapy and speech-language pathology when provided for the purpose of symptom control or to enable the patient to maintain activities of daily living and basic functional skills Please contact Care1st if you need more information.

***Hospital Care***

- Includes, but is not limited to:
- Inpatient services
- Intensive care
- Outpatient services
- Surgical Services (Bariatric, Reconstructive Surgery, etc.)

***Incontinent Creams and Washes***

These are provided at no cost when there is a medical need.

***Investigational Services***

Investigational services may be covered when requested by your doctor and medically necessary

***Laboratory and Imaging Services***

**Outpatient laboratory services are covered, such as:**

- Blood work
- Urine tests
- Throat cultures

**Imaging services to help your PCP diagnose and treat your condition include:**

- X-rays
- MRIs
- CT scans

- PET scans

Some advanced imaging services are covered based on medical necessity.

**Services must be obtained at a network provider:**

- Doctor's office
- Hospital
- Laboratory

***Managed Long Term Services and Supports (MLTSS)***

Some MLTSS benefits are covered for members who qualify.

Covered Services include:

- Community Based Adult Services (CBAS) is a program you may qualify for if you have health problems that make it hard for you to take care of yourself. If you qualify, Care1st will help you find a CBAS center that best meets your needs. If there is no center available in your area, Care1st will make sure you get the services you need from other providers.

At the CBAS center you can get different services. They include:

- Skilled nursing care including medication management
- Social services
- Meals (Nutritious breakfast, lunch, and afternoon snacks including dietary consultation)
- Physical therapy
- Speech therapy
- Occupational therapy
- Transportation

CBAS centers also offer training and support to your family and/or caregiver. You may qualify for CBAS if:

- You used to get these services from an Adult Day Health Care (ADHC) center
- Your primary care doctor refers you to Care1st for CBAS
- You are referred for CBAS by a hospital, skilled nursing facility, community agency, and or a social worker/case manager

Multi-Purpose Senior Services Program (MSSP) – You may qualify for MSSP services if you are 65 years or older, have a disability, and are eligible for nursing facility placement but wish to remain at home. If approved, an MSSP provider will help you access services to help you remain safely at home. Services provided by MSSP may include:

- Adult day care/ support center

- Housing assistance
- Chore and personal care assistance
- Protective supervision
- Care management
- Respite
- Transportation
- Meal services
- Communication services.

In-Home Supportive Services (IHSS) – If you have a disability, are blind, or are over 65 years of age and unable to live at home without help, you may qualify for IHSS benefits. IHSS allows you to hire a caregiver to help you with your daily needs so you can remain safely in your own home. IHSS benefits may include the following services:

- Meal preparation and clean up
- Laundry
- Personal care services (such as bowel and bladder care, bathing, grooming and paramedical services)
- Grocery shopping and errands
- Transportation to medical appointments
- Household and yard cleaning
- Protective supervision.
- Accompaniment to medical appointments

***Mastectomy***

Mastectomy is a surgery to remove all or part of a breast, due to cancer. Partial removal of a breast, includes, but is not limited to, lumpectomy, which includes surgical removal of the tumor with clear margins. A mastectomy may include, the following to restore or achieve symmetry after a mastectomy:

- Prosthesis (replacing a missing body part with an artificial one)
- Reconstructive surgery (see "Reconstructive Surgery" in this section for more information)

If you have your surgery in a hospital, you and your doctor will decide how long you need to stay in the hospital after the surgery based on medical necessity.

***Maternity and Prenatal Care***

Maternity and Prenatal care includes:

- Regular PCP visits during your pregnancy (called prenatal visits)
- **Prenatal** supplements
- Diagnostic and genetic testing
- Nutrition counseling

- Labor and delivery care
- Health care six (6) weeks after delivery (called postpartum care)
- Inpatient hospital care for at least 48 hours after normal vaginal deliveries or for at least 96 hours after a Cesarean section.

Coverage for inpatient hospital care may be less than 48 hours or 96 hours if:

- The decision is made by the mother and treating physician, and
- A post-discharge follow-up visit for the mother and newborn is made within 48 hours of discharge.

After giving birth, you will receive breastfeeding education and special equipment if needed. Ask your doctor, or call Care1st if you have any questions.

If you are pregnant, call Care1st at 1-855-699-5557 right away. We want to make sure you get the care you need. Care1st will help you find a maternity care doctor in your network. Ask your PCP to find out more.

Go to "Women, Infants and Children Program (WIC)" under the "More benefits: What other services can I get?" section of this handbook for information about nutrition and food stamps.

***Minor Consent Services***

There are some services adolescent members (12 to 21 years of age) can get without a parent's okay. Minors can decide to get these services through their PCP or from other qualified providers not with Care1st network.

The following services are covered:

- Counseling and surgical procedures to end pregnancy (abortion)
- Drug and alcohol abuse services for members 12 years of age or older
- Family planning
- Pregnancy related services
- Sexual assault treatment (including rape)
- Sexually transmitted disease (STD) services for members 12 years of age or older including consenting to medical care to prevent a sexually transmitted disease.
- Outpatient mental health treatment and counseling for minors (12 to 21 years of age) who are mature enough to participate, and if:
  - There is a danger of serious physical or mental harm to themselves or to others; or
  - They are a victim of incest or child abuse.

***Newborn Care***

Your newborn baby will be covered by Care1st for the month of birth and the following month.

**When you have a baby, it is important to do three things:**

1. Please call Care1st at 1-855-699-5557. We want to make sure you and your baby get the care you need right away.
2. Contact your eligibility worker at HCO toll-free at 1-800-430-4263 to enroll your baby in Medi-Cal. This is important so that your baby can continue to get Medi-Cal benefits!
3. Take your baby to the doctor within three (3) days of getting home from the hospital after delivery. A Care1st doctor in your network should see your newborn baby within a few days of the birth. Call Care1st for more information on getting an appointment.

Newborn baby screenings for certain treatable genetic disorders are covered. These genetic disorders include, but are not limited to:

- Phenylketonuria (PKU)*
- Galactosemia
- Hypothyroidism
- Hemoglobinopathies
- Sickle cell disease
- Thalassemia
- Amino acid disorders
- Organic acid oxidation disorders
- Fatty acid oxidation disorders
- Congenital adrenal hyperplasia (CAH)
- Related blood disorders

Babies with these conditions will be referred to California Children's Services (CCS) for treatment or to Care1st Health Plan if the treatment is not covered by CCS.

*Treatment of PKU includes medically prescribed formulas and special food products. PKU cases are followed by a health care professional who consults with a doctor specializing in PKU-related diseases.

### *Obstetrical/Gynecological (Ob/Gyn) Care*

Pregnant members do not need a referral or okay from their PCP or Care1st to see an Ob/Gyn who works in their network. Please call Care1st if you have any questions.

### *Ostomy and Urological Supplies Substantially equal to the following:*

Ostomy supplies: adhesives; adhesive remover; ostomy belt; hernia belts; catheter; skin wash/cleaner; bedside drainage bag and bottle; urinary leg bags; gauze pads; irrigation faceplate; irrigation sleeve; irrigation bag; irrigation cone/catheter; lubricant; urinary connectors; gas filters; ostomy deodorants; drain tube attachment devices; gloves; stoma caps; colostomy plug; ostomy inserts; urinary and ostomy pouches; barriers; pouch closures; ostomy rings; ostomy face plates; skin barrier; skin sealant; and waterproof and non-waterproof tape.

Urological supplies: adhesive catheter skin attachment; catheter insertion trays with and without catheter and bag; male and female external collecting devices; male external catheter with integral collection chamber; irrigation tubing sets; indwelling catheters; foley catheters; intermittent catheters; cleaners; skin sealants; bedside and leg drainage bags; bedside bag drainage bottle; catheter leg straps; irrigation tray; irrigation syringe; lubricating gel; sterile individual packets; tubing and connectors; catheter clamp or plug; penile clamp; urethral clamp or compression device; waterproof and non-waterproof tape; and catheter anchoring device.

Incontinence supplies for hospice patients: disposable incontinence underpads; adult incontinence garments.

Ostomy and urological supplies required under this section do not include supplies that are comfort, convenience, or luxury equipment or features.

***Outpatient Mental Health Service***

Outpatient mental health services are a benefit covered by Care1st Health Plan. You can call Care1st Health Plan or ask your PCP for the name of a mental health provider. These services are for the treatment of mild to moderate mental health conditions, which include:

- Individual and group mental health testing and treatment (psychotherapy)
- Psychological testing to evaluate a mental health condition
- Outpatient services that include lab work, drugs, and supplies
- Outpatient services to monitor drug therapy
- Psychiatric consultation
- Screening, brief intervention and referral to treatment

For mental health services, please call Care1st. No-cost interpreting services, including American Sign Language, are available. You can still get specialty mental health services for severe mental health conditions from the San Diego County mental health plan.

Not Covered:

- Mental health services for relational problems are not covered. This includes counseling for couples or families for conditions listed as relational problems*.

* As defined by the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text revision (DSM IV)

***Podiatry Care (services for the feet)***

Podiatry services are limited and require prior authorization except when received on an emergency basis.

Medically necessary podiatric services when provided by Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) or as a Medi-Cal additional benefit are now covered by Care1st

***Reconstructive Surgery***

Care1st covers reconstructive surgery to correct or repair problems with parts of the body that are

caused by birth defects, abnormal development, trauma, infection, tumors or disease. These services are covered if your doctor finds that they will help your body work better, or give you a more normal look.

***Sexually Transmitted Disease (STD) Services***

STD services include:

- Preventive care
- Screening
- Testing
- Diagnosis
- Counseling
- Treatment
- Follow-up

You can get confidential STD services from any doctor or clinic that accepts Medi-Cal. You do not need a referral from your doctor. Care1st will pay for the covered services you get.

***Skilled Nursing Facility Services***

Skilled Nursing Facilities (SNF) services may be available to you if you are physically disabled and require a high level of care. SNF Services must be prescribed by your doctor or certified nurse practitioner and provided in a licensed SNF. Covered services include:

- Skilled nursing care on a 24 hour per day basis
- Bed and board (daily meals)
- Case management
- X-ray and laboratory procedures
- Physical, speech, and occupation therapy
- Prescribed drugs and medications
- Medical supplies
- Durable medical equipment if generally furnished by the SNF.

***Tobacco Cessation Services***

Tobacco cessation services such as counseling and tobacco cessation medications are now covered by Care1st. Please see your PCP or call Care1st for additional information

***Substance Use Disorder Preventive Services***

Alcohol misuse screening services are now a benefit covered by Care1st Health Plan for all members ages 18 and older. These services for alcohol misuse cover:

- One expanded screening for risky alcohol use per year
- Three 15-minute brief intervention sessions to address risky alcohol use per year.

Care1st Health Plan does not cover services for major alcohol problems, but you may be referred to the San Diego County Access and Crisis Line with or without a referral from your PCP. can be reached toll-free at **1-888-724-7240**

***Temporomandibular Joint (TMJ) Disease***

TMJ disease is covered only for medically necessary surgery or treatment to realign the jaw, and not for a dental disorder.

***Therapy – Occupational, Physical and Speech***

- Occupational therapy is used to improve and maintain a patient's daily living skills after a disability or injury.
- Physical therapy uses exercise to improve and maintain a patient's ability to function after an illness or injury.
- Speech therapy is used to treat speech problems.

***Topical Fluoride Varnish***

Topical Fluoride varnish helps prevent and control tooth decay. Topical application of fluoride is a Medi-Cal benefit for children younger than six years of age, up to three times in a 12-month period

***Transgender Services***

***These services are provided when medically necessary and may include:***

- Psychotherapy
- Continuous hormonal therapy
- Laboratory testing to monitor hormone therapy
- Gender reassignment surgery that is not cosmetic in nature

***Transportation***

- **Emergency transportation** for a member that believes it is necessary to stop or relieve sudden serious illnesses, symptoms, injury or conditions requiring immediate diagnosis and treatment. Emergency transportation or ambulance transport services provided through the "911" emergency response system will be covered in a medical emergency when a member believes it was medically necessary.

- **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. **Care1st Health Plan** 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, **Care1st Health Plan** 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 **Care1st Health Plan** provider; and
- Approved in advance Care1st Health Plan.

To ask for NEMT, please call Care1st Health Plan, Member Services at (800)605-2556 **or (877)433-2178** 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:**
There are no limits 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 **Care1st Health Plan**. A list of covered services is in this member handbook (or also called EOC).

**Cost to Member:**
There is no cost when transportation is authorized by **Care1st Health Plan**.

- **Non-Medical Transportation**

You can use Non-Medical Transportation (NMT) when you are:

1. 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) program[1].
2. **Getting medical services but your medical condition does not allow you to use medical transportation such as an ambulance, litter van, or wheelchair van, to get to your appointment**

**Care1st Health Plan** allows you to use a car, taxi, bus, or other public/private way of getting to your medical appointment for plan-covered medical services from those who are not Medi-Cal providers. Care1st Health Plan 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 Care1st Health Plan, Member Services at (800)605-2556 or

[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 **Care1st Health Plan** Member Services.

**(877)433-2178** 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 for getting a ride to or from medical appointments covered under the EPSDT program. For services not covered under the EPSDT program, Care1st Health Plan offers two (2) round trips per month

**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 **Care1st Health Plan.** A list of covered services is in this member handbook (or also called EOC).

**Cost to Member:**
There is no cost when transportation is allowed by Care1st Health Plan

**Urgently Needed Services – Out of Area emergencies**

**Those services necessary to prevent serious deterioration of the health of an enrollee, resulting from unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the member returns to the Plan's service area. This also includes maternity services necessary to prevent serious deterioration of the health of the member or the member's feturs, based on the member's reasonable belief that she has a pregnancy-related condition for which treatment cannot be delayed until the enrollee returns to the Plan's service area.**

***Vision Care***

Eye exams are covered by Care1st for members of all ages. Members who are under 21 years of age, pregnant or living in a nursing home are covered for one pair of eyeglasses every two (2) years unless the prescription changes. This includes lenses and covered frames for eyeglasses when authorized.

To find out more about eye exams or vision care coverage call Care1st at 1-855-699-5557 (TTY/TDD 711). No-cost interpreting services, including American Sign Language, are available.

# More benefits:

## *"What other services can I get?"*

Medi-Cal members are entitled to other health care benefits and services that are not provided by Care1st.

### California Children's Services (CCS)

CCS is for people under the age of 21 with a disability. If your child has a chronic (long-term) medical illness, your child may be eligible for services under CCS.

San Diego Care will identify children with CCS eligible conditions, arrange for a referral to the local CCS office, and continue to provide case management until eligibility is established with the CCS program. Primary care services will continue to be provided by Care1st.

Please call Care1st if your child is getting CCS services. Care1st can arrange for your child to continue getting services as a member of Care1st. You can call the San Diego County CCS office toll-free at **619-528-4000** to find out more.

### Child Health and Disability Prevention (CHDP)

Your child may get CHDP preventive services through his or her local school. These services help keep children from getting sick and include regular checkups, immunizations (shots), education and counseling, and vision and hearing tests.

You may call CHDP at 619-692-8808 if you have any questions.

### Women, Infants and Children Program (WIC)

The Women, Infants and Children Supplemental Nutrition Program (WIC) gives pregnant women and new mothers nutrition information and coupons to buy healthy foods. Ask your doctor or maternity nurse to find out more about WIC. You may call WIC directly at **1-888-942-9675.**

### Special services for American Indians

American Indians have the right to get health care services at Indian Health Centers and Native American Health Clinics. They may also stay with or disenroll from Care1st while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for- service) Medi-Cal at any time and for any reason. To find out more, please call Indian Health Services at **1-916-930-3927** or visit the Indian Health Services website at www.ihs.gov.

## Medi-Cal Additional Benefits

The state does not cover some benefits in the Medi-Cal program for some adults age 21 and older who are on Medi-Cal.

However, Care1st provides five (5) benefits that the state does not cover to all of our members, including those 21 and older on Medi-Cal, when there is a medical need.

As a Care1st Medi-Cal member, you will keep getting:

- Speech therapy services
- Podiatry (foot) services
- Audiology (hearing) services
- Incontinence creams and washes
- Annual optometry (eye) exam for diabetic members

## Services you can get outside of your health plan

Some services are not covered by Care1st but are still benefits. They are available through Medi-Cal or another state program. Please call Care1st if you have any questions about getting the services below:

- Alcohol and drug treatment services (outpatient), except for Screening, Brief Intervention and Referral to Treatment for alcohol misuse, as described in the "What is Covered" section of this handbook.
- Childhood lead poisoning (through the San Diego County Department of Health Services)
- Direct Observed Therapy for the treatment of tuberculosis (through the San Diego County Department of Health Services)
- Dental Services (Limited – please see the "Medi-Cal benefit changes" section) that are normally done by a dentist, orthodontist or oral surgeon, and dental appliances. **You must get Dental Services through Denti-Cal. Call toll-free at 1-800-322-6384 to learn more.** Care1st covers dental screenings under the first health checkup and will refer members to Medi-Cal dental providers. Care1st covers the following when medically necessary: prescription drugs, lab services, outpatient surgical services, and inpatient services. General anesthesia for dental work is covered for members under seven (7) years of age, the developmentally disabled or when medically necessary.
- Early Start/Early Intervention. Early Start/Early Intervention is for children ages 0 to 3. If your PCP tells you that your child is at risk for developmental delays, your child may be eligible for the Early Start program. Developmental delays include difficulties in communicating, adjusting to different situations, following directions or relating to others. For more information about Early Start/Early Intervention or a referral to the Regional Center for Early Start/Early Intervention, talk to your doctor or to Care1st.
- Local Education Agency (LEA) assessment services are provided to students who qualify through the school system.
- Major organ transplants, except for renal or corneal transplants.

- Members with developmental disabilities. Developmental disabilities include difficulty learning and difficulty with motor skills. If your PCP tells you that you have a developmental disability, you may be eligible for services from the Regional Centers. For more information or for a referral to a Regional Center, talk to your PCP or call Care1st.
- Prayer or spiritual healing
- State laboratory services under the state Serum Alpha-fetoprotein Testing Program
- Voluntary inpatient detoxification (VID) services. Your provider must refer you to a VID provider, talk to your PCP or call Care1st
- Home and Community Based Services Waiver Program provides services beyond those that are covered by Medi-Cal. These services allow individuals to remain in a community setting rather than be admitted to a long-term care facility.

Specialty mental health services for severe mental illness may be needed for services beyond your PCP's training and practice and the outpatient mental health services covered by Care1st. These services are provided through the San Diego County Department of Mental Health (SDCDMH). You can receive services from SDCDMH with or without a referral from your doctor. SDCDMH can be reached toll-free at **1-888-724-7240**. No cost interpreting services, including American Sign Language, are available to assist you with your mental health services.

Care1st will coordinate and cover laboratory, radiological and radioisotope services needed for the diagnosis, treatment and monitoring of a mental health condition. Care1st or regular (fee-for- service) Medi-Cal cover mental health drugs listed on the formulary and prescribed by your PCP or by a licensed mental health provider authorized to prescribe drugs. If medically necessary, you can also get a mental health drug not listed on the formulary. Go to a network pharmacy to fill your prescription. You can learn more about this in the "Pharmacy benefits: How do I get prescription drugs?" section of this handbook.

# Non-covered services:

## *"What does Medi-Cal not cover?"*

**Exclusions and Limitations on Benefits**

**General Exclusions and Limitations**
Services not received from, referred by, or authorized by Care1st or your PCP, except for those Covered Services which specifically do not need a referral, are not covered. You should read all descriptions of the Benefits in this booklet and any inserts to this document to get the full details of their coverage and non-coverage under Care1st Membership. No service is covered unless it is medically necessary.

**Specific Exclusions and Limitations**

The following services and supplies are not covered by Care1st; additional exclusions that apply only to a particular service are listed in the description of that service in the "Benefits" section. However, some of the services may be benefits through the State Medi-Cal fee-for-service program. Each service covered through the State Medi-Cal fee-for-service program has an asterisk, or "star" (*) next to the service.

1. Services, supplies, items, procedures or equipment, which are not medically necessary, are excluded from coverage under state and federal law.

2. Those medical, surgical (including implants), or other health care procedures, services, products, medications, or devices which are either experimental or investigational, unless the following conditions are met:
   - you have a life threatening or seriously debilitating condition or which,
   - standard therapies have not been effective, or are not appropriate, or
   - there is not standard therapy covered by Medi-Cal that is more beneficial than the therapy being proposed.

   You may seek an Independent Medical Review (IMR) if experimental or investigational therapy is delayed, denied, or modified. Please see page 61 for information on how to request an IMR.

3. Emergency facility services for non-emergency conditions, unless you believe an emergency existed, even if it is later determined that an emergency did not exist.

4. Diagnosis and treatment of infertility unless provided in conjunction with covered gynecological services.

Treatment of medical conditions of the reproductive system are not excluded.

5. Services which are eligible for reimbursement by insurance, Workers' Compensation benefit plan or covered under any other insurance or health care service plan. HPSM shall provide the services at the time of need, and the Member shall cooperate to ensure that the HPSM is reimbursed for such benefits.

6. Personal or comfort items such as telephones, TVs, guest trays, personal hygiene items, disposable supplies (except ostomy bags or urinary catheters) and other supplies not covered under Medi-Cal Program guidelines.

7. Dental oral surgeon services performed by a dentist or oral surgeon. Dental oral surgeon services performed by a non-physician dental oral surgeon i.e. dentist, are not covered by Medi-Cal.

   Medi-Cal benefits cover any surgical procedure performed by a physician oral surgeon. Also covered as benefits are general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgery center for Members for whom general anesthesia is medically necessary. The clinical status or underlying medical condition of the Member must require general anesthesia for dental procedures that would not ordinarily be performed under general anesthesia. Consult Denti-Cal at **1-800-322-6384** for all other coverage. It should be noted that, except for limited emergency procedures, dental care is no longer a Medi-Cal (Denti-Cal) benefit for Medi-Cal beneficiaries 21 years old and older except for pregnant women who may need treatment for a dental condition that might complicate the pregnancy and members receiving long-term care in a nursing facility.

8. Medications for cosmetic use.

9. Cosmetic surgery that is performed only to alter or reshape normal structures of the body in order to improve appearance or any surgery aimed at improving appearance and not aimed at improving function or otherwise medically necessary.

10. Exercise and hygiene equipment; experimental or research equipment; devices not medical in nature such as sauna baths and elevators, or modifications to the home or automobile; deluxe equipment; or more than one piece of equipment that serve the same function, unless medically necessary.

11. Corrective shoes and arch supports, (except for therapeutic footwear for diabetics); non-rigid devices such as elastic knee supports, corsets, elastic stockings, and garter belts, dental appliances, electronic voice producing machines; except as medically necessary.

12. Coverage for transportation by passenger car, taxi or other form of public transportation for non-EPSDT services.

13. Home Health custodial care and physical therapy and rehabilitation which are not medically necessary.

14. Hospice services include the provision of palliative medical treatment of pain and other symptoms associated with a terminal disease, but do not provide for efforts to cure the disease. Members who choose hospice care are

not entitled to any other benefits for the treatment of the terminal illness. However, the Member may choose to revoke the selection of hospice at any time. A Member under the age of 21 may concurrently receive hospice services in addition to curative services for a hospice-related diagnosis.

15. Excluded Services Requiring Member Disenrollment

Care 1st shall continue to cover and ensure that all Medically Necessary services are provided to Members who must disenroll and receive major organ transplants through the Medi-Cal Fee-for-Service program until the date of disenrollment is effective.

A. Major Organ Transplants

Except for kidney transplants, major organ transplant procedures that are Medi-Cal FFS benefits are not covered under the Care 1st. When a Member is identified as a potential major organ transplant candidate, Care 1st shall refer the Member to a Medi-Cal approved transplant center. If the transplant center Physician considers the Member to be a suitable candidate, Care 1st shall submit a Prior Authorization Request to either the DHCS San Francisco Medi-Cal Field Office (for adults) or the California Children Services Program (for children) for approval. Care 1st shall initiate disenrollment of the Member when all of the following has occurred: referral of the Member to the organ transplant facility; the facility's evaluation has concurred that the Member is a candidate for major organ transplant; and, the major organ transplant is authorized by either DHCS' Medi-Cal Field Office (for adults) or the California Children Services Program (for children).

B. Care 1st shall continue to provide all Medically Necessary Covered Services until the Member has been disenrolled from the plan.

Upon the disenrollment effective date, Care 1st shall ensure continuity of care by transferring all of the Member's medical documentation to the transplant Physician. The effective date of the disenrollment will be retroactive to the beginning of the month in which the Member was approved as a major organ transplant candidate.

C. If the Member is evaluated and determined not to be a candidate for a major organ transplant or DHCS denies authorization for a transplant, the Member will not be disenrolled.

# Pharmacy benefits:

## *"How do I get prescription drugs?"*

### What is a pharmacy?

A pharmacy is a store where you get your prescription medications filled.

San Diego Care works with pharmacies in many neighbor- hoods. You must get your prescription medications (drugs) from a pharmacy in Care1stnetwork. A pharmacy list is in the provider directory provided to you with this handbook. Or you can call Care1st at **1-855-699-5557** for pharmacies in your neighborhood. You can also call the Nurse Advice Line at **1-800-249-3619** for answers to questions about medication.

### How to get a prescription filled

1. Choose a pharmacy that works with Care1st.
2. Bring your prescription to the pharmacy.
3. Show the pharmacy your current Care1st ID card.
4. Make sure you give the pharmacy your current address and phone number.
5. Make sure your pharmacy knows about all medications you are taking and/or any allergies you have to any medicine.
6. If you have any questions about your prescription(s), make sure you ask the pharmacist.

**You should not be asked to pay for covered prescription drugs. Call Care1st Health Plan if a pharmacy asks you to pay.**

### Prescription refills

If you are refilling a prescription, go to a pharmacy listed in Care1stprovider directory. You can also find pharmacies within Care1st network by visiting the pharmacy section of the Care1st website at www.care1st.com.

You may be able to receive a 90-day supply of a maintenance medication excluding controlled substances. Maintenance medications are drugs that you need to take for a long time to treat a chronic medical condition, such as pills for high blood pressure or diabetes. Please ask your doctor to write a 30-day prescription supply, as well as a 90-day prescription supply for maintenance medication(s).

## What is a formulary?

Care1st uses a list of approved drugs called a "formulary." A committee of doctors and pharmacists reviews drugs to add or remove from the formulary every three (3) months.

Drugs can be added to the formulary when they are all of the following:

- Approved by the Food and Drug Administration (FDA)
- Accepted to be safe and effective.

Your PCP usually prescribes drugs from the Care1st formulary. Your PCP will only prescribe a drug based on your health status, and if a medication is needed to improve your health.

You may call Care1st to ask for a copy of the formulary in your language, large print, audio, or alternate format. You may also call Care1st for a list that compares all health plan partner formularies.

## Brand Name / Generic Drugs

A generic drug has the same active ingredient as the brand name version of the drug. Generic drugs are approved by the Food and Drug Administration (FDA) and are usually more cost effective than brand name drugs.

Generic medications are dispensed, unless a documented medical reason prohibits the use of the generic version or a generic drug for a brand name drug does not exist. Your doctor must contact Care1st to get an okay to dispense a brand name drug if a generic is available.

## Drugs not on the formulary

Sometimes, your doctor may need to prescribe a drug that is not on the formulary. Your doctor must contact Care1st and request prior authorization to get an okay.

To decide if this drug will be covered, Care1st may ask your provider for more information. Within 24 hours after getting the prior authorization request, Care1st will tell your provider and pharmacy if the drug is authorized. Care1st and/or your provider or pharmacy will then let you know if your drug is covered or not.

If the drug is approved, you can get the drug at a pharmacy that works with Care1st. If the drug is not approved, you have the right to appeal the decision or file a grievance. An "appeal" is when you want a decision to be reviewed. You can learn more about this in the "Complaints: What should I do if I am not happy?" section of this handbook.

## What drugs are covered?

You can get the following drugs and other items when they are prescribed by your doctor and are medically necessary:

- Prescription drugs listed on the Care1st formulary

- Non-prescription drugs or over-the-counter drugs (such as cough/cold syrups, cough drops or aspirin) listed on the Care1st formulary
- Formulary diabetic supplies: insulin, insulin syringes, glucose test strips, lancets and lancet puncture devices, pen delivery systems, blood glucose monitors including monitors for the visually impaired and ketone urine testing strips
- FDA-approved birth control devices, birth control pills, condoms and contraceptive jellies on the Care1st formulary
- Emergency contraception
- EpiPens, peak flow meters and spacers

## What drugs are not covered?

- Drugs from a non-network pharmacy, except drugs needed because of an emergency
- Non-formulary drugs, except with an okay from Care1st by a prior authorization
- Drugs that are experimental or investigational in nature, except in certain cases of terminal illness. If you have been denied an experimental or investigational drug, you have the right to request an Independent Medical Review (IMR). You can learn more about this in the "Complaints: What should I do if I am not happy?" section of this handbook
- 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 or PKU
- Any injectable drug that is not medically necessary and not prescribed by a doctor
- Appetite suppressants, or any other diet medications except as medically necessary for morbid obesity
- Replacement of lost or destroyed drugs no more than two (2) times each calendar year (from January to December)
- Infertility drugs

## Emergency contraception ("Plan B")

You may get emergency contraceptive drugs from:

- Your PCP
- A pharmacy with a prescription from your PCP, if you are younger than 17 years of age
- A pharmacy without a prescription if you are 17 years of age or older
- A pharmacy not in Care1stnetwork. If this is the case, you may be asked to pay for the service. Care1st will reimburse you for this cost
- A local family planning clinic

Call Care1st for a list of pharmacies that provide emergency contraceptive drugs.

## How do you get medications during an emergency, after hours and holidays?

- Care1st members have access to "24 Hour" pharmacies that work with Care1st and are open 24 hours, 7 days a week.
- You can find a "24 Hour" pharmacy closest to you by visiting our website at www.care1st.com.
- Pharmacies that work with Care1st can fill your medications any time and during an emergency.
- During an emergency your pharmacist is also authorized to dispense a three (3) day or 72-hour supply of medication to avoid interruption of your current prescribed drug therapy.

## Medicare Part D: Prescription drug coverage for beneficiaries who get both Medicare and Medi-Cal

Medicare administers a federal prescription drug program called Medicare Part D. If you are a Medi-Cal beneficiary with Medicare, you will get most of your prescription drugs from Medicare. There are some prescription drugs that are not covered by Medicare, but are covered by Medi-Cal, that you can get through Medi-Cal.

However, if you have Medi-Cal with Care1st and Medicare Part D coverage with another health plan, your pharmacy will not be able to fill your Medicare Part D prescriptions with your Care1st Medi-Cal coverage. Please contact your Medicare Part D Plan.

Please call Care1st for more information. To find out more about Medicare Part D and to choose a Medicare Prescription Drug Plan, call Medicare at **1-800-633-4227** or go online to **www.medicare.gov.**

# Emergency and urgent care:

## *"How do I get care in an emergency?"*

There is a difference between needing care urgently and an emergency. Urgent care is when a condition, illness or injury is not life-threatening, but needs medical care right away. Many of Care1stdoctors have urgent care hours in the evening and on weekends.

### How to get urgent care

1. Call your PCP. You may speak to an operator who answers calls for your PCP's office when closed.

2. Ask to speak to your PCP or the doctor on call. Another doctor may answer your call if your PCP is not available. A doctor is available by phone 24 hours a day, (seven) 7 days a week, and also on weekends and holidays.

3. Tell them about your condition and follow their instructions.

4. You may also call the **Nurse Advice Line** at **1-800-249-3619**, 24 hours a day, and seven (7) days a week.

You may receive same-day urgent care services. It should not take longer than 48 hours from the time you call to request an appointment to get urgent care services from your PCP. If you are outside of San Diego County, you do not need to call your PCP or get prior authorization before getting urgent care services. But, be sure to let your PCP know about the care you received because you may need follow-up care.

### What is emergency care?

Emergency services are covered anywhere in the United States, Mexico, and Canada, 24 hours a day, seven (7) days a week. Emergency care is a service a member reasonably believes is necessary to stop or relieve:

- Serious illnesses or symptoms
- Injuries or conditions requiring immediate diagnosis and treatment

Emergency services and care include ambulance, medical screening, examination and evaluation by a doctor or other medical personnel. Emergency services include services for both physical and psychiatric emergency conditions, and in the case of a pregnant woman, services for conditions that would place her or her unborn child in serious jeopardy, as well as active labor.

Examples of emergencies include but are not limited to:

- Having trouble breathing
- Seizures (convulsions)
- Lots of bleeding
- Unconsciousness/blackouts (when you can't wake up)
- Lots of pain (including chest pain)
- Swallowing of poison or medicine overdose
- Active labor
- Broken bones
- Head injury
- Eye injury
- Having thoughts of suicide or homicide

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

**If you think you have a health emergency, call 911. You are not required to call your doctor before you go to the emergency room. Do not use the emergency room for routine (regular) health care.**

## What to do in an emergency

**Call 911 or go to the nearest emergency room if you have an emergency**. Emergency care is covered at all times anywhere in the United States, Mexico and Canada.

## Outside of San Diego County?

If you have an emergency when you are not in San Diego County, you can get emergency services at the nearest emergency facility. Emergency services do not require a referral or okay from your PCP.

If you are admitted to a hospital not in Care1st network or to a hospital your PCP or other provider does not work at, Care1st has the right to move you to a network hospital as soon as it is medically safe.

You may need hospital care after an emergency to stabilize your condition. This is called post-stabilization care. If you do, the hospital will call Care1st to ask for an okay. The hospital may ask you for your health plan's name and phone number. Show the hospital your Care1st ID card. If you don't have your ID card, tell them to call Care1st.

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

## What to do after an emergency

1. Call Care1st within 24 hours of receiving emergency care or as soon as you can.
2. Follow the instructions of the emergency room doctor.
3. Call your PCP to make an appointment for follow- up care.
4. In cases of psychiatric emergencies, follow up with a psychiatric provider to make an appointment for follow up care.

## How to get emergency transportation

Call 911 if you have an emergency. Ambulances for emergencies are paid for by Care1st as long as you had a reasonable belief that an emergency condition existed at the time of the service.

## Not sure you have an emergency?

If you are not sure, call your PCP, or Nurse Advice Line, and do what they tell you to do. Non-emergency problems may include, but are not limited to the following: sore throats, fever, and minor lacerations. **Do not call 911 for non-emergency problems. Call your PCP if you believe you or someone may be experiencing a non-life threatening psychiatric emergency.**

You can also call San Diego's Psychiatric Emergency Response Team (PERT) Services, call 911 or your local law enforcement agency. Information provided by: County of San Diego Mental Health Services.

## Not sure what kind of care you need?

Sometimes it's difficult to know what kind of care you need, so we have licensed health care professionals available to assist you by phone 24 hours a day, seven days a week. Here are some of the ways they can help you:

- They can answer questions about a health concern and instruct you on self-care at home if appropriate.
- They can advise you about whether you should get medical care and how and where to get care. For example, if you are not sure whether your condition is an emergency medical condition, they can help you decide whether you need emergency care or urgent care, and how and where to get that care.
- They can tell you what to do if you need care and your PCPs office is closed.

You can reach one of these licensed health care professionals by calling Care1st Nurse Advice Line at **1-800-249-3619**. When you call, a trained support person may ask you questions to help determine how to direct your call.

# Help in your language and for people with disabilities:

## *"How can I get help?"*

### Written Information in your language and format

You have the right to receive written member communication from Care1st in any of the following languages: Spanish, Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Tagalog, Russian, Vietnamese and English. You can also request to receive written member communication in large print, audio or another format.

### No-cost interpreting services

You have the right to no-cost interpreting services when getting health care services.

Care1st offers no-cost interpreting services in your language, including American Sign Language. These services are available 24 hours a day, seven (7) days a week.

It is important to use a professional interpreter at your doctor's appointments to help you communicate with your doctor so that you can understand your health and how to take care of yourself. The professional interpreter is trained and knows medical words and will interpret everything that is said between you and your doctor, correctly and completely. The interpreter keeps your conversation with your doctor confidential and private. You should not use friends or family, especially children to interpret for you.

Call Care1st Member Services Department if you need interpreting services. We can assist you in your language over the phone and make sure that you have an interpreter for your next appointment. To request for an interpreter:

Step 1 Make your appointment with your doctor

Step 2 Call Care1st at 1-855-699-5557 at least ten business days before your appointment with the following information:

- Your name
- Your member ID number
- Date and time of your appointment
- Doctor's name
- Doctor's address and phone number

If your appointment with your doctor is changed or canceled, call Care1st as soon as possible.

## TTY/TDD services

Deaf and hard of hearing members can call Care1st Member Services at 711 using a TTY/TDD device. This number will put you in contact with the California Relay Service (CRS). Trained operators at CRS will help you communicate with Care1st or your doctor.

### Access information for people with disabilities

Many doctors' offices and clinics have accommodations that make medical visits easier for people with disabilities such as accessible parking spaces, ramps, large exam rooms, and wheelchair friendly scales. You can find doctors with such accommodations in the Provider Directory. Care1st Member Services can also help you locate a doctor who can meet your special needs.

A doctor's office, clinic or hospital cannot deny you services because you have disabilities. Call Care1st right away if you cannot get the services you need or if services you need are difficult to get.

**Remember: Tell your doctor's office if you may require additional time during your visit, because you need extra help.**

## Complaints

You can file a complaint if:

- You feel that you were denied services because of a disability or you do not speak English
- You cannot get an interpreter
- You have a complaint about the interpreter
- You cannot get information in your language
- Your cultural needs are not met

You can learn more about how to file a complaint in the "Complaints: What should I do if I am not happy?" section of this handbook.

# Complaints:

## *"What should I do if I am unhappy?"*

If you are unhappy or have questions or problems with your service or care, you have the option of letting your PCP know. Your PCP will be able to help you or answer your questions.

At any time, you or your Member Representative can file a grievance (complaint, concern or expression of dissatisfaction) with Care1st. A Member Representative is a person or persons appointed by the member, either on the phone, or by written statement. A written statement is a statement to represent you in the State of California as a health care proxy, trustee named in a durable power of attorney or court appointed guardian. This is also known as a Personal Representative. A Member's Representative can be a spouse, relative, friend, advocate, doctor, practitioner or someone designated as a representative by the member. There are several ways a person can be named a Member's Representative. Examples include Durable Power of Attorney, an Executor/Administrator of Estate or a legal/court-appointed guardian.

Care1st cannot take away your health care benefits or do anything to hurt you in any way if you file a grievance or use any of your privacy rights in this handbook.

### What is a grievance?

A grievance is an expression of dissatisfaction, or a complaint, by a member. The grievance can be in writing or made verbally. You have the right to file a grievance.

You must file your grievance within 180 calendar days from the day you became unhappy with the service or care given to you by your PCP, specialist, medical group, hospital, pharmacy or Care1st.

### How to file a grievance

If you wish to file a grievance or an appeal:

- Write, visit or call Care1st.

**Care1st Health Plan**
**Member Services Department**
**1055 West 7th Street**
**San Diego, CA 90017**
**1-855-699-5557**
**1-213-438-5748 (fax)**

If you wish to file a grievance in writing, our Member Services department will be glad to provide you a grievance form.

- You can also file a grievance online through Care1st website at **www.care1st.com.**

- You can ask your physician's office for the information on how to file a grievance

Care1st can help you fill out the grievance form over the phone or in person. If you need interpreter services to help you file your grievance, we will work with you to make sure we can communicate with you in a language you understand.

Call Care1st to get a grievance form in your language or another format.

For members with hearing or speech loss, you may call Care1stTTY/TDD telephone number for Member Services at 711.

Grievances for Medi-Cal eligibility are not processed by Care1st. To file a grievance about Medi-Cal eligibility, Health Care Options (HCO). You can find HCOS' phone number under the "Important Phone Numbers" section of this handbook. If you need assistance, Member Services will be able to help you locate the number.

## Confirmation and Resolution of Your Grievance

Within five (5) calendar days of getting your grievance, Care1st will send you a letter to let you know that we have your grievance and are working on it. Then, within 30 calendar days of getting your grievance, Care1st will send you a letter explaining how the grievance was resolved. The Grievance Department may contact you during the time of the investigation.. You may also file a grievance with the Department of Managed Health Care (DMHC) if you do not hear from Care1st within 30 calendar days from the date you filed your grievance or if you are unhappy with the resolution of your grievance. See the section below on Contacting the Department of Managed Health Care.

Please note: You have the right to file an expedited grievance with the Department of Managed Health Care (DMHC) without filing an appeal with Care1st. For information on how to file an expedited grievance with the DMHC, go to the "Contacting the California Department of Managed Health Care (DMHC)" section.

## How to file a Member Appeal

If you have been denied services by your doctor, and disagree with the decision you can file an appeal. When you have been denied services, you will receive a written notice of the denial. This is known as a Notice of Action. The Notice of Action may be a modification, or an adjustment of the request for services.

## What is a Notice of Action?

A Notice of Action is a formal letter from Care1st, your medical group or your PCP telling you that a medical service has been denied. When you have been denied services, you will receive a written Notice of Action telling you why the service was denied and your appeal rights.

## What is an Appeal?

If you think we have made a mistake in denying your medical service or you don't agree with the decision, you can ask for an appeal. If you ask for an appeal, it means you are asking us to change the decision we made. An Appeal is a formal request by a member, the member's representative or the member's doctor to review a denial of medical services.

You have 90 calendar days from the date on the Notice of Action to file an appeal with Care1st.

## An Appeal is Different from a Grievance

**The main difference(s) between an appeal and a grievance are:**

**With an Appeal:**

- You have been denied a medical service and you are unhappy with the decision.
- You received a letter called a Notice of Action letting you know that your services have been denied.
- You received a Notice of Action letter from Care1st or a medical group. You have 90 calendar days from the date on the letter to file an appeal with Care1st.

**With a Grievance:**

- You are unhappy or dissatisfied with the service or care given to you by your doctor, specialist, medical group, hospital, pharmacy or Care1st.
- You did not get a Notice of Action letter because there has not been a denial of medical services
- You have up to 180 calendar days from the day you became unhappy to file a grievance with Care1st.

If you receive a Notice of Action (NOA) from Care1st, you have three (3) options on how to file an appeal if you are unhappy with the decision:

- You have 90 calendar days from the date on the Notice of Action to file an appeal with Care1st. You may file the appeal in person, in writing, online, by fax, or via telephone, as listed above. We will send you a letter within five (5) calendar days to let you know that we have received your appeal. Then within thirty (30) days from the day your appeal was received, we will let you know how your appeal was resolved.
- You may request a State Hearing regarding your Notice of Action from the Department of Social Services (DSS) within ninety (90) calendar days from the date on the Notice of Action. Please refer to the "State Hearing" section.
- You may request an Independent Medical Review (IMR) regarding your Notice of Action from the Department of Managed Health Care (DMHC). Please refer to the "Independent Medical Review" section for help in requesting an IMR.

You can also file a grievance regarding the medical services related to the Notice of Action.

Please note that you may ask for a State Hearing at the same time you are filing your appeal to a

Notice of Action. Filing a grievance, or appeal, or requesting a State Hearing does not affect your medical benefits. If you file a grievance, or appeal, or request a Fair Hearing, you can continue a medical service while the grievance and/or appeal is being resolved. To find out more about continuing a medical service, call Care1st.

## Expedited Review for Urgent Cases

If you receive a Notice of Action (NOA) and your case is urgent, you can request an "expedited" (or quick) review of your case. Examples of urgent cases include:

- Severe pain
- Potential loss of life, limb or major bodily function
- Immediate and serious decline of your health

Care1st physicians will review the case to determine the urgency of the matter. If the matter is expedited (urgent), then the matter will be resolved within three days. In urgent cases, you may file your appeal to Care1st either orally (via telephone or in person) or in writing. You can present evidence to support your appeal; however, the time available to present this evidence is limited to less than three (3) days. A decision will be made by Care1st within three (3) calendar days from the day your appeal was received.

You also have the right to request an expedited State Hearing, along with filing an appeal with Care1st. For more information about State Hearings, go to the "State Hearing" section.

You have the right to file an expedited grievance with the Department of Managed Health Care (DMHC) without filing an appeal with Care1st. For information on how to file an expedited grievance with the DMHC, go to the "Contacting the California Department of Managed Health Care (DMHC)" section.

## If you do not agree with Care1st decision on the appeal:

If you do not agree with the decision made on your appeal, if you prefer, you can request a State Hearing and file a grievance with the California Department of Managed Health Care (DMHC). You may also file a grievance with the DMHC if you do not hear from Care1st within 3 calendar days from the date you filed your urgent appeal. You may also request an Independent Medical Review (IMR) with the DMHC. For more information about State Hearings, go to the "State Hearing" section. For information on how to file a grievance with the DMHC, go to the "Contacting the California Department of Managed Health Care (DMHC)" section. For information on how to request an IMR, go to the "Independent Medical Review" section of this handbook.

## Independent Medical Review

You can request an Independent Medical Review (IMR) from DMHC. You have up to six (6) months from the date you get a Notice of Action from Care1st to file an IMR. A Notice of Action lets you know about an action by Care1st to delay, deny, modify or terminate a health care service or benefit. You will

receive information on how to file an IMR with your notice. You may reach DMHC toll-free at 1-888-HMO-2219 or 1-888-466-2219.

You can still request a State Hearing if you request an IMR. However, you will not be able to use the IMR process if you have requested a State Hearing. Go to the "State Hearing" section to find out how to file a grievance.

There are no fees for an IMR. You have the right to provide information to support your request for an IMR. After the IMR application is submitted, a decision not to take part in the IMR process can cause you to lose certain legal rights to pursue legal action against the health plan.

## When to file an Independent Medical Review (IMR)

You may file an IMR if you meet the following requirements:

- Your PCP says you need a health care service because it is medically necessary, but it was denied; or
- You received urgent or emergency services determined to be necessary, but they were denied; or
- You have seen a network doctor for the diagnosis or treatment of the medical condition, even if the health care services were not recommended
- The disputed health care service is denied, changed or delayed by Care1st based in whole or in part on a decision that the health care service is not medically necessary; and
- You have filed a grievance with Care1st and the health care service is still denied, changed, delayed or the grievance remains unresolved after 30 calendar days.

You must first go through the Care1st grievance process, before applying for an IMR. In reviewing a request for review, if the Department finds that you have acted reasonably, they may waive the requirement that you follow the Care1st grievance process in special cases.

- In urgent circumstances or cases of emergency, you are not required to participate in the Care1st expedited grievance process for more than three (3) days before filing an IMR.

The dispute will be submitted to a DMHC medical specialist if it is eligible for an IMR. The specialist will make an independent decision on whether or not the care is medically necessary. You will receive a copy of the IMR decision from DMHC. If it is decided that the service is medically necessary, Care1st will provide the health care service.

## Non-urgent IMR Cases

For non-urgent cases, the IMR decision must be made within 30 calendar days. The 30 calendar day period starts when your application and all documents are received by DMHC.

## Urgent IMR Cases

If your grievance is urgent and requires fast review, you can bring it to DMHC's attention right away.

You will not be required to participate in the health plan grievance process.

For urgent cases, the IMR decision must be made within three (3) calendar days from the time your information is received.

## IMRs for Experimental and Investigational Therapies (IMR-EIT)

You can request an IMR-EIT through the DMHC when a medical service, drug or equipment is denied because it is experimental or investigational in nature.

Care1st will notify you in writing that you can request an IMR-EIT within five (5) days of the decision to deny coverage. You have up to six (6) months from the date of denial to file an IMR-EIT. You can give information to the IMR-EIT panel. The IMR-EIT panel will give you a written decision within 30 calendar days from when your request was received. If your doctor thinks that the proposed therapy will be less effective if delayed, the decision will be made within seven (7) days of the request for an expedited (or quick) review. In urgent cases the IMR-EIT panel will give you a decision within three (3) business days from the time your information is received.

## You can file an IMR-EIT if you meet the following requirements:

- You have a very serious condition that is life-threatening or debilitating (for example, terminal cancer).
- Your PCP must certify that:
- The standard treatments were not or will not be effective, or
- The standard treatments were not medically appropriate, or
- The proposed treatment will be the most effective
- Your PCP certifies in writing that:
  - A drug, device, procedure or other therapy is likely to work better than the standard treatment.
  - Based on two (2) medical and scientific documents, the recommended treatment is likely to work better than the standard treatment.
- You have been denied a drug, equipment, procedure or other therapy recommended or requested by your PCP.
- The treatment would normally be covered as a benefit, but Care1st has determined that it is experimental or investigational in nature.

To find out more, get help with the IMR or IMR- EIT process, or ask for an application form, please call Care1st.

You do not need to participate in Care1st grievance process before asking for an IMR of a decision to deny coverage on the basis that the treatment is experimental or investigational in nature.

## Contacting the California Department of Managed Health Care (DMHC)to file a Grievance or Request an IMR

The California Department of Managed Health Care is responsible for regulating health care service

plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-855-699-5557** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you.

If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR).

If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services.

The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site http://www.hmohelp.ca.gov has complaint forms, IMR application forms and instructions online.

## State Hearing

A State Hearing is another way you can file a grievance or appeal. You can present your case directly to the State of California. All Care1st members have the right to ask for a State Hearing at any time within 90 days from the Notice of Action or 180 days of the incident. You can still request a State Hearing if you request an Independent Medical Review (IMR). However, you will not be able to use the IMR process if you have requested a State Hearing. Go to the "IMR" section to find out more.

During the State Hearing process, Care1st will continue to authorize and pay for the services under question while the hearing is pending. If a decision is later made to deny, limit, or delay services, Care1st will still pay for the disputed services if you received the services while the hearing was pending. You will not be held responsible for the cost of the services provided.

You can ask for a State Hearing by calling toll-free **1-800-952-5253** (English and Spanish), or by writing to:

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

## Expedited State Hearing

In cases of health services denials, you or your provider can ask for a faster decision through an Expedited State Hearing if your life, health or ability to attain, maintain or regain maximum function could be in serious danger by going through a standard State Hearing. An emancipated minor, a parent on behalf of his/her minor child, and a duly-appointed guardian or conservator of a member can also request an Expedited State Hearing. Requests for Expedited State Hearings should be directed to:

**Expedited Hearings Unit**
**California Department of Social Services State Hearings Division**
**744 P Street, MS 19-65, Sacramento, CA 95814**
**Phone: 1-800-952-5253**
**Fax: 1-916-229-4267**

You can also call the HCO San Diego County office toll-free at1-800-430-4263. If you do not speak English, please stay on the line and ask for the language you speak. HCO has staff members who speak Armenian, Chinese, Russian, Spanish, Tagalog and Vietnamese. If HCO does not have bilingual staff who speak your language, they will provide you with interpreting services at no cost to you. You can also write to:

**Department of Public Social Services (DPSS) State Hearings Section**
**P.O. Box 10280**
**Glendale, CA 91209**

## Office of the Ombudsman

You can call the Medi-Cal Managed Care Office of the Ombudsman of the California Department of Health Care Services (DHCS) for help with grievances. The Office of the Ombudsman was created to help Medi-Cal beneficiaries fully use their rights and responsibilities as members of a managed care plan. To find out more, call toll-free **1-888-452-8609.**

## Voluntary mediation

You can ask for mediation to resolve a grievance but Care1st can decline your request. If we approve your request, an independent third person will resolve your grievance. This person will not be related to Care1st. However, you and Care1st must agree to use the mediation process. You can still file a grievance with DMHC even if you use mediation. You do not need to participate in Care1stmediation process for any longer than 30 days prior to submitting a grievance to DMHC. To request mediation, call Care1st.

# Confidentiality:

## *"What are my privacy rights?"*

You have the right to keep your medical records confidential. That means that only people who need to see your records in order for you to get good health care will see them. You can request a copy of our Notice of Privacy Practices (NOPP). Just call Care1st. An NOPP is provided to you in this handbook. If you would like another copy of this information, call Care1st. The NOPP is also available on Care1stwebsite at **www.care1st.com.**

A STATEMENT DESCRIBING CARE1ST POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

### Health information privacy

We want you to know the things that Care1st does to keep health information about you and your family private. For example, employees are not allowed to speak about your information in elevators or hallways. Employees must also protect any written or electronic documents containing your health information across the organization. Employees have access only to the amount of information needed to do their job.

Care1st computer systems protect your electronic health information at all times by using various levels of password protection and software technology.

Care1st does not give out health information to anyone or any group that does not have a right to the information by law.

All Care1st staff with access to your health information are trained on privacy and information security laws. They also follow Care1st rules on how to take care of your health information so it stays private. They follow Care1st policies and procedures to protect conversations about you as well as written and electronic documents that contain protected health information about you. Employees even sign a note that promises they will keep all health information private.

Care1st needs information about you so that we can give you good health care services. We may get this information from you or any of these other sources:

- A parent, guardian or conservator
- Another health plan
- Your doctor
- Your application for the health care program
- Your health records
- The California Department of Health Care Services

Care1st does not have complete copies of your medical records.

The routine collection, use and disclosure of your protected health information and other kinds of private information may include:

- Name
- Gender
- Date of birth
- Language you speak
- Race/Ethnicity
- Home address
- Home or work telephone number
- Employer and occupation
- Whether you are married or single
- Health history
- Mental health history
- Substance use disorder history

Before Care1st gives your health information to someone else or another group, we need your approval in writing. However, there are times when we don't have to get your approval in writing. For more information on how Care1st may use or share your protected health information and when your okay is needed, please read the Notice of Privacy Practices (NOPP) provided to you in this handbook. If you have any questions, would like a printed copy of the NOPP mailed to you, would like to pick up a paper copy of the NOPP, or would like to know more about the privacy, information security and confidentiality of your health information, please call Care1stMember Services to reach the Privacy & Information Security Officer at **1-855-699-5557.**

If you believe that your privacy has not been protected, you have the right to complain. You can file a grievance (complaint) by contacting Care1st Member Services at 1-855-699-5557, or you can contact the Department of Health Care Services (DHCS) at **1-866-866-0602**, TTY/TDD at **1-877-735-2929**, or the U.S. Office for Civil Rights **1-800-368-1019**, TTY/TDD **1-800-537-7697**. These phone numbers are available to you 24 hours a day, seven (7) days a week. All calls are confidential. All calls are free.

## Protect yourself from identity theft

Here are some steps you can take to help prevent your personal information from being stolen, also known as identity theft:

- Protect your member **ID** card like you protect your bank or credit cards.
- Take your ID card to your doctor's appointment. Avoid speaking about your membership information, personal facts or saying your social security number out loud or to other people.
- Don't give out your personal information unless it is asked for by your doctor, clinic, hospital, other medical staff, or health plan.

# Fraud, waste and abuse:

## *"How do I identify it and report it"*

### What is fraud?

Fraud means intentionally deceiving or misrepresenting information knowing that this could result in an unauthorized benefit to yourself or another. Examples include using someone else's medical benefits for your health care services, using someone else's social security number to qualify for government assistance, or a doctor intentionally billing for services that did not occur. If you commit fraud, you may lose your Medi-Cal coverage.

### What is waste?

Waste is the overuse of services or careless practices that result in throwing away or the 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 are medically necessary

### What is abuse?

Abuse is an action that may result in unnecessary cost to government programs such as Medi-Cal. Abuse may also result in improper payment to doctors or members. Examples of abuse include:

- Requesting and obtaining medications or medical equipment you do not need for yourself
- Excessive use of Emergency Room (ER) for non-emergency or routine care.

### How to report fraud, waste and abuse

If you suspect someone of using your information or committing fraud, waste or abuse, please call Care1stCompliance Helpline at **1-800-400-4889**. This number is available 24 hours a day, seven (7) days a week.

You can also call Care1st Member Services and ask to speak with the Compliance Officer at **1-855-699-5557**, or you could call the California Department of Health Care Services Fraud & Abuse Hotline at **1-800-822-6222** or the Department of Justice Office of the Attorney General Bureau of Medi-Cal Fraud & Elder Abuse at **1-800-722-0432**. Your call is free and confidential.

### Why should you care about fraud, waste and abuse?

Everyone is hurt by fraud and abuse. Millions of dollars are paid to those not entitled to receive services or cash. That money could be spent to provide more care to people in need or more benefits to you. Do you know someone getting care that they are not entitled to receive? Do you suspect a doctor or

lab of billing too much or billing for services not provided? If so, please use our Compliance Helpline or call Member Services.

## Preventing health care fraud

Here are a few helpful tips on how you can help prevent health care fraud:

- Do not give your ID card or ID card number to anyone except your doctor, clinic, hospital, health care provider or health plan.
- Do not let anyone borrow your ID card.
- Never loan 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 medical services in addition to Medi-Cal when you are told they will be free of charge.
- **Report Actions That Don't Seem Right to You:** Did you get a bill or statement for services you did not receive? Did a doctor or staff member ask you to pay for a service you feel is a covered benefit? Were you or your child assigned to another doctor or group without your knowing or agreeing to it? If so, call our Member Services Department or use our
- Compliance Helpline.

# Medi-Cal: *Termination of Benefits*

## *"How can I make sure I don't lose my coverage?"*

### Keeping your Medi-Cal eligibility

To stay in Medi-Cal, you must be eligible for it. "Eligible" means that a person meets certain requirements to receive benefits from programs like Medi-Cal.

**If you lose Medi-Cal eligibility, you will not be able to keep your Medi-Cal benefits with Care1st.**

Be sure to fill out and return any information requested before the due date on any letter or form. If you have any questions about your Medi-Cal eligibility, call Health Care Options at 1-800-430-4263.

### If you move, you must tell us!

Don't lose your Medi-Cal coverage if you move! Health Care Options must have your current address so they can send you mail to renew and stay eligible.

**If you move but still live in San Diego County, please:**

1. Health Care Options at 1-800-430-4263; and
2. Call Care1st. We need to know your new address and phone number.

If you move outside of San Diego County but still live in California, call Health Care Options at 1-800-430-4263. Health Care Options can help you find out what Medi-Cal services are available in your new community.

### Two types of Medi-Cal

There are two types of Medi-Cal in San Diego County: "fee-for-service" and "managed care." In San Diego County, most Medi-Cal members are in "managed care."Care is a managed care health plan.

"Managed care" is when your health care is managed and coordinated by a health plan and a PCP. This makes it easier for you to get the care you need. It is Care1st's job to make sure you get the care you need. For example, if you need to see a specialist, it is your PCP's and our job to find a specialist who will see you.

In "fee-for-service" Medi-Cal, you are not in a health plan and must find doctors and other providers who will accept payment from Medi-Cal. No one manages or coordinates your care for you. No one helps you find doctors and providers who will accept payment from Medi-Cal.

This section explains why you are in managed care and the reasons why you can or can't be enrolled in or disenrolled from a managed care health plan. To "enroll" means you become a member of a health plan. To "disenroll" means you leave a health plan and are no longer a member.

## Mandatory Medi-Cal managed care members

The California Department of Health Care Services (DHCS) is in charge of Medi-Cal. DHCS says that in San Diego County, most Medi-Cal members must enroll in a health plan and be in managed care. Members who must enroll in a health plan are called "mandatory members."

A **mandatory member** may not disenroll from Medi-Cal managed care. However, you may choose to change health plans.

## Voluntary Medi-Cal managed care members

In San Diego County, some people with Medi-Cal can choose to enroll in a health plan. Members who choose to enroll in a health plan are called "voluntary members." A voluntary member can choose to leave his or her health plan. Voluntary members include:

- Children in foster care or the Adoption Assistance Program

## Voluntary disenrollment

To "disenroll" means you leave a health plan and are no longer a member. You can disenroll without cause at any time, subject to any restricted disenrollment period. To disenroll from Care1st, call Health Care Options at **1-800-430-4263. Health** Care Options enrolls or disenrolls Medi-Cal beneficiaries in or out of a Medi-Cal managed care health plan. They will send you a disenrollment form. Your membership will end on the last day of the month in which Health Care Options approves your request. Disenrollment takes 15 to 45 days. You must continue to receive services through Care1st until you are disenrolled from Care1st.

**If you leave Care1st, you can't stay enrolled for your Medi-Cal coverage.**

## Involuntary disenrollments

You will lose managed care coverage with Care1st, but not necessarily your Medi-Cal benefits, if any of the following happens:

- You move out of San Diego County permanently.
- You require medical health care services not provided by Care1st (for example, some major organ transplants, and chronic kidney dialysis).)

- You have been approved and accepted as a candidate to a transplant center. You have other non-government or government- sponsored health coverage.
- You are in prison or jail.

If you are a mandatory or voluntary member, you can also be disenrolled from Care1st, even if you don't want to leave, if:

- You take part in any fraud having to do with services, benefits or facilities of the plan.

Care1st is not able, in good cause, to give health care services to you. Care1st will use their best efforts to provide the needed services. If you show threatening behavior toward other members, providers, provider staff, or Care1st staff, Care1st may recommend that you be disenrolled from Care1st. Threatening behavior includes:

- Making a credible threat of violence, considered as a knowing and willful statement or course of conduct that would place a reasonable person in fear for his or her safety, or the safety of others
- Unlawful violence
- Harassing surveillance, also known as "stalking" which is willful, malicious, and repeated following of providers, provider staff, or Care1st staff
- Threatening phone calls, letters, or other forms of threatening written or electronic communications directed at providers, provider staff, or Care1st staff
- Unauthorized possession or inappropriate use of firearm, weapon, or any other dangerous device on provider or Care1st premises
- Intentional destruction or threat of destruction of property owned, operated, or controlled by providers, health plans, or Care1st

Care1st will continue to provide you with covered services until the California Department of Health Care Services (DHCS) grants this request for disenrollment.

If you are disenrolled from Care1st because you've shown threatening behavior, you may file an appeal with the California Department of Managed Health Care (DMHC) if you think that your cancellation is because of your health status or need for services. This means you can ask DMHC to make sure we are allowed to disenroll you. You may also ask for a review from the California Department of Health Care Services (DHCS). You can learn more about this in the "Complaints: What should I do if I am unhappy?" section of this handbook. You can also call Care1st to find out more.

## Expedited disenrollment

HCO will process an expedited disenrollment if we are not able to provide you with medical services due to your condition or situation which is indicated in Care1stcontract with the California Department of Health Care Services (DHCS). This may include a major organ transplant, foster care or adoption assistance programs, or if you move out of San Diego County. We will submit a disenrollment request to DHCS for approval. When we receive the decision, we will notify you of the effective date of

disenrollment. Your health care for the condition will be covered by regular Medi-Cal.

## Transitional Medi-Cal

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

1) You started earning more money; or
2) Your family started receiving more child or spousal support

For example, if you are the person in your household who earns the most money, you might get transitional Medi-Cal. This means you might get transitional Medi-Cal even if you are a caretaker relative.

Parents and caretaker relatives who get transitional Medi-Cal can get free Medi-Cal coverage for six (6) to 24 months. If you stopped getting Medi-Cal, you should ask Health Care Options if you qualify for transitional Medi-Cal. Call Health Care Options toll-free at **1-800-430-4263**. You can stay with Care1st if you are eligible for transitional Medi-Cal.

# Getting involved:

## *"How do I participate?"*

Many Care1st policies are decided by California Department of Health Services. Other policies are set by Care1st and members like you. There are several ways you can participate.

### Care1st Public Policy Committee

Care1st has a public policy committee you may join. This committee discusses member and health plan issues. To find out more, please call Care1st.

### Communicating policy changes

As a Care1st member, you will get information on all policy changes that affect your health care. All important information will be included in your member newsletter or special mailings.

# More important information:

## *"What else do I need to know?"*

### How to request copies of policies & procedures

As a member of Care1st, you may request a copy of our clinical and administrative policies and procedures. These are the "business rules" that we use to make our day-to-day decision and may help you understand the guidelines we use to manage your care.

If you would like a copy of our policies and procedures, you may request a copy by any of the methods listed below. Please tell us which topic you would like to learn more about and make sure to include the address where you would like us to send you the policies and procedures.

Write, visit, fax or call Care1st

**Care1st Health Plan**
**Attn: Regulatory Affairs & Compliance**
**1055 West 7th Street, 10th Floor San Diego, CA 90017**
**Toll free: 1-855-699-5557**
**Fax: 1-213-623-8097**

### If you travel outside of San Diego County

As a member of Care1st, your service area is San Diego County. All locations outside of San Diego County are out of your service area.

Routine care is not covered out of the service area. However, emergency and urgent care services are covered outside of San Diego County.

### How a provider gets paid

Health care providers can be paid in several ways by the health plan or medical group which they may have a contract with. Providers may receive:

- A fee for each service provided
- Capitation (a flat rate paid each month per member)
- Provider incentives or bonuses

Please call Care1st if you would like to know more about how your doctor is paid or about financial incentives or bonuses

## If you have other insurance

Please call Care1st Health Plan at **1-855-699-5557** to tell us about any health insurance you have other than Care1st Health Plan so that we can send all bills to the correct place for payment. Generally, Medi-Cal is the "payor of last resort," which means that Medi-Cal will cover and pay for Medi-Cal covered services only after any other health insurance you have either denies coverage or your benefits under your other insurance have been exhausted.

## If you have Medi-Cal and Medicare coverage

If you have both Medicare and Medi-Cal benefits, Medicare is your main coverage. You will still go to your Medicare doctors, specialists, hospitals and get most of your prescriptions from Medicare. Care1st will work with your Medicare doctor to provide you with Medi-Cal services you need.

This handbook explains your Medi-Cal benefits through Care1st. Care1st will take care of your co-payments, medical services and supplies that are not covered by Medicare.

In order for Care1st to cover a service, the service must be:

- Not covered by Medicare,
- Covered by Medi-Cal and
- Medically needed.

## Workers Compensation

Care1st Health Plan will not pay for work-related injuries covered by Workers' Compensation. Care1st will provide health care services you need while there are questions about an injury being work-related. Before Care1st Health Plan will do this, you must agree to give Care1st all information and documents needed to recover costs for any services provided.

## Third party liability

Care1st will provide covered services when an injury or illness is caused by a third party. Care1st may request the legal right to keep any payment or right to payment you may have received as a result of a third party injury or illness. Under California State Law, this is called "asserting a lien." The amount of this lien may include:

- Reasonable and true costs paid for health care services given to you
- An additional amount as provided under California State Law

As a member, you also agree to help Care1st in recovering payments for services provided. This may require you to sign or provide documents needed to protect the rights of Care1st.

## Medi-Cal Estate Recovery Program

The Medi-Cal program pays for medical care for some people whose savings and income are too low for them to be able to pay for their own care. The cost of a member's medical care may have to be paid back to the Medi-Cal program after the member's death. This is called the Medi-Cal Estate Recovery Program. After getting notice of the death of a member, the Department of Health Care Services (DHCS) will decide if the cost of the member's medical care must be paid back. DHCS will never ask for more to be paid back than the value of the assets owned by the member at the time of his or her death.

To learn more about the Medi-Cal Estate Recovery Program, write or call DHCS.

**California Department of Health Care Services (DHCS) Estate Recovery Section, MS 4720**
**P.O. Box 997425**
**Sacramento, CA 95899-7425**
**1-916-650-0490**
**1-916-650-6584 (fax)**

## Disruption in services

Care1st will use its best efforts to provide services in the event of a war, riot or other unusual event. If Care1st is not able to provide health services, we will send members to the nearest hospital for emergency services and pay for these services.

## Organ donation

There is a need for organ donors in the United States. You can agree to donate your organs in the event of your death. The California Department of Motor Vehicles (DMV) will give you a donor card if you wish to become an organ or tissue donor and will also give you a donor sticker to place on your driver's license or ID card. To find out more, call **1-800-777-0133** (voice) or **1-800-368-4327** (TTY/TDD).

## What is an advance directive?

An advance directive is a signed legal document. It allows you to select a person to make your health care choices at a time when you can't make them yourself (for example if you are in a coma). An advance directive must be signed when you are able to make your own decisions. Care1st will tell you about any changes to state law about advance directives as soon as possible but no later than 90 days after the date of change. Ask your doctor or call Care1st to find out more about advance directives.

## New technology

Care1st follows changes and advances in health care by studying new treatments, medicines, procedures and devices. We call all of this "new technology." We review and use scientific reports and information from the government and medical specialists to decide whether to cover the new technology. Members and providers may ask Care1st to review new technology.

# Notice of Privacy Practices (NOPP)

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**.

**Your Information. Your Rights. Our Responsibilities.**

## Your Rights

**You have the right to:**

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

**You have some choices in the way that we use and share information as we:**

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

**We may use and share your information as we:n**

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.**
**This section explains your rights and some of our responsibilities to help you.**

### Get a copy of your health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee

### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this
- We may say "no" to your request, but we'll tell you why in writing within 60 days

### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not

### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no" if it would affect your care.

### Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

### Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
- **Click here** to download our Care1st Privacy Policy

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information
- We will make sure the person has this authority and can act for you before we take any action

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information above.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/
- We will not retaliate against you for filing a complaint

## Your Choices

**For certain health information, you can tell us your choices about what we share.**
**If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.**

**In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

**In these cases we never share your information unless you give us written permission:**

- Marketing purposes
- Sale of your information

## Our Uses and Disclosures

**How do we typically use or share your health information?**
**We typically use or share your health information in the following ways.**

**Help manage the health care treatment you receive**

- We can use your health information and share it with professionals who are treating you.

- **Example:** *A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary
- **We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage**. This does not apply to long term care plans.
  - **Example:** *We use health information about you to develop better services for you.*

**Pay for your health services**

- We can use and disclose your health information as we pay for your health services
  - **Example:** *We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

- We may disclose your health information to your health plan sponsor for plan administration
  - **Example:** *Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

**How else can we use or share your health information?**
**We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.**

**Help with public health and safety issues**

- We can share health information about you for certain situations such as:
  - Preventing disease
  - Helping with product recalls
  - Reporting adverse reactions to medications
  - Reporting suspected abuse, neglect, or domestic violence
  - Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

- We can use or share your information for health research

**Comply with the law**

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**

- We can use or share health information about you:
  - For workers' compensation claims
  - For law enforcement purposes or with a law enforcement official
  - With health oversight agencies for activities authorized by law
  - For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

- We can share health information about you in response to a court or administrative order, or in response to a subpoena

**Specific Types of medical information:**

There are stricter requirements for use and disclosure of some types of information - for example, mental health and drug and alcohol abuse patient information, and HIV test results. However, there are still circumstances in which these types of information may be used or disclosed without your authorization.

**Abuse or Neglect:**

By law, we may disclose your medical information to the appropriate authority to report suspected elderly abuse or neglect to identify suspected victims of abuse, neglect, or domestic violence.

**Inmates:**

Under the federal law that requires us to give you this notice, inmates do not have the same rights to control their medical information as other individuals. If you are an inmate of a correctional institution or in custody of a law enforcement official, we may disclose your medical information to the correctional institution or the law enforcement for certain purposes, for example, to protect your health or safety or someone else's.

**All Other Uses and Disclosures of your Medical Information Require Your Prior Written Authorization:**

Except for those uses and disclosures described above, we will not use or disclose your medical information without your written authorization. When your authorization is required and you authorized us to use or disclose your medical information for some purpose, you may revoke that authorization by notifying us in writing at any time. Please note that the revocation will not apply to any authorized use or disclosure of your medical information that took place before we received your revocation.

### Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information
- We must follow the duties and privacy practices described in this notice and give you a copy of it
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

### Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you.

Effective Date: 09/23/2013

If you have questions about this notice, or want to lodge a complaint about our privacy practices, please let us know by calling our Member Services Call Center at 1-800-605-2556 (TTY 1-800-735-2929), from 8:00 a.m. - 6:00 p.m., or call Care1st's Hotline at 1-877-837-6057. You may also write to our Privacy Officer, Brooks Jones at:

Care1st Health Plan
Attention: Brooks Jones, Privacy Officer
601 Potrero Grande Drive
Monterey Park, CA 91755

or to the Care1st Health Plan Compliance Department @ ComplianceDepartment@care1st.com or ComplianceSIU@care1st.com
You may also file a complaint and notify:

Department of Health Care Services (DHCS) Privacy Officer: privacyofficer@dhcs.ca.gov, phone: 916-445-4646, Fax: 1-916-440-7680. Address: C/O Office of HIPAA Compliance DHCS, P.O. Box 997413, MS 4722, Sacramento, CA 95899-7413. Website: www.privacy.ca.gov

We will not take retaliatory action against you if you file a complaint about our privacy practices.

# Glossary of Terms

This glossary will help you understand words used in this Member Handbook.

**Acute** is a word used for a serious and sudden condition that lasts a short time and is not chronic. Examples include a heart attack, pneumonia or appendicitis.

**Advance Directive** is a signed legal document that allows you to select a person to make your health care choices at a time when you can't make them yourself. It expresses your decision about your end-of-life care ahead of time.

**Americans with Disabilities Act (ADA)** is a law that protects people with disabilities from not being treated fairly. The ADA law makes sure there are equal chances for people with disabilities in employment and state and local government services, including health care.

**Anti-rejection medications** are medications used to prevent your body from not accepting anew organ.

**Authorize/Authorization** is when a health plan approves treatment for covered health care services. Members may have to pay for non-approved treatment. Note: Emergency services and out-of-area urgent care services do not require prior authorization.

**Benefits** are the health care services, supplies, drugs and equipment that are medically necessary and covered by Medi-Cal.

Benefit Year A year of benefits coverage under an individual health insurance plan. The benefit year for plans bought inside or outside the Marketplace begins January 1 of each year and ends December 31 of the same year. Your coverage ends December 31 even if your coverage started after January 1. Any changes to benefits or rates to a health insurance plan are made at the beginning of the calendar year.

**California Children Services Program (CCS)** is the public health program that assures the delivery of specialized diagnostic, treatment and therapy services to financially and medically eligible children under the age of 21 who have CCS eligible conditions.

**California Department of Health Care Services (DHCS**) is the state agency that is responsible for the Medi-Cal program.

**California Department of Managed Health Care (DMHC**) is the state agency responsible for regulating health care service plans.

**Cancer Clinical Trial** is a research study with cancer patients to find out if a new cancer treatment or drug is safe and treats a member's type of cancer.

**Case Management** refers to doctors and nurses who make sure that you are getting the right health care

services when you need them. This includes checkups, plans to make you better, getting you the right doctors, and coordinating care to meet your health care needs.

**Certified Nurse Midwife** is a registered nurse who has experience in labor and delivery, and at least one year of hands-on training in midwifery. A Certified Nurse Midwife has completed an advanced course of study and is certified by the American College of Nurse-Midwives.

**Certified Nurse Practitioner** is a registered nurse who has completed an advanced training program in a medical specialty.

**Child Health and Disability Prevention (CHDP)** is for people under the age of 21 with a disability. CHDP is a preventive program that delivers periodic health assessment and services. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services.

Chiropractic Services Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position)

**Chronic** is a word used for a condition that is long- term and ongoing, and is not acute. Examples include diabetes, asthma, allergies and hypertension.

**Clinic** is a facility that members can select as a Primary Care Provider (PCP). It can be either a Federally Qualified Health Center (FQHC), San Diego County clinic, community clinic, rural health clinic, Native American Health Clinic, or other primary care facility.

**Combined Evidence of Coverage and Disclosure Form** is the Care1st Member Handbook which has information about benefits, services and terms for members.

**Complain/Complaint** is an oral or written expression of dissatisfaction, including any complaint dispute request for reconsideration or appeal. A complaint is also known as a grievance.

**Consultation** is the rendering of an opinion, advice, or prescribing treatment by telephone and includes rendering of a decision regarding hospitalization or transfer by telephone or other means of communication.

Covered Services The general term we use to mean all of the health care services and supplies that are covered by our plan.

Custodial Care: Custodial care is personal care provided in a nursing home, hospice, or other facility setting when you do not need skilled medical care or skilled nursing care. Custodial care is personal care that can be provided by people who don't have professional skills or training, such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. Medicare doesn't pay for custodial care.

**Diagnostic/Diagnosis** is when a doctor identifies a condition, illness or disease.

**Disability** is a physical or mental condition that substantially limits a person's ability in at least one major life activity.

**Disenroll/Disenrollment** is when a member leaves a health plan.

**Disputed health care service** is a health care service eligible for coverage and payment under a plan that has been denied, modified or delayed based on the plan's decision that the service was not medically necessary.

**Durable Medical Equipment** is medical equipment used in the course of treatment or home care, including items such as crutches, knee-braces or wheelchairs.

Eligible/Eligibility means that a person meets certain requirements to receive benefits from programs such as Medi-Cal, California Children's Services (CCS) and Child Health Disability Program (CHDP).

**Enroll/Enrollment** is when a member joins a health plan.

**Enteral Nutrition** product benefit to those products administered through a gastric, nasogastric, or jejunostomy feeding tube, for adults 21 years of age or older, with the exception of products consumed orally for inborn errors of metabolism, and products consumed orally for intestinal malabsorption diagnoses. Beneficiaries under 21 years of age are exempt from the enteral nutrition product benefit tube feeding limitation.

**Emergency Services** are covered anywhere in the United States, Mexico or Canada––24 hours a day, seven (7) days a week. Emergency care is a service a member reasonably believes is necessary to stop or relieve serious illness or symptoms, injury or conditions requiring immediate diagnosis and treatment, including physical and psychiatric emergency conditions and active labor.

**Exclusions** are any medical, surgical, hospital or other treatments for which the program offers no coverage.

**Expedited Review** is a complaint that must be resolved as quickly as possible if it involves an imminent or serious threat, including but not limited to, severe pain or the potential loss of life, limb or major bodily function. With an expedited review, the health plan will resolve the complaint as quickly as the medical condition requires and no later than within 72 hours.

**Experimental or investigational** in nature refers to new medical treatment that is still being tested but has not been proven to treat a condition.

**Family planning services** help people learn about and plan the number and spacing of children they want through the use of birth control.

**Fee-For-Service Medi-Cal,** also known as regular Medi-Cal, is the component of the Medi-Cal Program that is paid directly by the state for services.

**Federally Qualified Health Center (FQHC)** is a community-based health organization that provides comprehensive primary health, oral health, mental health, and substance abuse services.

**Food and Drug Administration (FDA)** is the U.S. government agency that enforces the laws on the manufacturing, testing, and use of drugs and medical devices.

**Formulary** is a list of approved drugs that is generally accepted in the medical community as safe and effective.

**Grievance** is sometimes called a complaint. A grievance is the process used when a member is not happy with his or her health care. Grievances are about services or care received or not received.

**Health care services** prevent and treat disease, and keep people healthy. Examples include, but are not limited to, some of the following:

- Doctor services (includes one-on-one visits with a doctor and referrals)
- Emergency services (includes ambulance and out-of- area coverage)
- Home health services
- Hospital inpatient and outpatient services
- Laboratory services
- Pharmacy services
- Preventive health services
- Radiology services

**Health Maintenance Organization (HMO)** is an organization that, through a coordinated system of health care, provides or assures the delivery of an agreed upon set of comprehensive health maintenance and treatment services for an enrolled group of persons through a predetermined, periodic fixed prepayment.

**Health Plan** means an individual or group plan that arranges for the provision, or pays the cost of, medical care.

**Home Health Care Health** care services a person receives at home.

**Medical Supplies**: Equipment and supplies ordered by a health care provider for everyday or extended use.

**Hospice** is the care and services provided to people who have received a diagnosis for a terminal illness. These services are given in a home or facility to relieve pain and provide support.

"Hospice service" or "hospice program" means a specialized form of interdisciplinary health care that is designed to provide palliative care, alleviate the physical, emotional, social and spiritual discomforts of an enrollee who is experiencing the last phases of life due to the existence of a terminal disease, to provide supportive care to the primary care giver and the family of the hospice patient, and which meets all of the following criteria;
(A) Considers the enrollee and the enrollee's family, in addition to the enrollee, as the unit of care.
(B) Utilizes an interdisciplinary team to assess the physical, medical, psychological, social and spiritual needs of the enrollee and the enrollee's family.
(C) Requires the interdisciplinary team to develop an overall plan of care and to provide coordinated care which emphasizes supportive services, including, but not limited to, home care, pain control, and short-term inpatient services. Short-term inpatient services are intended to ensure both continuity of care and appropriateness of services for those enrollees who cannot be managed at home because of acute complications or the temporary absence of a capable primary caregiver.
(D) Provides for the palliative medical treatment of pain and other symptoms associated with a terminal disease, but does not provide for efforts to cure the disease.
(E) Provides for bereavement services following the enrollee's death to assist the family to cope with social and emotional needs associated with the death of the enrollee.
(F) Actively utilizes volunteers in the delivery of hospice services.
(G) To the extent appropriate based on the medical needs of the enrollee, provides services in the enrollee's home or primary place of residence

**Hospital** provides inpatient and outpatient care from doctors or nurses.

**Human Immunodeficiency Virus (HIV)** is the virus that affects the immune system and causes the disease known as AIDS (acquired immunodeficiency disorder).

**Independent Medical Review for Experimental and Investigational Therapies (IMR-EIT)** is a process by which expert independent medical professionals are selected to review a denial by the health plan for a medical service, drug or equipment because it is experimental or investigational in nature.

**Independent Physician Association (IPA)** is a company that organizes a group of doctors, specialists and other providers of health services to see members.

**Infertility** is when a person is not able to conceive and produce children after having unprotected sex on a regular basis for more than 12 months.

**Inpatient** is when a person receives medical treatment in a hospital or other health care facility with an over- night stay.

**Interpreter** is a person who expresses a message spoken or signed in one language into a second language and who abides by a code of professional ethics.

**Involuntary/Involuntarily** is when something is done without choice.

**Liable/Liability** is the responsibility of a party or person according to law.

**Life-threatening** is a disease, illness or condition that may put a person's life in danger if it is not treated.

**Local Education Agency** is the school district or county office of education that will receive and disburse grant funds.

**Managed care** is a health care system in which the health care provider, in return for a fixed fee per year from a health plan, manages the care of the individual, including decisions about whether a specialist is required.

**Medi-Cal**is a California health coverage program for low-income families. This program is funded by state and federal dollars.

**Medi-Cal card**, also known as the Benefits Identification Card (BIC), is the plastic card issued by the state to Medi-Cal recipients. The BIC is used by providers to verify Medi-Cal eligibility.

**Mediation** is a process by which a neutral person tries to help individuals resolve a dispute. The results of the mediation are not binding.

**Medical group** is a group of PCPs, specialists, and other health care providers who work together.

Medicare The Federal health insurance program for people 65 years of age or older, some people under age 65 with certain disabilities, and people with End-Stage Renal Disease (generally those with permanent kidney failure who need dialysis or a kidney transplant). People with Medicare can get their Medicare health coverage through Original Medicare**, a PACE plan, or a Medicare Advantage Plan.

**Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount and you pay your share (coinsurance and deductibles).

**Medically necessary/Medical necessity** refers to all covered services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or to ease severe pain through the diagnosis or treatment of disease, illness or injury.

**Member** is a person who has joined a health plan.

**Member Handbook**, also called a Combined Evidence of Coverage/Disclosure Form, is what you are reading right now. It has information about the benefits, services and terms offered by the health plan.

**Member Representative** is a person or persons appointed by the member, via written statement, to represent them in the State of California as a health care proxy, trustee named in a durable power of attorney or court appointed guardian. Also known as Personal Representative(s), a Member Representative may be a spouse, relative, friend, advocate, your doctor, a practitioner or someone

designated as a representative by the member under Durable Power of Attorney, or as an Executor/Administrator of Estate or as a legal/court appointed guardian.

**Member Services Department** is the health plan's department that helps members with questions and concerns.

**Mental or behavioral health services** are given for the diagnosis or treatment of a mental or emotional illness.

**Network** is a team of health care providers contracted with a health plan to provide services. The health care providers may be contracted directly with the health plan or through a medical group.

**Non-contracted provider** is a doctor or provider who is not under contract with the health plan to provide services to members.

**Non-formulary drug** is a drug that is not listed on the health plan's formulary and requires an authorization from the health plan in order to be covered.

**Notice of Privacy Practices (NOPP)** informs the member how medical information may be used and distributed by the health plans.

**Nurse Advice Line** is a 24-hour telephone line supported by registered nurses who are available to help people with health questions or concerns.

**Occupational therapy** is used to improve and maintain a patient's daily living skills when the patient has a disability or injury.

**Orthotic** is used to support, align, correct or improve the function of movable body parts.

**Ostomy supplies a**n **ostomy** pouching system is a prosthetic medical device that provides a means for the collection of waste from a surgically diverted biological system (colon, ileum, bladder) and the creation of a stoma.

**Outpatient** is when a person receives medical treatment in a hospital or other health care facility without an overnight stay.

**Out-of-area services** are emergency care or urgent care services provided outside of the health plan's service area that could not be delayed until the member returned to the service area.

**Out-of-network providers** are doctors and providers not under contract, either directly or indirectly, with the health plan.

**Participating Providers**- A participating or Plan Doctor who is contracted with Care1st, or is contracted with the Plan through a Plan contracted Medical Group or Independent Practice Association (IPA) to provide covered services to Plan members.

**Pediatric sub-acute services** are the health care services needed by a person under 21 years of age who uses a medical technology that compensates for the loss of a vital bodily function.

**Pharmacy** is a place to get prescribed drugs.

**Phenylketonuria (PKU)** is a rare disease. PKU can cause mental retardation and other neurological problems if treatment is not started within the first few weeks of life.

**Physical therapy** uses exercise to improve and maintain a patient's ability to function after an illness or injury.

**Physician** is a licensed medical doctor.

Premium- The amount you pay for your health insurance every month.

**Prescription** is a written order given by a licensed provider for drugs and equipment.

**Preventive health care** consists of health checkups or services given at certain times due to a person's age, gender and medical history in order to keep that person well.

**Primary care** is a basic level of health care usually provided in ambulatory settings by general practitioners, family practitioners, internists, obstetricians, pediatricians and mid-level practitioners. This type of care emphasizes caring for the member's general health needs as opposed to specialists focusing on specific needs.

**Primary care provider (PCP)** is a doctor or clinic that takes care of a member's health care needs and works with the member to keep them healthy. The PCP will also make specialty referrals when medically necessary.

**Prior authorization** is a formal process requiring a health care provider to obtain advanced approval to provide specific services or procedures. Prior authorization is required for most services or care. However, for emergency or out-of-area urgent care services, prior authorization is not required.

**Prosthesis** is used to replace a missing part of the body.

**Providers** are contracted with a health plan to provide covered health care services. Examples include:

- Doctors
- Clinics
- Hospitals
- Skilled nursing facilities
- Sub-acute facilities

- Home health agencies
- Pharmacies
- Laboratories
- X-ray facilities
- Durable medical equipment suppliers

**Provider directory** is a list of providers contracted with a health plan.

**Provider network** is a group of doctors, specialists, pharmacies, hospitals and other health care providers that are contracted by and work with the health plan.

**Referrals** are when a doctor sends a member to another doctor, such as a specialist or providers of services including lab, X-ray, physical therapy and others.

**Service area** means the ZIP codes in San Diego County that the health plan, to which a member is assigned, serves.

Severe Mental Illness means the following mental disorders: schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, or bulimia nervosa.

Skilled Nursing Care Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous injections that can only be given by a registered nurse or doctor.

**Skilled nursing facility** is a facility licensed to provide medical services for non-acute conditions.

**Specialist** is a physician or other health professional who has advanced education and training in a clinical area of practice and is accredited, certified, or recognized by a board of physicians or peer group, or an organization offering qualifying examinations (board certified) as having special expertise in that clinical area of practice.

**Specialty mental health services** are rehabilitative services that include mental health services, medication support services, day treatment intensives, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services, and psychiatric health facility services such as:

- Psychiatric inpatient hospital services
- Targeted case management
- Psychiatric services
- Psychologist services
- Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) supplemental specialty mental health services

**Speech therapy** is used to treat speech problems.

**Standing referral** is a referral by a doctor for more than one visit by a specialist.

**Sub-acute care** is a level of care needed by a patient who does not require hospital acute care, but who requires more intensive skilled nursing care than is provided to the majority of patients in a skilled nursing facility.

**Triage or screening** is the evaluation of a member's health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of the member's need for care.

**Triage or screening waiting time** is the time waiting to speak by telephone with a doctor or nurse who is trained to screen a member who may need care.

**TTY/TDD** is a communication device for the deaf, speech impaired, or hard of hearing, using a telephone system.

**Urgent care** is any service required to prevent serious deterioration of health following the onset of an unforeseen condition or injury.

**Urgently Needed Services – Out of Area emergencies**

**Those services necessary to prevent serious deterioration of the health of an enrollee, resulting from unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the member returns to the Plan's service area. This also includes maternity services necessary to prevent serious deterioration of the health of the member or the member's fetus, based on the member's reasonable belief that she has a pregnancy-related condition for which treatment cannot be delayed until the enrollee returns to the Plan's service area.**

**Urological supplies** items or supplies that assist with the care and treatment of urinary tract and the urogential system.

**Women, Infants and Children Program (WIC)** is a state nutrition program that helps pregnant women, new mothers and young children eat well and stay healthy.

# Important phone Numbers

Care1st Health Plan ..... 1-855-699-5557
Care1st24-Hour Nurse Advice Line ..... 1-800-249-3619
Care1st Compliance Helpline ..... 1-800-400-4889

*Disability Services*
California Relay Service (CRS) — TTY/TDD.....711
Americans with Disabilities Act (ADA) Information..... 1-800-514-0301 (Voice) – 1-800-514-0383 (TDD)
California Children's Services (CCS) .....619-528-4000
Child Health and Disability Prevention (CHDP) .....619-692-8808
California State Department of Health Services (DHCS) .....1-916-445-4171
Medi-Cal Managed Care Office of the Ombudsman. .....1-888-452-8609
Denti-Cal Beneficiary Services.....1-800-322-6384
California Department of Social Services (CDSS) .....1-800-952-5253
Department of Managed Health Care (DMHC).....1-888-466-2219 (1-888-HMO-2219)

*Health Care Options:*
Arabic.....1-800-576-6881
Armenian .....1-800-840-5032
Cambodian/Khmer.....1-800-430-5005
Cantonese.....1-800-430-6006
English .....1-800-430-4263
Farsi.....1-800-840-5034
Hmong .....1-800-430-2022
Korean .....1-800-576-6883
Laotian ..... 1-800-430-4091
Mandarin..... 1-800-576-6885
Russian..... 1-800-430-7007
Spanish..... 1-800-430-3003
Tagalog ..... 1-800-576-6890
Vietnamese..... 1-800-430-8008 /1-800-430-7077 (TTY/TDD)

U.S. Office for Civil Rights 1-866-627-7748 – 1-866-788-4989 (TTY/TDD)
Social Security Administration.....1-800-772-1213
Supplemental Social Income ..... (SSI) 1-800-772-1213

Women, Infant and Children Program (WIC) .....1-888-942-9675

# Medi-Cal Language Block

**English**
To request free interpreting services, information in your language or in another format, call Care1st at 1-855-699-5557 or TTY/TDD 1-866-522-2731.

**Arabic**
لطلب خدمات ترجمة فورية مجانية، ومعلومات بلغتك أو بتنسيق آخر، اتصل بـ Care1st على الرقم 1-855-699-5557 أو رقم الصمTTY/TDD 1-866-522-2731.

**Armenian**
Անվճար բանավոր թարգմանչական ծառայություններ ինչպես նաև ձեր լեզվով կամ այլ ֆորմատով տեղեկություններ խնդրելու համար, զանգահարեք Care1st՝ 1-855-699-5557 կամ TTY/TDD 1-866-522-2731 հեռախոսահամարներով:

**Farsi**
برای دریافت اطلاعات به زبان خودتان یا سایر فرمت ها، با Care1st تماس بگیرید 1-855-699-5557 یا TTY/TDD 1-866-522-2731.

**Khmer**
ដើម្បីស្នើសុំសេវាការបកប្រែដោយឥតគិតថ្លៃ ឬសំរាប់ព័ត៌មានជាភាសាខ្មែរ ឬជាទំរង់មួយទៀត សូមទូរស័ព្ទទៅ Care1st តាមលេខ 1-855-699-5557 ឬ TTY/TDD 1-866-522-2731។

**Korean**
무료 통역 서비스, 다른 언어 또는 다른 형식으로 된 자료가 필요하신 경우, Care1st 1-855-699-5557번 또는TTY/TDD 1-866-522-2731번으로 문의하십시오.

**Spanish**
Para solicitar servicios de interpretación gratuitos o información en su idioma o en otro formato, llame a Care1st al 1-855-699-5557 o al 1-866-522-2731 para TTY/TDD.

**Tagalog**
Upang humiling ng mga libreng serbisyo sa pagsasaling-wika, impormasyon sa iyong wika o sa isa pang format, tumawag sa Care1st sa 1-855-699-5557 o TTY/TDD 1-866-522-2731.

**Vietnamese**
Để yêu cầu dịch vụ thông dịch miễn phí, thông tin bằng ngôn ngữ của quý vị hoặc bằng một hình thức khác, vui lòng gọi Care1st tại số 1-855-699-5557, hoặc nếu dùng TTY/TDD, xin gọi số 1-866-522-2731.

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# EVIDENCE OF COVERAGE
# MEMBER HANDBOOK

Medi-Cal
**SAN DIEGO COUNTY 2016-2017**

# EVIDENCIA DE COBERTURA
# MANUAL PARA LOS MIEMBROS


**Care1st Health Plan**
3131 Camino Del Rio North
Suite 1300
San Diego, CA 92108


**Member Services**
855-699-5557, 8:00 a.m. to 6:00 p.m.
Monday through Friday

**Hearing Impaired Assistance TTY**
(through California Relay Service)
711, 8:00 a.m. to 6:00 p.m.
Monday through Friday

**www.care1st.com**

Care1st HEALTH PLAN
An affiliate of Blue Shield of California




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