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Section 1 - About Your HealthPlan

Dear Member,

Welcome!

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

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

You need to:

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

Please read this handbook carefully. It will answer many questions about PHC. If you have any questions call our Member Services Department at **707-863-4120 or 800-863-4155**. We are available to help you Monday – Friday, 8:00am – 5:00pm. Hearing and/or speech impaired members can call the California Relay Service by calling **800-735-2929 or call 711**. Don't forget to visit our website at www.partnershiphp.org.

Let's work together for your health!

Sincerely,
Member Services Department

What is Partnership HealthPlan of California (PHC)?

PHC is a managed health care program for people who are eligible to receive their Medi-Cal benefits through participating counties.

What is a Managed Health Care Program?

A managed health care program is a medical program that makes sure all of its members have access to quality health care and are assigned to a primary care provider (PCP), if appropriate.

PHC provides incentives to providers that meet established criteria used to ensure quality health care for PHC members. For more information call our Member Services Department.



What is a Primary Care Provider (PCP)?

A PCP is your personal provider who will provide and arrange all of your medical health care needs. This provider will refer you to specialty care when needed. **Some referrals require prior approval by PHC.** All PHC members, except Special Case Managed members, are assigned to a PCP. For information about Special Case Managed members refer to Section 1 of this handbook.

You must receive all medical care from your PCP unless he/she refers you for specialty care or unless the type of care you need does not require a referral from your PCP or prior authorization. For information about what services do not require a referral refer to Section 3 of this handbook.

How Providers Get Paid

Health care providers can be paid in several ways. Providers may receive:

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

Please call PHC if you would like to know more about how your provider is paid or about incentives and/or bonuses.

Information about PHC Providers

If you would like information about a PHC providers (training, education, board certification, etc.) you can call the provider's office or call the PHC Member Services Department at **707-863-4120 or 800-863-4155.**

Your First Month as a PHC Member

Your first month as a PHC member you will receive your PHC identification card and a list of PHC primary care providers (PCP)'s. This list of PHC providers and medical groups is called a provider directory. You must choose a PCP from the provider directory. Next, you should notify the PHC Member Services Department of the PCP that you chose. You can notify PHC of your choice by calling our Member Services Department or by returning your completed Selection Form to PHC. **Members who do not choose a PCP will be assigned to one by PHC.** You will be assigned to the PCP that you chose the first day of the second month that you are a PHC member. If PHC receives your PCP selection before your first current month of eligibility you will be assigned to a PCP your first month of current eligibility. Until you are assigned to a PCP you may receive medical care from any Medi-Cal provider that this willing to bill PHC for medically appropriate services. Prior authorizations requirements apply even if you are not assigned to a PCP. The date you are assigned to your PCP is printed on your PHC ID card.



PHC Identification (ID) Card

It is very important that you always show all of your health care ID cards each time you receive services. If you have other health insurance coverage in addition to Medi-Cal, you must also tell your provider about that insurance. Showing your health care ID cards helps your medical providers know who to contact for questions and authorizations. The following information is included on your PHC ID card:

- ◆ Your name, date of birth and your PHC ID number.
- ◆ The date you are assigned to your primary care provider (PCP).
- ◆ Your PCP's name, address and phone number.
- ◆ The name of your hospital.
- ◆ A phone number to call if you need mental health services.

PHC Service Area

The PHC service area is:

Solano County residents – Solano County
Napa County residents – Napa County
Yolo County residents – Yolo County
Sonoma County residents – Sonoma County

Mendocino County residents – Mendocino County

Marin County residents – Marin County

Special Case Managed Members

Some PHC members are not assigned to a primary care provider (PCP). They can go to any Medi-Cal provider. However, prior authorization requirements apply. These members are called "Special Case Managed Members."

All PHC members are Special Case Managed members their first month as a PHC member, unless PHC receives a PCP selection before the first current month of eligibility. This allows time for members to choose a PCP. The second month of eligibility most PHC members are assigned to a PCP. The date of your PCP assignment is printed on your PHC ID card. Some members will always be Special Case Managed members because they:

- ◆ Have serious medical conditions and receive most of their medical care from a specialist. Medical staff at PHC reviews each of these cases to determine if the Special Case Managed category is appropriate.
- ◆ Have a Share of Cost (SOC).
- ◆ Are a Foster Child living outside their County.
- ◆ Moved out of their County.
- ◆ Are in a Long Term Care Facility.

If one or more of the Special Case Managed Categories apply to you, please contact the PHC Member Services Department.

All Special Case Managed Member identification cards list "Partnership HealthPlan of California" as their PCP.

Do I Have to Pay for Medical Care?

- ◆ PHC members do not have to pay to receive Medi-Cal covered services.
- ◆ PHC members who have a share of cost must pay their monthly share of cost before PHC/Medi-Cal will pay for covered Medi-Cal services.
- ◆ If you receive services that are not covered by Medi-Cal, you may have to pay for these services.

- ◆ Unless your primary care provider refers you to another provider, you must receive your medical care from your primary care provider (PCP), except for family planning, OB care and emergency services. You do not need a referral from your provider for family planning, OB care or emergency services.
- ◆ If you receive a bill or are charged for any services covered by Medi-Cal, please contact the PHC Member Services Department by calling **707-863-4120 or 800- 863-4155**. You can also contact the Member Services Department by mail at: **360 Campus Lane, Suite 100, Fairfield, CA 94534**.

If PHC has denied a medical bill and you would like to appeal the denial you may request a State Hearing or request an appeal through PHC. Refer to Section 5 of this handbook, to learn more about Complaints and Appeals or call our Member Services Department.

Can I be Disenrolled from PHC?

Yes. Some examples of reasons you can be disenrolled from PHC:

- ◆ if you lose your Medi-Cal eligibility
- ◆ if you move out of your county of residence
- ◆ if your Medi-Cal changes to a category not covered by PHC



Member Services Department

The PHC Member Services Department can help answer your questions and help you with problems you may have with your medical care. Our Member Services Department can also help you:

- ◆ Get a new PHC identification card if yours is lost or stolen
- ◆ Choose or change providers
- ◆ Get a referral to a Specialist
- ◆ Solve problems with medical bills
- ◆ Get information about prenatal care or other health care
- ◆ Make an appointment with your provider
- ◆ Help you file a complaint, an appeal and/or State Hearing

The PHC Member Services Department is open Monday - Friday, 8:00a.m. - 5:00p.m. Our phone number is **707-863-4120 or 800-863-4155**.



Confidentiality of Personal Information and Records

PHC understands how important it is to protect medical records and other confidential member information. Below are steps that PHC has taken to make sure information about our members is kept confidential and only released to authorized persons.

- ◆ PHC has policies and procedures that outline how the confidentiality of member information and records are protected.
- ◆ As a condition of employment, all PHC employees are required to sign a confidentiality statement. This statement advises employees of civil and criminal sanctions resulting from release of confidential information to unauthorized persons.
- ◆ All contracts with medical providers include PHCs expectations about the confidentiality of member information and records. Primary care providers' offices are monitored by PHC to measure their ability to keep patient information confidential.
- ◆ PHC designates an internal review board to create and review confidentiality policies and to review practices regarding the collection, use and disclosure of medical information.
- ◆ All providers contracted with PHC are informed of member's rights to access their medical records at no charge.

Consumer Advisory Committee (CAC)

PHC has a Consumer Advisory Committee (CAC). The CAC advises the HealthPlan on policies, member information and other issues. There are two ways for members to get involved in the CAC:



Attend the meetings: All PHC members and members of the public are welcome to attend these meetings. Members can talk about their experiences in receiving medical services through PHC. They can give input to the CAC and make suggestions for improving services.

Become a CAC Member: Several people have seats on the committee as voting members. They are PHC members who live in different parts of the PHC service area. To find out if there is a seat available to represent your town or neighborhood, call our Member Services at **707-863-4120 or 800-863-4155**. Ask to speak with the person in charge of the CAC.

Reporting a New Address and/or New Telephone Number

- ◆ If you receive SSI, call the local Social Security Administration office.
- ◆ All other members should call their eligibility worker at the local County Social Services office.
- ◆ Call the PHC Member Services Department if you move.

Section 2 - Choosing and/or Changing Your Primary Care Provider

Choosing Your Primary Care Provider (PCP)

- ◆ Look through the PHC Provider Directory. Choose the PCP that you want. Some providers and medical groups listed in the provider directory may not be accepting new members. To find out if a provider or medical group is available, look at the section called "Enrollment Status" in the Provider Directory. You may also call the PHC Member Services Department for help.
- ◆ There are some providers that speak other languages in addition to English or may have staff who speak other languages. You can check to see what languages each provider and medical group provides by looking at the section in the Provider Directory called "Languages."
- ◆ You do not have to choose the same provider or medical group for everyone in your family.
- ◆ Fill out the Selection Form for yourself and any family members who are also PHC members. Return the form to PHC using the postage paid envelope provided. If you do not want to fill out the form, call the PHC Member Services Department and tell us which primary care provider you chose.
- ◆ If you have any questions about choosing a primary care provider, call the PHC Member Services Department at **707-863-4120 or 800-863-4155**.
- ◆ If you do not choose a primary care provider or medical group, PHC will assign one to you.



Changing Your Primary Care Provider (PCP)

If you want to change your PCP you can choose a PCP at anytime from the PHC provider directory and call the PHC Member Services Department with your choice. Our staff will update your records and send you a new PHC identification card.

If you call the Member Services Department before the fifteenth of the month, you can start going to your new PCP the first day of the next month. If you call the Member Services Department after the fifteenth of the month, you will not be transferred to your new PCP until the first day of the second month from the date PHC received your request to transfer.

You can ask the Member Services Representative to tell you which PCP's are available or ask the representative to mail you a current version of the directory. You can also review the list of PCP's on our website at www.partnershiphp.org.

Reasons why you may not be able to change your PCP

- ◆ You asked for a PCP who is not taking new members.
- ◆ It may be best for you to stay with your PCP until you finish your treatment.
- ◆ Hospitalized members cannot change their PCP until two weeks after they leave the hospital. Prior approval from the requested PCP and/or the PHC's Chief Medical Officer is required if the member has major diagnostic procedures like CT, MRI scans or major therapeutic procedures scheduled within sixty (60) days from the date of the request to change their PCP.

Disenrollment from a Primary Care Provider (PCP)

Primary care providers (PCPs) may ask PHC to disenroll a member from their practice. If the request is approved by PHC, the member must choose a different primary care provider. Some reasons for disenrollment are:

- ◆ Abusive, violent or disruptive behavior
- ◆ Frequently missing scheduled appointments
- ◆ Breakdown in patient physician relationship



Section 3 - How to Receive Health Care Services

Making an Appointment with Your Primary Care Provider

To make an appointment with your primary care provider you should call the phone number of the provider printed on your PHC identification card.

All of your medical care, except family planning, and emergency services, must be received from the provider that you are assigned to, unless that provider refers you to specialty services.

New PHC members should schedule an initial health exam within 120 days of becoming a member of PHC. This is a good time for you to get to know your provider and for your provider to get to know you and your health care needs. During the exam, your PCP will record your complete health history and make sure you are up-to-date with your shots. Your PCP will also give you advice to help prevent illness and improve your health. Your PCP can take better care of you by knowing your health history.

Children under 21 years old can receive Pediatric Preventative Screening Services. These are called “CHDP” services. Examples of CHDP services are: immunizations (shots), hearing, vision and dental exams.

You can make your visit with the provider more useful when you:

- ◆ Make your appointments in advance
- ◆ Make a list of questions to ask your provider
- ◆ Tell your provider about all of the medications you use
- ◆ Ask your provider to explain your treatment if you don't understand it
- ◆ Take all of your medical identification cards, including your Medi-Cal and PHC card to all of your medical appointments



Remember to make appointments for:

- ◆ Regular health check-ups
- ◆ Immunizations for your children
- ◆ Prenatal care
- ◆ Well baby check-ups



Women can see any obstetrician/gynecologist (OB/GYN) without a referral or prior authorization. You can call the OB/GYN's office directly and make an appointment

Women should schedule appointments for pap smears and mammograms. Ask your provider how often you should make appointments for these types of services.

These appointments are important even if you are feeling healthy.

Members with Disabilities

If you have a disability or serious medical problem that makes it hard for you to obtain or arrange medical care, you should contact the PHC Member Services Department. Examples of disabilities and serious medical problems are: blindness, hearing impairment, developmental delays, End Stage Renal Disease, AIDS, members that are bedridden or confined to a wheelchair, and children that are enrolled in the California Children' Services (CCS) Program.

The Member Services staff will explain how to obtain medical care through PHC. The Member Services staff can also refer you to one of our Case Managers who can help you arrange and coordinate your medical care.

You can reach a Member Services Representative by calling **707-863-4120** or **800-863-4155**.



Prescription Drugs

If you have a prescription that needs to be filled, you should take it to one of the pharmacies on the pharmacy list that we sent you. If you are out of your county and need to get a prescription filled, call the PHC Member Services Department for information about available pharmacies out of your county.

PHC keeps a list of drugs that have been approved for coverage. This list is called a “Drug Formulary”. PHCs Pharmacy and Therapeutics Committee meets quarterly to review and revise the formulary. Drugs are evaluated and selected for the formulary based on their safety, quality, effectiveness and affordability. In some cases your provider may choose to prescribe a drug that is not on the formulary. In order for this drug to be covered, your provider must obtain approval from PHC before your prescription is filled. The presence of a drug on the formulary does not guarantee the drug will be prescribed.

If you would like a copy of the PHC’s drug formulary, information about specific drugs on the formulary or a list of pharmacies, you can contact the PHC’s Member



Services Department or visit our website at www.partnershiphp.org. The PHC Drug Formulary is updated annually.

Family Planning Services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include all methods of birth control approved by the Federal Food and Drug Administration. As a Member, you pick a provider who is located near you and will give you the services you need. Our Primary Care Providers and OB/GYN specialists are available for family planning services. For family planning services, you may also pick a provider or clinic not connected with PHC without having to get permission from PHC. PHC shall pay that provider or clinic for the family planning services you get.

The family planning services listed below are covered benefits.

- ◆ Office visits for family planning services
- ◆ Birth control, including emergency contraception
- ◆ Tubal ligation
- ◆ Vasectomy
- ◆ Abortion
- ◆ Pregnancy testing and counseling
- ◆ Sexual transmitted disease testing and treatment

You do not need a referral from a provider to receive these services. You may go to any Medi-Cal provider that is willing to provide these services, including providers outside of PHC's network. You do not need permission from PHC to see any family planning provider. If a provider has religious or ethical objections to perform, support, arrange or coordinate any of these services you should contact our Member Services Department. We will help you find a provider.

Some medical providers may not provide one or more of these services. You can get more information about these services by calling your primary care provider or the PHC Member Services Department.

You can also contact the Department of Health Care Services, Office of Family Planning at 800-942-1054 for more information about family planning services. The Office of Family Planning provides information

about family planning services, consultation and referrals to family planning clinics.

Specialist Referrals

A Specialist is a medical provider who has extra education in a special area of medicine. A specialist is a doctor who treats only certain parts of the body, certain health problems, or certain age groups.

Your primary care provider will refer you to a specialist if needed. A referral to a specialist must be approved by your primary care provider but does not need to be approved by PHC.

Your primary care provider will notify PHC of the specialist referral by using a form called a Referral Authorization Form (RAF).

You should be able to get an appointment to a specialist within 14 days from the date your specialty care was approved

If you have questions about the referral process, talk to your primary care provider or the PHC Member Services Department.

Services That Require Prior-Approval from PHC

Some services must be approved by PHC before you can receive the service. Examples of services that require prior approval are:

- ◆ Medical Equipment
- ◆ Medical Supplies
- ◆ Certain Medications
- ◆ Non-Emergency Hospitalization
- ◆ Care at a Skilled Nursing Facility

If you need one of these services, your medical provider must get approval from PHC before providing the service. To do this, the medical provider must mail or fax a form called a Treatment Authorization Request (TAR) to PHC. After PHC receives the TAR it will be reviewed and the medical provider will be notified of the decision within two (2) working days from the day PHC receives the TAR. If a TAR is denied PHC also notifies you of the denial. If you disagree with the denial, you can call the PHC Member Services Department to request an appeal or a State Hearing.



Hospital Care

If you need to be hospitalized your primary care provider will make the hospital arrangements for you.

The name of the hospital you are assigned to is printed on your PHC ID card. If you are admitted to another hospital, in most cases you will be transferred to your assigned hospital if your provider has determined that you are stable for transfer and has approved your transfer to that hospital.

Emergency Medical Transportation (Ambulance)

Emergency transportation is covered when your medical condition is life threatening. If you think your condition is life threatening call 911. If you aren't sure if your medical condition is life threatening, call your primary care provider or the PHC Advice Nurse.



Non Medical Transportation

Non Medical Transportation means transportation that is required to access medical appointments and to obtain other medically necessary covered services by members who do not have a medical condition necessitating the use of medical transportation.

Partnership HealthPlan of California (PHC) offers a limited transportation benefit, in addition to what is covered through the Medi-Cal program. This benefit is very limited and not available if medical transportation such as ambulance or litter van is medically indicated. It is usually provided through Paratransit or taxi service. This benefit requires prior approval by PHC and is considered on a case-by-case basis if and only if there are compelling circumstances where lack of access to transportation not covered by the Medi-Cal program would materially compromise the member's life or health.

Request for this benefit can be made by the member, member's representative or medical provider and should be directed to the PHC Member Services Department. You can also contact your local CHDP or EPSDT programs for information about transportation through these programs.

Medical Transportation

Medical transportation is covered when the member's medical condition does not allow the patient to travel by bus, car, taxi or another form of public or private conveyance. And the service the member is going to obtain is a PHC benefit.

A treatment authorization request (TAR) is required for all medical transportation except for transport, upon discharge, from an acute care facility, inpatient bed or emergency department directly to a LTC facility or to another acute care facility. The TAR needs to indicate the nature of the medical condition and verification that the attending physician ordered the services.

Timely Access to Non-Emergency Health Care Services

Sometimes it's difficult to know what kind of care you need. A health care professional will be available to assist you by phone 24 hours a day, seven days a week. This is known as "triage". Here are some of the ways that triage can help you.

- ◆ They can answer your 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 provider's office is closed.

PHC will make sure that you speak with health care provider over the phone within a time period that is appropriate for your medical condition. The waiting time to receive a return call from a doctor or nurse will not be longer than 30 minutes. In some cases the waiting time may be longer only if the doctor or nurse determines that it will not have a negative effect on your health.

PHC will make sure that all contracted health providers also have an answering service, or answering machine, available during non-business hours that can provide information regarding how to seek urgent or emergency service.

Please contact your PCP at the number on your PHC Member ID Card to use telephone triage or screening services, 24 hours a day, 7 days a week. After business hours and on weekends and holidays members can call our Advice Nurse Line. To contact the Advice Nurse Line, please see the Advice Nurse Card included with this document or call us at the number below.

If you have any questions, please call PHC Member Services at **800-863-4155**, Monday through Friday, 8 a.m. to 5 p.m. TTY users may call **800-735-2929** (California Relay Service) or dial **7-1-1**.



After Hours Urgent Care

There is a difference between urgent care and emergency care. Urgent care is necessary when you need immediate attention, but your condition is not life threatening. Urgent care should be used for conditions such as sprains, earaches and prolonged high fever.

If your primary care provider (PCP) does not have an after- hours urgent care facility, call your PCP for assistance and instructions. Your PCP and PHC Member Services Department phone numbers are listed on your PHC ID card. The names, address and phone numbers of Urgent Care Facilities are listed in the PHC Provider Directory. If you would like a copy of the Provider Directory call our Member Services Department or visit our website at www.partnershiphp.org.

Interpretive services are available at no cost to the member to assist in receiving after-hours services at Urgent Care Facilities

Medical Coverage Outside of Your County

When you are outside of your County, you are only covered for emergency services. If you have a life threatening emergency while you are away from home, you should go to the closest emergency room. Take all of your health insurance cards, including your PHC ID card and your plastic Medi-Cal card.

You should not have to pay for emergency services. If you paid for emergency services or if you are getting a bill for emergency services, call the PHC Member Services Department for help.

Emergency Medical Care (in or out of your County)

An emergency medical condition is a condition that you feel could lead to disability or death if not immediately treated. It is also a condition that is causing you severe pain. Examples of emergencies include heart attacks, severe bleeding, poisoning, overdose, active labor or sudden difficulty breathing.

You can get 24-hour emergency care at any emergency room without prior authorization. Emergency providers are required to provide interpretive services at no cost when needed.

If you have a life-threatening emergency, call 911 or go to the nearest emergency room.

If you need to go to the emergency room, take all of your health insurance cards, including your PHC identification card (Kaiser identification card if Kaiser is your medical group) and your Medi-Cal BIC card. You should always contact your primary care provider for follow-up care.

If you are not sure you have an emergency condition, call your provider or the PHC Advice Nurse. For more information about PHC's Free Advice Nurse Program, call our Member Services Department at **707-863-4120** or **800-863-4155**.

DO NOT USE THE EMERGENCY ROOM FOR ROUTINE MEDICAL CARE

Medical Coverage Outside of the United States

If you are outside of the United States, you are not covered by Medi-Cal, except for services requiring emergency hospitalization in Mexico or Canada.



Getting a Second Opinion

If you would like a second opinion about your medical treatment or diagnosis, you should talk to your primary care provider (PCP) about a referral for a second opinion. The provider that you are referred to will not take over your care but will help you and your PCP to decide which type of medical treatment is best for your medical condition.

If your PCP denies your request for a second opinion you should call the PHC Member Services Department. The Member Services Department will advise your PCP of your right to get a second opinion.



New Technology

PHC requires a TAR for all procedures not covered by Medi-Cal that are considered “new technology”. When a request for new technology is received, medical staff at PHC gathers information about the procedure and will look at the recommended use and safety of the procedure. All of the information collected is then forwarded to an appropriate specialist or a committee of specialists to review the material. They will advise PHC about the use of the new technology. The specialist or the committee will also be asked to recommend whether the procedure should be available to all PHC members. The recommendation of the specialist or the committee will be forwarded to the PHC’s Chief Medical Officer who will decide if it will be approved or denied.

What is an Advance Directive?

An advance directive is a signed legal document that allows you to select a person to make your health care choices at a time which you cannot make them yourself (such as if you are in a coma). An advance directive must be signed when you are able to make your own decisions. PHC will tell you about any changes to state law about advance directives. We will send you this information as soon as possible but no later than 90 days after the date of change. Ask your provider or call PHC to find out more about advance directives.

Estate Recovery

The State of California must seek repayment of Medi-Cal benefits from the estate of a deceased Medi-Cal beneficiary for services received on or after the beneficiary’s 55th birthday. For Medi-Cal beneficiaries enrolled (either voluntarily or mandatorily) in a managed care organization, the State must seek recovery of the total premium/capitation payments for the period of time they were enrolled in the managed care organization. Additionally, any other payments made for services provided by non-managed care providers will also be recovered from the estate. For further information regarding the Estate Recovery program **only**, call (916) 650-0490, or seek legal advice.

PLEASE DO NOT CALL YOUR ELIGIBILITY WORKER OR PHC. He or she does not have this information, so they cannot help you.

What if I lose my Medi-Cal Benefits?

If you no longer qualify for Medi-Cal you should call the PHC Member Services Department. The Member Services Department will give you information about other kinds of health care coverage that you might be eligible for. The Member Services Department can also tell you which health care providers will provide care to people that do not have health care coverage.

Section 4 - Coordination of Benefits

Other Health Insurance

If you have other health insurance, in addition to Medi-Cal or Medicare, make sure you tell your eligibility worker or the Social Security Administration. If you lose your other health insurance, make sure you tell your eligibility worker or the Social Security Administration.

If you have other health insurance, like Blue Cross or Kaiser, or any other health plan, that is your "**primary insurance**". That means that your "primary insurance" pays first and you should use their providers if that is what they require. PHC/Medi-Cal is the payer of last resort. PHC will only pay for Medi-Cal covered services and copayments that your primary health insurance does not cover. Make sure your provider knows about all of the types of health insurance that you have.

Section 5 – Complaints and Appeals

Complaints and Appeals

PHC has a complaint and appeal system to help you resolve problems with medical care and/or service. If you need help solving a problem, please call our Member Services Department at **707-863-4120 or 800-863-4155** to file a complaint or an appeal.



You have the right to file a complaint or an appeal if you disagree with a decision by PHC, one of its providers or if you are not happy with the service you received. You must file your complaint within one hundred eighty (180) calendar days following any incident or action in which you

were dissatisfied. If you decide to file a complaint or an appeal, you may do so by telephone, in writing or in person.

Written complaints or appeals should be forwarded to:

**Partnership HealthPlan of California
Grievance Unit Department
360 Campus Lane, Suite 100
Fairfield, CA 94534**

To file a complaint or appeals in person contact the Member Services Department by calling 1-800-863-4155.

You can also file a complaint or appeal at your provider's office.

A decision issued by PHC is made in a "Notice of Action", which is a formal letter telling you that a medical service has been denied, deferred, or modified. If you receive a Notice of Action from PHC, you have two options for filing a grievance:

- ◆ You must file your appeal within ninety (90) calendar days from the date on the Notice of Action.
- ◆ You may also request a State Hearing from the Department of Social Services (DSS) within ninety (90) calendar days. For more information about State Hearings refer to the section below titled State Hearings.
- ◆ You may be able to keep getting the services while you appeal the decision through a State Hearing. This is called "Aid Paid Pending." See details under Aid Paid Pending below.

PHC will send you an acknowledgement letter within five (5) calendar days of the date your complaint or appeal was received by PHC. PHC will send you a written resolution to your complaint or appeal within thirty (30) calendar days of the date your complaint or appeal was filed. PHC will make every effort to resolve your complaint or appeal within thirty (30) calendar days. However, if there is some reason this is not possible, you will be notified by letter that additional time is required. PHC will then send you a written resolution within an additional fifteen (15) calendar days.

If you are not satisfied with our resolution, you may request a State Hearing. To file a State Hearing, refer to Section 5 of this handbook for more information.

If you feel that a delay in processing your complaint or appeal through the normal grievance process would create a serious threat to your health, including, but not limited to severe pain, potential loss of life, limb or major bodily function you can request an expedited review. Our medical staff will determine if your request for an expedited review meets the criteria listed above. When an expedited review is necessary, PHC will issue a written statement on the status of your complaint or appeal within three (3) calendar days of the time it was received.

Please note, you **do not** have to file a complaint or appeal through PHC. You have the right to file a State Hearing if you disagree with a decision made by PHC or one of its providers or if you want to file a complaint. You may file a State Hearing before, during or after filing with PHC. See the State Hearing section below for more information.

PHC does not handle issues about your Medi-Cal eligibility. For eligibility issues contact your County Eligibility Worker.

State Hearings

All Medi-Cal beneficiaries have the right to request a State Hearing to appeal a decision by PHC or to file a complaint about the service they received from PHC or one of our providers. You must request the State Hearing within ninety (90) days from the date of the action that you are dissatisfied with. If you request a State Hearing from the California Department of Social Services, your case will be reviewed by an administrative law judge. The judge will send you a decision on your case within ninety (90) calendar days of the date of your hearing.



Expedited State Hearings

If you feel that a delay in processing your State Hearing through the standard timeframe would create a serious threat to your health, including, but not limited to severe pain, potential loss of life, limb or major bodily function you can request an expedited State Hearing by contacting the State Hearing division at the numbers listed below.

State Hearing Contact Information

There are three ways to request a State Hearing:

1. By calling: **1-800-952-5253** or **TDD 1-800-952-8349**
2. By writing to: **California Department of Social Services
State Hearing Division
PO BOX 944243
Mail Station 19-37
Sacramento, CA 94244-2430**
3. By fax: **1-916-651-2727**

You may write your own request for a State Hearing or you may use the form on the back of the Notice of Action you received.

Aid Paid Pending

If you have received a notice that PHC has decided to reduce, suspend or terminate medical services, you may be able to keep getting the services while you appeal the decision through a State Hearing. This is called “Aid Paid Pending.” You are eligible for Aid Paid Pending if:

- ◆ You request a State Hearing on or before the tenth (10th) day after a written decision is sent to you so that services you have been receiving on an ongoing basis will not be reduced, suspended, or terminated **OR** before the date of the proposed action, whichever is later, and the treating PHC physician has ordered the services at the present level.

PHC will continue to provide services at a level equal to the level ordered by the physician until a final decision is made by the administrative law judge.

State Medi-Cal Managed Care Ombudsman

The State of California has an Ombudsman to help you when you are unable to solve problems you have with your health plan. The primary mission of the Ombudsman’s Office is to investigate and attempt to find resolution to complaints about managed care made by or on behalf of Medi-Cal beneficiaries. The Ombudsman also works to ensure that access

and high quality of managed care services are being provided to the Medi-Cal beneficiaries.

You should first try to work with PHC to resolve any issues you have with PHC benefits or services received from our providers. If you are unable to resolve the issue, you may call the State Ombudsman Unit at 1-888-452-8609 between 8:00 a.m. – 12:00 noon and 1:00 p.m. – 5:00 p.m. Monday through Friday.

Section 6 - Member Rights and Responsibilities

Member Rights and Responsibilities Statement

You have a right to:

- ◆ Be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- ◆ Be provided with information about PHC and its services, including covered services.
- ◆ Be able to choose a Primary Care Provider within the PHC's network.
- ◆ Participate in decision making regarding your own health care, including the right to refuse treatment.
- ◆ Voice grievances, either verbally or in writing, about PHC or the care received.
- ◆ Receive oral language interpretation services at no cost.
- ◆ Formulate advance directives.
- ◆ Have access to family planning services, Federally Qualified Health Centers, Indian Health Service Facilities for Native American Indians, sexually transmitted disease services and emergency services outside PHC's network.
- ◆ Request a State Medi-Cal hearing, including information on the circumstances under which an expedited hearing is possible.
- ◆ Have access to, and where legally appropriate, receive copies of, amend or correct their Medical Record.
- ◆ Access Minor Consent Services.
- ◆ Receive written materials informing Members in an alternative format (including Braille, large size print, or audio format) upon

request and in a timely fashion appropriate for the format being requested for members that are hearing or visually impaired.

- ◆ Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- ◆ Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- ◆ Freedom to exercise these rights without adversely affecting how you are treated by PHC providers or the State.
- ◆ Access to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services.
- ◆ If you are unable to obtain certified nurse mid-wife or certified nurse practitioner services within PHC's network, you have the right to obtain out of plan certified nurse mid-wife or certified nurse practitioner services. Please contact PHC for assistance with receiving these services.

You have a responsibility to:

- ◆ Provide, to the extent possible, information that PHC and its medical providers need in order to care for you.
- ◆ Follow instructions for care that you have agreed to with your medical provider.
- ◆ Tell your medical provider about your medical condition and any medications you are taking.
- ◆ Talk to your medical provider about things you can do to improve your overall health.
- ◆ Be on time to medical appointments.
- ◆ Call your medical provider's office in 24 hours in advance, or as soon as possible, when an appointment must be cancelled.
- ◆ Call your medical provider for an appointment when you need medical care.
- ◆ Call your medical provider for an appointment for routine check-ups.
- ◆ Only use the emergency room for true emergencies.
- ◆ Be cooperative and courteous to your medical providers and their staff.

Section 7 - Other Programs and Services

Care Coordination Department

The PHC Care Coordination Department works with providers and other case managers to offer personal case management for members that have:

- ◆ High risk pregnancies
- ◆ Asthma and other lung diseases
- ◆ A child who is physically handicapped
- ◆ Problems accessing care

For more information about the Care Coordination Department call 800-809-1350.

Health Education

Promoting healthy care and lifestyle is one of our goals for our members. Our staff is dedicated to helping our members with their health care services. In support of these goals, our Health Education Services works closely with our members and our providers to offer these services in your native language. We partner with you and with agencies in your community to provide the health education classes or programs that best meet your needs. Some of the programs and classes are for asthma, diabetes, stop smoking and weight loss.

Health Education Services and classes are “free” to our members. A list of current classes and support groups can be found in our Member Services Newsletter. To receive a copy of the newsletter, call our Member Services Department at **707-863-4120 or 800-863-4155**.

For more information about health education benefits, health education materials, or other health education services, contact the PHC’s Senior Health Educator at **800-809-1350**.

Health Insurance Premium Payment (HIPP) Program

If you have a serious medical condition and you are paying for other health insurance, PHC may pay your other insurance premium for you. For more information, contact the PHC Member Services Department.

California Children’s Services (CCS)

California Children’s Services (CCS) is a state program for children with certain health problems and physical



limitations. Through this program, children under 21 years old can get the health care and services they need. CCS and PHC will work together to connect you with providers and trained health care providers who know how to care for your child with special health care needs.

Common questions:

- ◆ Who is eligible?
Children under 21 years old;
Children that have or may have a medical problem that CCS covers;
Children that are residents of California; and
Meet income requirements.

- ◆ What does CCS do?
CCS will help manage your child's health care. Sometimes CCS will refer your child to other agencies, like public health nursing and regional centers. CCS also has a Medical Therapy Program (MTP). MTP's are usually in public schools and provide physical and occupational therapy to eligible children.

- ◆ Can my child use any provider?
No. CCS must approve the medical provider.

For more information about the CCS program, contact your county CCS office. You can find their address and phone number in the government section of your phone book. Look under California Children's Services or County Health Department. You may also look for your CCS local office at: <http://www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx>. If your child is currently enrolled in CCS and you need assistance or are having a problem getting care, please contact our Care Coordination Department at 800-809-1350.

Child Health and Disability Prevention (CHDP)

Children through age 20 are eligible to receive preventive health checkups. These well-child checkups can also meet the physical examination requirements for school entry, sports and camps. CHDP exams include a complete physical, developmental assessment, immunizations, vision and hearing tests, health education and laboratory tests. If your primary care provider is a CHDP provider, he or she will

provide these health checkups and immunizations for your child. For more information about CHDP services, contact your primary care provider or call your local CHDP office at:

Solano County Residents: 707-784-8670

Napa County Residents: 707-253-4316

Yolo County Residents: 530-666-8249

Sonoma County Residents: 707-565-4460

Mendocino County Residents: 707-472-2600

Marin County Residents: 415-473-7499

Supplemental services are provided through the EPSDT program which includes the provision of any service covered under Medi-Cal that is medically necessary to correct or ameliorate a defect, or physical illness.

Sensitive/Minor Consent Services

Sensitive Services

You are covered for sensitive services which include:

- ◆ Family Planning;
- ◆ AIDS/HIV testing;
- ◆ Sexually transmitted disease testing and treatment; and
- ◆ Abortion (ending pregnancy) counseling and services.

Minor Consent Services

Minor Consent Services means those Covered Services of a sensitive nature which minors (under age 18) do not need parental consent to access services related to:

- ◆ Sexual assault, including rape;
- ◆ Drug or alcohol abuse for children 12 years of age or older;
- ◆ Pregnancy and abortion services;
- ◆ Family Planning;
- ◆ Sexually transmitted diseases in children 12 years of age or older; and
- ◆ Outpatient mental health care for children 12 years of age or older who are mature enough to participate intelligently and were either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or child abuse.

You can go to your PCP or directly to any Medi-Cal provider for sensitive and/or minor consent services. You don't need a referral from your PCP. All members have the right to confidentiality when getting these services. To get more information about these services you can contact your medical provider or the PHC's Member Services Department.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT is a federal program to help find and prevent health problems of children from birth to age 21 who are on Medi-Cal. If you have any questions about EPSDT services, you should talk to your child's provider.

Women, Infants and Children (WIC)

WIC is a special supplemental nutritional program for women, infants and children.



If you are pregnant or have a child under five years old, you may be eligible for WIC services. Your primary care provider can refer you to WIC or you can call your local WIC office for more information about the WIC program. Call the PHC Member Services Department for the phone number of a local WIC office. You can get free food and nutrition education from WIC, so you and your children can be healthier.

Multi-Lingual Services

To choose a provider or medical group who can speak your language, refer to the PHC Provider Directory for a list of languages spoken at each office. If you need interpreting services when accessing medical care, you should call your provider or the PHC Member Services Department to request this service. Interpreting services are available to you 24 hours a day at no charge when accessing health care. You can request face-to-face or telephone interpreting services. Face-to-face interpreting services need to be approved by PHC in advance. You do not need to use friends or family members as interpreters unless you choose to. PHC also provides all written materials to our members in English, Spanish and Russian.

You have the right to file a complaint or an appeal if you feel your linguistic needs have not been met. For more information about filing a complaint or an appeal, refer to Section 5 of this handbook.



Services for Hearing Impaired Members

Hearing impaired members may call our Member Services Department through the California Relay Service at **800-735-2929** or call 711. California Relay is also available for Spanish callers at **800-835-3000**.

Services for Visually Impaired Members

This Member Handbook and other important information are available in larger print, audio or electronic versions like CD's or diskettes. Members with hearing and visual impairments may request a Braille version.

Native American Indian Health Care Services

Native American Indians have a right to receive medical services from an Indian Health Clinic without approval from PHC. If you are a Native American Indian and would like more information, call the PHC Member Services Department.

Federally Qualified Health Centers (FQHCs)

PHC members have the right to receive their health care services at a FQHC that has a contract with PHC. For names and addresses of FQHCs in your county, call the PHC Member Services Department at **707-863-4120** or **800-863-4155**.

Transitional Medi-Cal (TMC)

TMC is for members who lose cash aid or Medi-Cal eligibility due to an increase in income from a new job, marriage or a spouse returning to the home. Medi-Cal members who qualify for TMC may keep their Medi-Cal health coverage for up to 12 months and keep their membership with PHC. If you lose eligibility for Medi-Cal because you have more income, you should contact your Medi-Cal eligibility worker right away. For more information about the Medi-Cal TMC program, contact the State of California's toll free number at 1-800-880-5305 or your local Health and Human Services Department.

Organ Donation

Donating organs and tissues provide many social benefits. Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donations, please speak with your provider. Organ donation begins at the hospital when a patient is

pronounced brain dead and identified as a potential organ donor. An organ procurement organization will become involved to coordinate the process. The Department of Health and Human Services' Internet website (<http://organdonor.gov>) has additional information on donating your organs and tissues. You can also call 1-800-355-7427 to get a donor card and to obtain more information about organ donation.

Utilization Management (UM)

The process of reviewing Treatment Authorization Requests (TARs) is called "Utilization Management" or "UM". UM is a tool used to make sure that the services you receive are medically necessary and are the most appropriate and cost effective form of treatment. UM also makes sure patients do not stay in the hospital too long or are sent home too early.

Substance Abuse

No one intends to become addicted to alcohol or other drugs. But when it happens to you or to someone in your family, it is important to get help right away. Alcohol and other drug addiction are diseases, just like heart disease and diabetes. There are some very effective treatments which can help chemically dependent people and their families cope with the problems of substance abuse.

If you or someone you care about is suffering from alcohol or other drug dependency you can call:

Solano County - (800) 547-0495 or (707) 784-2220

Napa County - (707) 253-4412 Adults; (707) 255-1855 Teens

Yolo County - (916) 403-2970

Sonoma County - (707) 565-7450

Mendocino County - (707) 472-2637 (AODP)

Marin County - (415) 755-2345

Kaiser members should call (707) 651-1050.

Section 8 - Benefits and Coverage

Services Not Covered by PHC

How to use the Medi-Cal Fee-For-Service System

These services listed in this section may be limited or are not covered by PHC, but are covered by Medi-Cal. You can obtain these services through what is called the Medi-Cal “Fee-For-Service” system.

Your Medi-Cal card can be used to get these Medi-Cal covered services from Medi-Cal providers. The Medi-Cal provider will bill the State under the “Fee-For-Service” system:

- ◆ Dental Services*;
- ◆ Short-Doyle Mental Health Services;
- ◆ Adult Day Health Program Services;
- ◆ Multi-Purpose Senior Services;
- ◆ Home and Community-Based Waivered Services;
- ◆ Local Education Authority (LEA) Services;
- ◆ Services in a State or Federal Hospital;
- ◆ Alphafeto Protein Lab Services;
- ◆ Fabrication of Optical Lenses;
- ◆ Mental Health Services – applies to Napa, Yolo and Sonoma members only;
- ◆ Directly Observed Therapy (DOT) for Tuberculosis;
- ◆ Personal Care Services;
- ◆ Childhood Lead Poisoning Case Management Programs provided by Local Health Department;
- ◆ Some HIV/AIDS Drugs;
- ◆ Some Psychotherapeutic Drugs; and
- ◆ Alcohol and Drug treatment services available through Drug Medi-Cal.

If you need information about how to obtain these services, call the PHC Member Services Department at **707-863-4120 or 800-863-4155**. We can connect you with the agency and services you need.

*Your provider may perform a dental screening as a part of your initial health assessment when you see your provider for the first time. Based on your screening, your provider may refer you to a Medi-Cal dental provider to obtain dental services if under the age of 21.

Services Not Covered by State Medi-Cal or PHC



These services listed below are not covered by State Medi-Cal or PHC. These services are not Medi-Cal benefits:

- ◆ Cosmetic Services;
- ◆ Custodial Care;
- ◆ Experimental Care;
- ◆ Reversal of Sterilization;
- ◆ Care for conditions that State or local law requires be treated in a public facility;
- ◆ Conditions covered by workers compensations or other insurance;
- ◆ Any services that is not considered to be medically necessary; and
- ◆ Conditions not related to an emergency or pregnancy condition for those members who have only emergency and pregnancy coverage.

Summary of Health Care Services

As a Medi-Cal recipient with full scope coverage you are eligible to receive all medical care that is medically necessary and is not considered experimental. Below is a summary of the most commonly used Medi-Cal benefits. It is important to work with your provider to receive medically necessary services.

SUMMARY OF COVERED SERVICES	HOW TO GET THESE SERVICES
Corrective Appliances: Hearing aids, artificial limbs, etc.	Requested by the primary care provider. Approved by PHC.
Provider Office Visits: Check-ups, immunizations, examinations, treatment and consultations.	Call your primary care provider for an appointment.
Durable Medical Equipment: Wheelchairs, crutches, etc.	Requested by the primary care provider. Approved by PHC.
Emergency Care: Medical care for life threatening medical conditions.	Go to the nearest emergency room or call 911 and show your I.D. card. If possible call your primary care provider.
Family Planning Services: Birth control, pregnancy testing and counseling, sexual	Call your primary care provider or go directly, (without approval) to any

SUMMARY OF COVERED SERVICES	HOW TO GET THESE SERVICES
transmitted disease testing and treatment, tubal ligations, vasectomies and abortions. Follow-up care for complications related to contraceptive methods issued by the family planning provider.	Medi-Cal provider willing to provide these services.
Home Health Care: Medical care provided in the home.	Requested by the primary care provider. Approved by PHC.
Hospice Care: Care and counseling for terminally ill patients.	Requested by the primary care provider. Approved by PHC.
Hospitalization: Medical care for conditions requiring hospitalization.	Must be arranged by the primary care provider. Approved by PHC.
Prenatal Care: Care during pregnancy and delivery.	Referred by the primary care provider or call the PHC Member Services Department to make sure you are going to the correct PHC OB provider.
Prescriptions: Medications prescribed by a physician.	Any pharmacy that is contracted with PHC. Some prescriptions may require approval by PHC.
Skilled and Intermediate Nursing Services: Services needed while in a skilled or intermediate nursing facility.	Requested by the primary care provider. Approved by PHC.
Specialty Care: Medical care from a specialist.	Requested by the primary care provider.
Speech, Physical and Occupational Therapy: Treatment for conditions requiring speech, physical and/or occupational therapy.	Requested by the primary care provider. Approved by PHC.
Vision Care: One routine eye examination every two years	Any vision care provider that contracted with PHC. No

SUMMARY OF COVERED SERVICES	HOW TO GET THESE SERVICES
<p>or as medically necessary.</p> <p>Glasses every two years for children under age 21.</p>	<p>referral is necessary.</p>
<p>X-ray and Lab: Testing requiring the use of X-ray or lab.</p>	<p>Requested by the primary care provider. Approved by PHC.</p>
<p>Case Management Services: Prenatal care, Asthma, and Diabetes case management programs. Information about health education programs.</p>	<p>No referral necessary. Talk to your provider or call the PHC Case Management Department at 707-863-4276 or 800-809-1350 for information about these services.</p>
<p>Medical or Surgical Treatment to Change a Person's Sex</p>	<p>Requires a referral to specialty care and prior authorizations and approval by PHC.</p>
<p>Nurse Practitioner and/or Nurse Midwife: Services within the scope of practice.</p>	<p>If not available through your assigned medical group or OB provider, call the PHC Member Services Department for a list of practices that have these types of providers on staff. It may be necessary for you to transfer to a new primary care provider.</p>
<p><u>Solano County Medi-Cal Beneficiaries</u> – Mental Health Inpatient: Counseling and/or treatment by a psychiatrist or psychologist on an inpatient basis.</p>	<p>Call the County's Mental Health Crisis Services for authorization at: 707-553-5331 from south county and 707-784-2080 from central and north county. After the initial assessment, services will be approved based on medical necessity by your therapist or the County.</p>

SUMMARY OF COVERED SERVICES	HOW TO GET THESE SERVICES
<p><u>Solano County Medi-Cal Beneficiaries</u> – Mental Health Outpatient: Counseling and/or treatment by a psychiatrist or psychologist on an outpatient basis.</p>	<p>Call the County’s Central Access Line for approval and referrals at 800-547-0495. All services must be approved in advance.</p> <p>Also, call 800-547-0495 if you have questions about the program or concerns about the service you are currently receiving.</p>
<p><u>Napa County Medi-Cal Beneficiaries</u> – Mental Health Inpatient: Counseling and/or treatment on an inpatient basis.</p>	<p>Call the County's Mental Health Emergency Response authorization at 707-259-8151. After the initial assessment, services will be approved based on medical necessity by your therapist or the County.</p>
<p><u>Napa County Medi-Cal Beneficiaries</u> – Mental Health Outpatient: Counseling and/or treatment on an outpatient basis.</p>	<p>Call the Health and Human Services Central Access Line for authorization, information and referrals at 707-259-8151. All services must be authorized in advance. Members outside of central Napa call 800-648-8650.</p>
<p><u>Yolo County Medi-Cal Beneficiaries</u> – Mental Health Inpatient.</p>	<p>For emergencies, call the Crisis Response Team at 888-965-6647 for assessment and referrals. For non-emergencies, call the local number or access the toll free number listed below for assessment and referral if medical necessity is met. All services require authorization.</p>

SUMMARY OF COVERED SERVICES	HOW TO GET THESE SERVICES
<p><u>Yolo County Medi-Cal Beneficiaries</u> – Mental Health Outpatient:</p>	<p>For emergency or urgent services, call the toll free number at 888-965-6647. For services, information and referrals call the local numbers or access the toll free number listed below. All services require authorization. Call 888-965-6647 for information regarding Patients Rights; concerns regarding services for members or for providers calling from outside Yolo County.</p> <p>Local Telephone Numbers:</p> <ul style="list-style-type: none"> *Woodland 530-666-8630 *Davis 530-757-5530 *W. Sacramento 916-375-6350 *Access Toll-Free 888-965-6647
<p><u>Sonoma County Medi-Cal Beneficiaries</u> – Mental Health Outpatient:</p> <p>Assessment and referral to services in the community and from Sonoma County Mental Health including counseling, case management, and psychiatric treatment on an outpatient basis.</p>	<p>Access Line at: 707-565-6900 or 1-800-870-8786 to discuss the variety of services available. Referrals are provided based on need and services available, from an array of community and County providers and programs.</p>
<p><u>Sonoma County Medi-Cal Beneficiaries</u> – Mental Health Inpatient: Crisis assessment, crisis stabilization, and referral to other services or, if needed, to an inpatient psychiatric facility for treatment on an inpatient basis.</p>	<p>Call the County Mental Health Psychiatric Emergency Services at (707) 576-8181 or 1-800-746-8181 or walk-in to 3322 Chanate Rd., Santa Rosa, CA 95404 for assessment.</p>

SUMMARY OF COVERED SERVICES	HOW TO GET THESE SERVICES
<u>Marin County Medi-Cal Beneficiaries</u> – Mental Health Inpatient	1-888-818-1115
<u>Marin County Medi-Cal Beneficiaries</u> – Mental Health Outpatient	1-888-818-1115
<u>Mendocino County Medi-Cal Beneficiaries</u> – Mental Health Outpatient Assessment and referral to services in the community and from Mendocino County Mental Health including counseling, case management, and psychiatric treatment on an outpatient basis.	Call County Mental Health at 707-463-4303. If crisis, call 707-463-4396.
<u>Mendocino County Medi-Cal Beneficiaries</u> – Mental Health Inpatient need is determined on a case-by-case basis and referred to out-of-county facility if deemed necessary.	Call the Crisis Line: 707-463-4396 or the Mendocino County Mental Health Access Line at 1-800-555-5906.

Section 9 - Additional Benefit Information

Effective July 1, 2009 the State of California cut some benefits previously covered by Medi-Cal. Below is a summary of the benefit changes.

Services that Medi-Cal stopped paying for on July 1, 2009:

- ◆ Dental services
- ◆ Audiology services (hearing tests)
- ◆ Acupuncture services and Chiropractic services
- ◆ Psychology services
- ◆ Podiatry services (foot care from a doctor of podiatry)
- ◆ Speech therapy
- ◆ Incontinence creams and washes

Medi-Cal will still pay for these services if you are:

- ◆ Under 21 years of age
- ◆ Living in a skilled nursing facility
- ◆ Pregnant, if not getting the service could hurt the unborn baby
- ◆ Receiving the services through the Genetically Handicapped Persons Program (GHPP).
- ◆ Receiving the benefits through the Medicare Part B program.
- ◆ Emergency room services, if an emergency condition occurs and the benefit is required to treat the emergency condition.
- ◆ If you are currently receiving these benefits or if you move from an exempt group, such as under 21 years of age, to a non-exempt group, such as turning 21 years of age, you may continue to receive the benefit through the current course of treatment.
- ◆ Your county health department or community health clinic may be able to provide you some of the benefits and services no longer covered by Medi-Cal.
- ◆ Receiving care through the California Children's Services (CCS) Program.

Even if the services above are not paid for by the Medi-Cal program, PHC will continue to cover these services for members that meet the criteria outlined below. The service must be medically appropriate and some of these services may require prior approval from PHC.

- ◆ Diabetic eye examinations every twelve (12) months for people that have diabetes.
- ◆ Audiologist services (hearing tests) – Hearing tests are covered, including hearing aids. Hearing aids are still paid for by the Medi-Cal program.
- ◆ Podiatry services covered for diabetics and members with serious foot wounds.
- ◆ Speech therapy is covered for stroke victims and members with head and neck cancer.
- ◆ Incontinence creams and washes are covered.

Section 10 Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. THIS NOTICE ALSO DESCRIBES HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Why am I receiving this Notice?

Partnership HealthPlan of California (PHC) is required by law to maintain the privacy of your health information. We are required to inform you of our legal duties and privacy practices where your protected health information (PHI) is concerned.

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

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

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

Treatment. PHC uses your health information to coordinate your health care, and we disclose it to hospitals, clinics, physicians and other health care providers to enable them to provide health care services to you. For example, PHC maintains your health information in electronic form, and allows health care providers to have on-line access to it to provide treatment to you.

Payment. PHC uses and discloses your health information to make payment for health care services you receive, including determining your eligibility for benefits, and your provider's eligibility for payment. For example, we inform providers that you are a member of our plan, and tell them your eligible benefits.

Health care operations. PHC uses and discloses your health information as necessary to enable us to operate our health plan. For example, we use our members' claims information for our internal financial accounting activities, and for quality assurance purposes.

We also disclose health information to our contractors and agents who assist us in these functions, but we obtain a confidentiality agreement from them before we make such disclosures for payment or operational purposes. For example, companies that provide or maintain our computer services may have access to computerized health information in the course of providing services to us.

Why are we contacting you?

We may contact you to provide appointment reminders or information about treatment options available to you. We may also contact you about other health-related services that may interest you.

Can others involved in my care receive information about me?

Yes, we may release medical information to a friend or family member who is involved in your care, or whose paying for your care, to the extent we judge it necessary for their participation. This includes responding to telephone enquiries about eligibility and claim status.

Can my health information ever be released without my permission?

Yes, we may disclose health information without your authorization to government agencies and private individuals and organizations in a variety of circumstances in which we are required or authorized by law to do so. Here are the general kinds of disclosures we may be required or allowed to make without your authorization:

- ◆ Disclosures that are required by state or federal law
- ◆ Disclosures to public health authorities or to other persons in connection with public health activities
- ◆ To government agencies authorized to receive reports of abuse or neglect of children or dependent adults, or domestic violence
- ◆ To agencies responsible for overseeing the health care system, for audits, inspections or investigations
- ◆ For judicial and administrative proceedings, such as lawsuits
- ◆ To law enforcement agencies
- ◆ To coroners and medical examiners

- ◆ To organ procurement agencies, if you are an organ donor or a possible donor
- ◆ To researchers conducting research under the auspices of an Institutional Review Board or privacy board
- ◆ To avert a serious threat to health or safety
- ◆ To assist authorized federal officials in national security activities, or for the provision of protective services to officials
- ◆ If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the institution or official
- ◆ To other agencies administering government health benefit programs, as authorized or required by law
- ◆ To comply with workers' compensation laws.

Are there instances when my PHI is not released?

Your health information may be subject to restrictions that may limit or prevent some uses or disclosures. For example, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information.

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

Your Individual Rights

What rights do I have as a PHC member?

As a PHC member you have the following rights:

- ◆ You have the right to ask us to restrict certain uses and disclosures of your health information. However, PHC is not required to agree to any restrictions requested by its members.
- ◆ To protect your privacy, you have the right to receive confidential communications from PHC at a particular phone number, P.O. Box, or some other address that you specify to us.
- ◆ You have the right to see and copy any of your health records that PHC maintains on you. We must receive your request in writing.

We will respond to your request within 30 days. If your records are stored in another location, please allow 60 days for us to respond to your request. We may charge a fee to cover the cost of copying your records. Under certain circumstances, PHC may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal the denial.

- ◆ If you feel the information in our records is wrong, you have the right to request us to amend the records. We may deny your request in certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- ◆ You have the right to receive a report of non-routine disclosures that we have made of your health information, up to six years prior from the date of your request (but not earlier than April 14, 2003). There are some exceptions: for example, we do not maintain records of disclosures made with your authorization; disclosures made for the purposes of health care treatment, determining payment for health services, or conducting the health plan operations of PHC; disclosures made to you; and certain other disclosures.
- ◆ If you received this notice electronically, you have the right to request a paper copy from us at any time.

How do I exercise these rights?

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

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

As a PHC member, you have the right to file a complaint with our Privacy Official. You must provide us with specific, written information to support your complaint. You may also file a complaint with the Secretary of Health and Human Services.

PHC will not retaliate against you in any way for filing a complaint. Filing a complaint will not adversely affect the quality health care services you receive as a PHC member.

Contact us at:

Privacy Official: Partnership Health Plan of California
Mailing address: 360 Campus Lane, Ste 100
Fairfield, CA 94534
Telephone Number: 1-800-863-4155 or
TTY/TDD 1-800-735-2929 or call 711



PHC's Hot-Line is 1-800-601-2146 and is operated 24 hours a day and 7 days a week

California's Department of Health Care Services:

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

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

Office for Civil Rights
Attn: Regional Manager
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100
San Francisco, CA 94103
Voice Phone 415-437-8310
FAX 415-437-8329
TDD 415-437-8311