

# Medi-Cal

Evidence of Coverage

2010-2011



Santa Clara  
Family Health Plan

*The Spirit of Care*

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Santa Clara Family Health Plan

COMBINED EVIDENCE OF COVERAGE  
AND DISCLOSURE FORM  
MEDI-CAL

July 1, 2010, to June 30, 2011

Santa Clara Family Health Plan  
210 East Hacienda Avenue  
Campbell, CA 95008

**1-800-260-2055**  
**TTY: 1-800-735-2929**  
**<http://WWW.SCFHP.com>**

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# Section 1

## Introduction

### ***Welcome!***

Thank you for choosing Santa Clara Family Health Plan (SCFHP). We look forward to serving you. Our job is to see that our Members are given good quality health care. Our pledge to you is that we will constantly work to meet that goal.

SCFHP is a not-for-profit health plan. All covered health care Services are provided by Plan Providers. These are the independent doctors, clinics, Hospitals, and other providers from the community who have contracted with SCFHP.

Each SCFHP Member chooses a doctor or a clinic as a Primary Care Provider (PCP). The PCP you choose will coordinate your care. Your PCP will provide most of your health care; this includes preventive care like checkups and immunizations. Each PCP belongs to a Group of Providers. The Group consists of doctors, clinics, Hospitals, and other health care providers. If needed, the PCP will refer you to a Specialist doctor or arrange for Hospital care.

Generally, the PCP will refer you only to Plan Specialists, Hospitals, and other health care Providers in the PCP's Group. Before choosing a PCP, you should understand which Specialists and Hospitals are in the PCP's Group, and where you will go should it be necessary for you to get the services approved, which is called an Authorization.

Medi-Cal Members in your family may have different PCPs, or all may choose the same PCP. Your PCP's name and phone number are on your SCFHP Member identification (ID) card.

### ***About This Booklet***

This booklet is called a Combined Evidence of Coverage and Disclosure Form (EOC) and contains important information. It is good from July 1, 2010 through June 30, 2011. It tells you:

- Your Medi-Cal Program benefits through SCFHP
- How to get care
- Your rights and responsibilities

Please read this EOC carefully and keep it on hand for future use.

Some words have special meaning in this EOC booklet. These words will be capitalized

throughout this EOC. Sometimes the word will be explained in the same paragraph. If it is not, you can look it up in Section 17, “*Words You Should Know.*”

If you don’t understand something in this booklet, and you cannot find it in Section 17, you can ask your doctor, health care provider or call Member Services. If you are hearing or speech impaired, you can call the TTY number: **1-800-735-2929**. You may also call the Department of Managed Health Care’s Office of the Patient Advocate for assistance at **1-866-HMO-8900 (TTY: 1-866-499-0858)**.

## ***Getting Started***

When you join SCFHP, the first thing you need to do is choose a personal doctor or clinic. This doctor or clinic will be your Primary Care Provider (PCP). If you do not choose a PCP within 30 days, SCFHP will choose a PCP for you. You can change to a new PCP at any time for any reason.

You can choose any available PCP or clinic from the Plan Providers listed in our *Directory of Doctors, Clinics and Health Care Services* (Directory). Also, women can choose any available PCP from Obstetrics/Gynecology (Ob/Gyn). The PCP you choose must be taking new patients. You also may receive care from a nurse practitioner or Physician’s assistant to provide primary care Services in your PCP’s office.

Your PCP will work with you to keep you healthy. A PCP will provide all of your basic health care, including:

- Regular check-ups and preventive services such as immunizations (shots) hearing and laboratory tests
- Care when you are sick or injured
- Help with ongoing Health Problems like asthma, allergies, or diabetes

When necessary, your PCP will also send you to a Plan Specialist and arrange for hospital care.

Generally, each PCP and clinic in SCFHP is part of a group. The group is made up of many providers and other health professionals who work together. Each group works with an assigned hospital.

When you choose a PCP, you are also assigned to the specialists in the PCP’s group and the hospital where they work. Your PCP will refer you to those specialists for most specialty care. If you have to go to the hospital, you will go to the hospital that works with the PCP’s group. Your PCP will obtain the necessary Authorizations for care that you need. If you prefer a particular specialist or hospital, make sure your PCP and their group works with those providers. If you see a specialist or a PCP who is not with your group, without Authorization or in a situation that is not an emergency, SCFHP will not

pay for the services.

For more information about choosing and working with your personal doctor, see Section 2, “Where to Get Care: Choosing a PCP.”

## ***Getting Help in Your Language***

If English is not your main language, or you would be more comfortable speaking another language, Member Services can help you. Our Member Services staff speak many languages. If we don't have a person who speaks your language, SCFHP has Interpreters available by telephone. You have a right to an Interpreter, including a Sign Language Interpreter, at no cost to you on a 24-hour basis when you receive medical care. You also have a right to ask for face-to-face or telephone interpreter services and to not use family members or friends as Interpreters unless you request it.

We can also help you find a doctor who speaks your language or who uses a regular Interpreter. If you need an Interpreter for a doctor's appointment, call the doctor's office at least 5 days before your scheduled appointment. They will arrange for an Interpreter in person or by phone.

Also, you can get written information documents in Spanish and Vietnamese by calling Member Services.

## ***Disability Access***

**Physical Access**—SCFHP offices are accessible to people with disabilities. So are many of the offices of Plan Providers. If you need help finding a provider's office that you can access, please call Member Services.

**Access for Members with hearing or speech loss:**—Member Services uses the text telephone device (TTY, also known as TDD) number through the California Relay Services to help callers. To use the TTY services to talk to Member Services call **1-800-735-2929 (toll free)**.

**Access for Individuals who are Blind or have Low Vision**—You can get this EOC booklet and other important Plan materials in formats for individuals who are blind or have low vision. You can get large print, Braille, and computer disk formats. For any of these formats, or for help in reading this EOC booklet and other materials, please call Member Services.

## ***Member Satisfaction***

SCFHP wants you to have the best care and services possible. We want to make sure you are satisfied. If you do have a problem, try to talk about it when it first happens.

Talking with your PCP or other providers may be the best way to get an issue settled quickly. If the problem is not resolved, call Member Services or write to SCFHP, 210 East Hacienda Avenue, Campbell, CA 95008.

If you are still not satisfied, you may file a Grievance. See Section 8, “Grievance, Appeal and State Fair Hearing Procedures” for more information.

## ***Member Rights and Responsibilities***

When you are a Member of SCFHP, you and your family have rights and responsibilities. Rights are what you can expect to receive, including needed treatment and information. Responsibilities are what we expect you to do. The next two lists, “Member Rights” and “Member Responsibilities” show these rights and responsibilities.

### ***Member Rights***

As an SCFHP Member, you have the right to:

- Be treated with respect regardless of your gender, culture, language, appearance, sexual orientation, race, disability, or source of payment.
- Be told in a clear way about all health care Services available and how to get them.
- Receive written Member materials in English, Spanish, Vietnamese, or large print.
- Select a doctor or clinic as your Primary Care Provider (PCP). Your PCP will provide or arrange for all the health care you need.
- Receive needed and appropriate medical care, including preventive health Services and Health Education.
- Know and understand your medical condition as diagnosed by the doctor; know what the doctor plans to do to treat the condition; know what results you can expect; and know what effects the treatment may have on your daily life. If permitted by law, you have the right to refuse or stop treatment.
- Have the meaning and limits of Confidentiality explained to you.
- See your Protected Health Information (PHI). We will not let anyone else see your PHI records without your written consent, except by law.
- If you must be moved or transferred from one Hospital to another, receive information about why you need to be moved and about any other choices you might have.
- Receive a Second Opinion from another Plan Physician about your diagnosis, the proposed plan of treatment, and other available options.
- Know how to get help and solve problems; know how to file a Grievance or Appeal

with SCFHP; know to ask for a State Fair Hearing. Understand how to use the Grievance or State Fair Hearing process without fear of interruption or loss of health care, or risk of retaliation.

- Take part in establishing SCFHP's public policy, by attending and/or joining the SCFHP Consumer Advisory Committee and attending any SCFHP Governing Board meeting.
- Have an Interpreter who speaks your language (including Sign Language) 24 hours a day, 7 days a week, at no cost to you.
- File a Grievance if your cultural and linguistic needs are not met.

American Indians and Alaska Natives (AIANs) have the right to choose to receive primary care Services at Indian Health Service facility or Federally Qualified Health Centers (FQHCs) or any other Plan Provider within SCFHP's geographic Service Area (Santa Clara County). AIANs also have the right to stay in regular Medi-Cal and not enroll in a managed care plan.

### ***Member Responsibilities***

As an SCFHP Member, you have the responsibility to:

- Carefully read all SCFHP materials as soon as you enroll; ask questions if you do not understand how to use SCFHP's Services.
- Follow the rules of SCFHP membership as explained in this EOC.
- Try to keep yourself physically fit and be responsible for your health.
- Talk to your doctor so you can develop a strong relationship based on trust and cooperation.
- Report unexpected changes in your health to your PCP.
- Ask questions about your medical condition. Make sure you understand the answers, and what you are supposed to do.
- Follow the treatment plan your health care provider gives you. Know what the results may be if you don't; and know what might happen if you do not follow the treatment plan.
- Make and keep medical appointments and let your doctor know at least 24 hours if you need to cancel.
- Tell SCFHP about any changes in: address; phone number; family status, such as marriage, divorce, etc.; and changes in any other health care coverage you might have. Tell SCFHP about these changes as soon as you know them or within 10 days of these changes.
- Call or write SCFHP as soon as possible if you feel you were improperly billed or if the bill is wrong.

- Treat all SCFHP personnel and health care Providers with respect and courtesy.
- Submit requests for claims reimbursement for covered Services within the required time period.
- Be honest in your dealings with SCFHP and its providers. Do not commit fraud or theft or do anything that threatens the property of SCFHP or the property or safety of any of its representatives, providers, providers' employees, or agents.

## Section 2

### Where to Get Care

PLEASE READ THE FOLLOWING INFORMATION SO YOU WILL KNOW WHICH PROVIDER OR GROUP OF PROVIDERS MAY PROVIDE YOUR HEALTH CARE SERVICES

#### ***SCFHP Health Care Providers***

SCFHP has contracts with many different types of health care Providers, including:

- Medical Groups
- Doctors
- Clinics
- Hospitals
- Pharmacies
- Other medical professionals, e.g., nurse midwives, nurse practitioner and physician assistant

We call these “Plan Providers.” These Plan Providers have agreed to be part of SCFHP’s group of health care providers. They work with SCFHP but do not work for the Plan as employees. These providers work for themselves and are not agents of SCFHP.

SCFHP has a *Directory of Doctors, Clinics and Health Care Services*. This booklet is a list of the names and locations of our PCPs (doctors and clinics) and Hospitals. If you would like a copy of this directory, call Member Services.

#### ***Service Area***

SCFHP is licensed to serve Members who live in Santa Clara County.

#### ***Provider Qualifications***

Before you choose a doctor, you need to be sure he or she will be right for you. Here are some questions you might have:

- What schooling or degree does the doctor or other provider have?
- What medical specialty is the provider licensed in?
- Which medical group does the doctor belong to?
- Does the PCP see children of all ages?
- Does the office staff speak your language?

To find out the answers to your questions, you can do the following:

- If the doctor works in a specific group/medical group, call the medical group at the number shown in the *Directory of Doctors, Clinics and Health Care Services*.

## **Choosing a PCP**

When you first enroll, you need to choose a personal doctor or clinic as your Primary Care Provider (PCP). You must choose a PCP from our Group of Plan Providers. These doctors are listed in our *Directory of Doctors, Clinics and Health Care Services*.

What to know about choosing your PCP:

- You may select a different PCP for each member of your family.
- When you choose a PCP you are also choosing the other providers you will be able to see. Before you choose a PCP, you need to know which Providers, Specialists, and Hospitals work with your PCP's group.
- Your PCP might need to send you to a Hospital or another provider, such as a Specialist. If so, your PCP will choose from the set of Providers that he or she generally works with. You can find out which Specialists, Hospitals, and other providers work with your PCP's group by looking in the Directory or by calling Member Services.
- You may receive care from a nurse practitioner (NP), Physician assistant (PA) or certified nurse midwife (CNM) to provide your PCP services. The NP, PA or CNM must work in your PCP's office and be supervised by your PCP. If you are pregnant or you are planning to become pregnant, you also have the right to select an out-of-plan Certified Nurse Midwife (CNM).
- You may also choose a Plan clinic as your PCP.

You can choose a PCP who is a:

- Family Practice Physician (usually treats all ages)
- Pediatrician (treats infants and children)
- Obstetrician/Gynecologist (OB/GYN) (treats women) that also does primary care
- General Internal Medicine Physician (treats adults)
- A clinic, including a Federally Qualified Health Center (FQHC), Community Clinic or an Indian Health Service facility in Santa Clara County.

If you do not select a PCP, SCFHP will choose one for you and notify you. If you need help with selecting a PCP call Member Services and a Member Services staff person will assist you.

## ***Your PCP's Responsibilities***

- Provide or arrange care for all your medical needs, including serious mental illness, except Emergency Services and out-of-area Urgent Care.
- Refer you to other providers when needed.
- Get Approvals, which means getting SCFHP or the Provider Group to Approve care, in writing, when required.
- Prescribe drugs and order lab tests, x-ray exams, and other covered Services that are needed and Medically Necessary for your treatment.
- Refer you to Services that would be helpful, such as education about illnesses, healthy living, particular medical conditions, or disease prevention, that are available to Members.

If you feel sick or have some other urgent medical problem, call your PCP's office even when your PCP's office is closed. Your PCP or a provider-on-call will always be available to tell you how to handle the problem or if you should go to an urgent care center or a hospital emergency room.

If you need Emergency Health Care Services or Urgent Care outside the SCFHP Service Area, you do not need to wait for your PCP to refer you. Please go to the nearest Hospital emergency room. See "Emergency Health Care Services" in Section 3.

## ***Changing Your PCP***

You may change PCPs at any time by calling Member Services. If you prefer, you may send your request in writing to SCFHP, Member Services Department, 210 East Hacienda Avenue, Campbell, CA 95008.

SCFHP might say no to your request to change your PCP. Reasons for saying no to such a request include:

- The provider you are requesting is not a Plan Provider.
- The Plan Provider you want is not accepting new patients.
- The provider you are requesting is a Specialist Physician, not a Primary Care Physician.

If we can make the change you want, the change to your new PCP will, in most cases, be effective the first day of the next month. For example, if you ask to change doctors in February, in most cases, you will be able to visit your new doctor in March. If you need to see your new PCP prior to the change, call Member Services who will help you in scheduling an appointment.

Remember, if you change PCPs, the Hospitals, Specialist Physicians, and other health care providers from which you may receive care, may also change.

If your PCP stops contracting with SCFHP, we will let you know, so you can choose another PCP.

Your PCP may request to assign you to a different PCP for the following reasons:

- You do not follow the treatment plan your PCP recommended.
- You repeatedly do not keep appointments.
- You commit fraud.
- You continually use providers not contracted with SCFHP for non-emergency services without required approvals or communication with your PCP.
- You act in a way that is disruptive, abusive, or threatening.

### ***Continuity of Care for New Members and for Members Whose Provider's Contract is Terminated.***

When you first enroll in SCFHP, if you have been receiving care from a Non-Plan Provider, such as a Hospital, you may be able to continue that care for a period of time. If a provider stops working with SCFHP and that Provider, including a Plan Hospital has been caring for you for a Service that SCFHP covers, SCFHP will help continue to get or complete your medical care. You may continue such care under the following conditions:

- you ask SCFHP to help you by calling Member Services
- the non-plan provider agrees to SCFHP's requirements
- the care is for one of the conditions listed below and is a covered benefit.

SCFHP may also transfer care to an in-plan provider to make sure your care is not interrupted.

The list below also tells you how long SCFHP will cover your medical care. The conditions are:

- An Acute condition—SCFHP will help you continue care of a covered Service until you no longer have the Acute condition.
- Serious Chronic condition—SCFHP will help you continue getting medical care for a covered Service for as long as it takes for your treatment for the serious Chronic condition to be complete. After your treatment is complete, SCFHP will transfer your care to an in-plan provider.
- SCFHP will help you:
  - get a surgery or other medical procedure from the non-plan provider as long as it is a covered Service, must be done, and has already been Approved as part of a documented treatment plan.
  - continue getting medical care that is a covered Service for a newborn child between birth and 36 months—up to 12 months from the effective date of coverage.
  - continue getting medical care that is a covered Service for a pregnancy,

including post-partum (six weeks after delivery) care.

- continue care that is a covered Service for the duration of a terminal illness.

*Note: If you are a new Member who is already receiving treatment or Services for a complex medical condition, including pregnancy, you may prefer to stay in the Medi-Cal Fee-for-Service Program. If so, you or your doctor may call the Health Care Options Program at 1-800-430-4263. Ask them for a “medical exemption”. This means that you will be exempt from joining a managed care plan. You must show Health Care Options that you qualify for the program. To qualify, you must prove that you have a “complex medical condition” and need to continue care with the doctor you are seeing.*

If a PCP’S contract is ended, SCFHP will notify you. The notice will tell you to select a new PCP by calling Member Services.

The letter will also include other important things you need to know if you want to continue to see your current provider. You must tell SCFHP that you want the provider (doctor, medical group, or Hospital) providing health care services to continue to provide and complete the services.

If the provider and SCFHP cannot agree on payment or other terms for providing care, then SCFHP does not have to pay for the services. In this case, if you still want the services, then you will be responsible for paying the provider.

### ***Choosing a Provider for Reproductive Health Services***

Because of moral or religious objections, some Hospitals and other providers do not provide one or more of the following Services:

- Family Planning
- Contraceptive Services, including emergency contraception
- Sterilization, including Tubal Ligation at the time of labor and delivery
- Infertility treatments
- Abortion.

These Services may be covered under your Plan contract. Before you choose a PCP, call the PCP, medical group, clinic, or call Member Services, to make sure that you can obtain the health care Services you need.

## Section 3

### How to Get Medical Care

#### ***Making Appointments and Getting Regular Care***

- To make an appointment, call your personal doctor or clinic (PCP). The PCP's telephone number is on your Member ID card.
- If you need to cancel or change the appointment, call the PCP at least 24 hours prior to the appointment or as soon as possible.
- If you need an Interpreter, let the PCP's staff know before your visit. They will arrange for an Interpreter, including a Sign Language Interpreter, at no cost to you. Or, you can call Member Services..
- Show your SCFHP ID card at the PCP's office or clinic..

#### ***Member Identification Card***

SCFHP will send you a Member identification card (ID). It is important to check the card to make sure all of the information is correct. If anything is wrong, or if the card is lost or stolen call Member Services right away.

The card has your name, ID number, the PCP's name and phone number. On the back of the card are instructions on how to get care in an Emergency.

Show your ID card anywhere you get Services.

Do not lend your card to anyone. This is fraud and against the law.

#### ***Urgent Care—Nights and Weekends***

SCFHP covers Urgent Services, as defined in this EOC. Please see Section 17, "Words You Should Know," for a definition of Urgent Services.

Some medical problems may require urgent care but are not emergencies. Urgent medical problems are problems that usually need attention within 24 to 48 hours. If you think you have an urgent medical problem or feel sick, call your PCP's office even when your PCP's office is closed. Your PCP, or the on-call physician, is always available 24 hours a day, 7 days a week, to help if there is an urgent medical problem and will tell you what to do.

For after-hours and Emergency Health Care Services, you have the right to an interpreter who speaks your language, including Sign Language, at no cost to you.

## ***Emergency Health Care Services***

Emergency Health Care Services are medical or mental health care services needed for a serious medical or mental health condition, illness, or injury with such severe symptoms that need treatment right away. Not seeking immediate care, in the event of an emergency, would place your life (including the life of your unborn child), health, or body organ or part in serious danger. Please refer to Section 17 for a full definition of an Emergency Medical Condition.

If you are not sure if it is an emergency, call your PCP. Your PCP will tell you if you need to go to the emergency room. You may get Emergency Health Care Services from any hospital or other setting in cases of true emergency. If you go to the hospital emergency room for care that is NOT a true emergency, you may be billed for these services.

When you have a medical emergency:

- Call 9-1-1 or go to the closest emergency room for help
- Show your member ID card to the hospital staff
- Ask the hospital staff to call your PCP.

Emergency Health Care Services are available 24 hours a day, 7 days a week and include medical or mental health screening, examination, and evaluation by a Physician, to find out if an Emergency Medical Condition or active labor exists. If an Emergency does exist, Emergency Health Care Services include the care, treatment, or surgery by a Physician necessary to stabilize your condition or eliminate the Emergency Medical Condition.

If you are admitted to a non-Plan Hospital that is not part of SCFHP's contracted hospitals, SCFHP may arrange to safely transfer you to a Plan Hospital when your medical condition is stabilized.

If it is reasonably possible, please call your PCP within 24 hours of going into the Hospital for an Emergency Medical Condition. You need to tell your PCP what happened, and why you were hospitalized. If you are not able to call your PCP, a family member may make the call for you.

After you leave the hospital, you must go to your PCP for follow-up care. Do not go back to the emergency room for follow-up care or you may be billed for these services.

## ***"911" Emergency Transportation***

"911" Emergency ambulance transportation Services are covered by SCFHP only when:

- These Services are used for an Emergency Medical Condition; and
- It is Medically Necessary to use Emergency ambulance transportation; and

- It is not medically appropriate to transport you by means other than an ambulance; or you reasonably believe the medical condition is an Emergency Medical Condition and reasonably believe that the condition requires ambulance transportation Services.

### ***Health Services That Do Not Need Approval***

In most cases, all Services must be Approved in writing by SCFHP or the Provider's Group. However, some Services do not need Approval. You can get the following Services without Approval:

- Visits and care provided by your PCP
- Emergency Health Care Services for Emergency Medical Conditions, either inside or outside the Plan's Service Area
- Out-of-Area Urgent Care
- "911" Emergency ambulance transportation
- Routine or preventive obstetrical/gynecological Physician Services from a Plan OB/GYN or Family Practice Physician
- Services provided at Federally Qualified Health Centers (FQHCs)
- HIV testing and counseling. We will cover your HIV test, even if the test is not related to the main reason for your doctor, clinic, or emergency room visit.
- Family Planning Services, when the treatment is received from a qualified provider
- The initial treatment for sexually transmitted disease, when the treatment is received from a qualified provider
- Formulary drugs with a prescription from a licensed provider. See "Drug Formulary" in this section and in Section 17, "Words You Need to Know" for more information
- Abortions that do not require Inpatient hospitalization and that are received from any qualified provider.

*Note: All Services must be approved before the date the Services are provided, except for those Services listed in the paragraph above.*

### ***Prescriptions: Getting Medications***

#### ***Pharmacy Services***

To get drugs that have been prescribed by your SCFHP doctor, show your SCFHP Member ID card and your doctor's prescription to any SCFHP pharmacy listed in the *Directory of Doctors, Clinics, and Other Health Care Services*.

### ***SCFHP Drug Formulary***

SCFHP uses a list of Approved Outpatient drugs called a *Drug Formulary*. A *Drug Formulary* is a list of prescription and non-prescription drugs a Plan Physician may order without an Approval and may be obtained at a participating pharmacy. Even if a drug is listed on SCFHP's Formulary, it does not guarantee your doctor will order the drug for a particular medical condition.

If you need a drug that is not on SCFHP's *Drug Formulary*, your doctor must first get an approval from SCFHP. If it is not approved, SCFHP will tell you why in a written notice. The notice will include a message about your right to file a Grievance with SCFHP.

The *Drug Formulary* is created by SCFHP with the help of our Pharmacy and Therapeutics (P & T) Committee. This is a committee of Plan Physicians and pharmacists. The P & T Committee meets at least every three months to review the *Drug Formulary*. They add new drugs and decide which ones to remove. They look for drugs that are safe and effective.

All SCFHP contracting doctors are told how SCFHP develops the Drug Formulary and may ask SCFHP to change the Drug Formulary.

Other things you should know about the Drug Formulary:

- If you have a question about whether a specific medication is in the Formulary, please call Member Services.
- If you would like a copy of the SCFHP Formulary, please call Member Services. You may also get a copy by visiting our website at <http://www.SCFHP.com>.
- SCFHP will respond to the physician's request for *Approval* of a non-Formulary drug within 24 hours or one business day.

In some cases, information from a prescribing doctor cannot be obtained on a timely basis. A pharmacist may then give you a 3-day supply of a prescribed drug. After approval has been obtained from SCFHP, you will have to go back to the pharmacy to pick up the remaining supply of the drug.

In Emergency circumstances, a sufficient amount of a prescribed drug will be provided to you until you are able to get the prescription filled.

### ***Referrals to Specialty Physicians***

Your doctor (PCP) may send or refer you to a Plan specialty doctor because of your medical needs. The Plan Specialist must be in the same Provider Group as your PCP. If there is no appropriate Specialist in your PCP's Provider Group, your PCP may refer you to another SCFHP Plan Specialist after receiving *Approval* from SCFHP.

For a list of SCFHP Specialists, call Member Services or go to our web site at <http://www.scfhp.com> and look for “Find a Doctor” in the Member Corner.

### ***Pre-Approval Process***

Your doctor will need to get *Approval* for most covered Services, such as Hospitalization and various tests.

Before making a decision regarding your medical condition or treatment, SCFHP must have all the facts. Facts include exam and test results. Decisions are made by either a licensed doctor or other *Appropriately Qualified Medical Professional* (specially trained to treat your condition). For services that are not urgent, decisions are made within five days. If services are urgent, decisions are made no later than 72 hours.

Sometimes more time is needed. This can happen if SCFHP does not have all of the facts or tests needed to deny or approve the request. If SCFHP cannot meet the time frames, SCFHP will let you and the doctor who requested the service know in writing the date your request will be decided.

SCFHP will tell your PCP whether the service is approved or denied within 24 hours after making a decision. If the services are not *Approved*, SCFHP will send you and your PCP a letter within 2 working days after the decision is made. The letter will tell you the reason for the denial and your rights to appeal the decision.

### ***Standing Referrals***

A *Standing Referral* is a referral that allows you to see a specialist or go to a specialty care center without getting a new referral from your PCP each time. It may be for a certain period of time and a specific number of visits. Before SCFHP *Approves* a standing referral, your PCP, Specialist and SCFHP must agree that you need it.

Examples of medical conditions that could get a standing referral are serious cases of heart disease, asthma, diabetes, Multiple Sclerosis, or HIV / AIDS.

### ***Second Medical Opinions***

If you want a *Second Medical Opinion* about care you are getting from your PCP or Specialist, you may choose any provider who is an *Appropriately Qualified Health Professional* from the same providers who work with your PCP. If there is no appropriate provider in your PCP’s Provider Group, your PCP will refer you to another SCFHP Plan Provider. SCFHP will pay for a *Second Medical Opinion* from another provider if you get prior *Approval*.

Requests for *Second Medical Opinions* will be approved or denied as quickly as possible. In urgent cases, a *Second Medical Opinion* will be approved or denied usually within 72

hours.

Some common reasons for a Second Opinion are:

- You have questions about a surgery, procedure or treatment your PCP recommends.
- You have questions or concerns about the diagnosis or plan of care for a condition including, but not limited to, a serious chronic condition, that threatens loss of life, loss of limb, loss of bodily function, or substantial impairment.
- You request an additional diagnosis because the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating health professional is unable to diagnose the condition.
- Your health is not improving with your current treatment plan.

For additional information about SCFHP's *Second Medical Opinion* policy, please contact Member Services.

### ***Direct Access to OB/GYN Physician Services***

Obstetrical/gynecological (OB/GYN) Physician Services are medical Services for female Members, relating to childbirth, pregnancy, or other female issues. Some common OB/GYN Services are:

- Breast exam
- Pelvic exam and treatment
- Pap Smear, including human papillomavirus (HPV) screening test that is approved by the Federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA.
- Pregnancy care

Female Members do not need a Referral from their PCP to get routine or preventive OB/GYN Services from a Plan OB/GYN, Family Practice doctor, or surgeon who is in the same Provider Group as their PCP. OB/GYN surgical Services still require an *Approval*.

If you are a female member, you may be seen for OB/GYN Physician Services as often as is Medically Necessary. To get a list of Physicians who provide OB/GYN related care in your PCP's Provider Group, call your PCP or Member Services.

### ***Health Exams for New Members***

If you have just joined SCFHP or just changed PCPs, make an appointment with your PCP as soon as possible:

- Children less than 18 months old should have an exam within two months (60 days)

of joining SCFHP

- Adults and children age 18 months or older should have an exam within four months (120 days) of joining SCFHP

This first visit is important. Your PCP can take better care of you by knowing your health history. It can also help your PCP find problems before they get more serious. During the visit you and your doctor will:

- Review your medical history, your current health status, and your concerns
- Begin or continue needed care
- Decide what preventive care you need.

### ***Indian Health Services***

If you are a Native American Indian of a Alaska Native, you can get health care at an Indian Health Center or a FQHC in accordance with the Federal Indian Health Care Improvement Act, and the Indian Self-Determination Act (Public Law 93-638). Please call Member Services for help in locating and using an Indian Health Service facility or an FQHC.

### ***Treatment of Sexually Transmitted Diseases (STDs)***

You may have the first treatment for an STD without *Approval* from SCFHP. You may receive these Services from: your doctor (PCP); an OB/GYN; the Public Health Services; a clinic; or any other qualified provider, whether or not that provider has a contract with SCFHP. You must get follow-up services from your PCP. No *Approval* is necessary for treatment by your PCP.

### ***HIV/AIDS Services***

You may be tested and counseled for HIV without *Approval*. SCFHP will cover your HIV test, even if the test is not related to the main reason for your doctor, clinic, or emergency room visit.

The first visit for HIV / AIDS does not require *Approval*. You may receive these Services from your doctor (PCP), an OB/GYN Services provider, Public Health Services, a clinic, or any other qualified provider whether or not that provider has a contract with SCFHP. For any follow-up Services, you must go to the PCP for treatment or *Approval*.

## Section 4

### Medi-Cal Covered Benefits Matrix

*THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.*

<b>Professional Services</b>	Physician visits including specialty care, inpatient and outpatient medical and surgical services
<b>Preventive Care</b>	Immunizations, periodic health exams, well-child visits, STD tests, cytology exams, prenatal care.
<b>Hospitalization Inpatient Services</b>	Medically necessary facility charges room and board, general nursing care, ancillary services, including operating room, intensive care unit, prescribed drugs, laboratory and radiology during inpatient stay.
<b>Outpatient Services</b>	Medically necessary facility charges in a physician's office, surgery center, or other designated facility, general nursing care, ancillary services, including operating room, prescribed drugs, laboratory, chemotherapy, radiology, and dialysis.
<b>Diagnostic X-ray and Laboratory Services</b>	Therapeutic radiological services, ECG, EEG, mammography, other diagnostic laboratory and radiology tests, laboratory tests for the management of diabetes.
<b>Emergency Health Care Services</b>	24-hour care for emergency services including psychiatric screening, examination and treatment, injury or condition requiring immediate diagnosis in and out of the Plan.
<b>Emergency ("911") Transportation Services</b>	Emergency Ambulance transportation when medically necessary and non-emergency transportation to transfer a member from a hospital to another hospital or facility, or facility to home when authorized by SCFHP.

<b>Outpatient Prescription Drugs</b>	<p>Maximum 30 day supply for most drugs; certain maintenance drugs up to a 30 or 90 day supply at select pharmacies; tobacco cessation drugs for one cycle per benefit year with completion of an SCFHP approved tobacco cessation program.</p> <p>Inpatient drugs and drugs administered in a provider's office, as well as FDA approved contraceptive drugs and devices.</p>
<b>Diabetes Self-Management</b>	<p>Blood glucose monitors, blood glucose testing strips, insulin pumps, ketone urine testing strips, lancets and lancet puncture devices, pen delivery systems, insulin syringes, podiatric devices to prevent or treat diabetic-related complications, visual aids, and outpatient self-management training and education when medically necessary and approved by SCFHP.</p>
<b>Pregnancy and Maternity Care</b>	<p>Prenatal and postnatal care, inpatient, newborn nursery care while the mother is hospitalized and for the first month and the following month of life. Genetic testing is covered for PKU only.</p>
<b>Family Planning/Sensitive Services</b>	<p>Counseling, surgical procedures for sterilization, contraceptives, elective abortion, treatment of STDs, HIV/AIDS Services.</p>
<b>Topical Fluoride Varnish</b>	<p>Limited benefit for children younger than six (6) years of age.</p>
<b>Enteral Formula</b>	<p>Limited benefit for children below the age of 12 years.</p>
<b>Health Education</b>	<p>Health education materials and classes.</p>
<b>Durable Medical Equipment</b>	<p>Crutches, wheelchairs, walkers, breast pumps, apnea monitors, nebulizer machines, ostomy supplies and home oxygen equipment when approved by SCFHP.</p>
<b>Orthotics and Prosthetics</b>	<p>Medically necessary orthotics and prosthetics when approved by SCFHP.</p>
<b>Home Health Services</b>	<p>Medically necessary skilled care (not custodial); nursing care, home visits, physical, occupational and speech therapy.</p>
<b>Skilled Nursing Facilities</b>	<p>Medically necessary skilled care, room and board, X-ray, laboratory and other ancillary services, medical social services, drugs, medications and supplies. Skilled nursing services are covered from the day of admission and up to one month after the month of admission.</p>
<b>Hospice</b>	<p>Medically necessary skilled care, counseling, drugs and supplies, short-term inpatient care for pain control and system</p>

	management, bereavement services, physical, speech and occupational therapies, medical social services, short-term inpatient and respite care.
<b>Blood and Blood Products</b>	Blood and blood products including processing, storing and administration in out-patient settings, and the collection of autologous blood.
<b>Kidney and Corneal Transplants</b>	Medically necessary kidney and corneal transplants, medical and hospital expenses of a donor or prospective donor, testing expenses and charges associated with procurement of donor organ.
<b>Physical and Occupational Therapy</b>	Medically necessary physical and occupational therapy when ordered by a plan physician and approved by SCFHP. SCFHP may require you to get periodic evaluations while getting therapy.
<b>Speech Therapy</b>	<p>SCFHP covers medically necessary speech therapy services for:</p> <ul style="list-style-type: none"> <li>• Children under the age of twenty one (21)</li> <li>• Adults living in a Skilled Nursing Facility (level A or B; this includes sub-acute care facilities)</li> <li>• Children receiving benefits through the California Children's Services program</li> <li>• Adults receiving benefits through a Program of All-Inclusive Care for the Elderly.</li> </ul> <p>Speech Therapy is a limited benefit for certain adults age twenty-one (21) and older. Adults who may still be able to receive some or all of these benefits are:</p> <ul style="list-style-type: none"> <li>• Receiving services through the Genetically Handicapped Persons Program</li> <li>• Receiving benefits through the county mental health programs</li> <li>• Receiving the benefits through the Medicare Part B program</li> <li>• Receiving services in an emergency condition and the benefit is required to treat the emergency condition</li> <li>• Receiving some of these benefits currently, 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</li> </ul> <p>Some of these benefits and services may be provided in Hospital Outpatient clinics, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, adult day health care centers or through home health agencies.</p> <p>Speech Therapy to learn how to use the speech generating device ("voice box") and for repair or replacement of the voice</p>

	box when Medically Necessary and approved by SCFHP.
<b>Hearing Tests and Hearing Aids</b>	<p>SCFHP covers hearing services for:</p> <ul style="list-style-type: none"> <li>• Children under the age of twenty one (21)</li> <li>• Adults living in a skilled nursing facility (level A or B; this includes sub-acute care facilities)</li> <li>• Children receiving benefits through the California Children's Services program</li> <li>• Adults receiving benefits through a Program of All-Inclusive Care for the Elderly.</li> </ul> <p>Hearing tests and hearing aids are a limited benefit for certain adults age twenty-one (21) and older. Adults who may still be able to receive some or all of these benefits are:</p> <ul style="list-style-type: none"> <li>• Receiving services through the Genetically Handicapped Persons Program</li> <li>• Receiving benefits through the county mental health programs</li> <li>• Receiving the benefits through the Medicare Part B program</li> <li>• If an emergency condition occurs and the benefit is required to treat the emergency condition</li> <li>• Some benefits may continue if you are currently receiving them, 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</li> </ul> <p>Some of these benefits and services may be provided in hospital outpatient clinics, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, adult day health care centers or through home health agencies.</p> <p>Hearing aid batteries and surgically implanted hearing devices are NOT covered.</p>
<b>Vision Care</b>	<p>SCFHP covers eye screenings and eye exams by an Optometrist or Ophthalmologist (eye doctor).</p> <p>Medically necessary eyeglasses and frames are a limited benefit for certain adults age twenty-one (21) and older with the exception of "bandage" contact lenses that are available to eligible adults based on medical necessity. Members who are able to receive the limited benefits are:</p> <ul style="list-style-type: none"> <li>• Children under the age of twenty-one (21)</li> <li>• Adults living in a skilled nursing facility (level A or B; this includes sub-acute care facilities)</li> <li>• Children receiving benefits through the California</li> </ul>

	<p>Children's Services program</p> <ul style="list-style-type: none"> <li>• Adults receiving benefits through a Program of All-Inclusive Care for the Elderly.</li> <li>• Adults receiving services through the Genetically Handicapped Persons Program</li> <li>• Adults receiving benefits through the county mental health programs</li> <li>• Adults receiving the benefits through the Medicare Part B program</li> </ul> <p>Some of these benefits and services may be provided in hospital outpatient clinics, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, adult day health care centers or through home health agencies.</p>

## Section 5

# Your Benefits and Coverage

### ***Introduction***

Section 4 describes your basic health care benefits with SCFHP. *Services* described in this section are covered only if all of the things below are true:

- The *Services* or supplies are Medically Necessary.
- The *Services* or supplies are provided, prescribed, or Approved by your PCP operating within the scope of his or her licensure, and Approved by SCFHP, unless the law or this EOC says no *Approval* is required.

SCFHP reserves the right to decide whether *Services* are Medically Necessary.

SCFHP will arrange for the timely *Approval* and coordination of a covered benefit if a provider has a moral or religious objection to providing a service. Please contact SCFHP, if this should occur.

As a Medi-Cal beneficiary, you may be entitled to other health care *Services* through the Medi-Cal Fee-for-Service Program. For more information about these Medi-Cal *Services*, see Section 5, "Carve-Out Benefits."

### ***Preventive Care***

SCFHP covers preventive care visits when provided by your PCP. No *Approval* is needed for these visits. All immunizations, health exams, tests, and *Services* need to be consistent with the most current recommendations for preventive adult or pediatric health care (as adopted by the American Academy of Pediatrics; the *Guide to Clinical Preventive Services* as published under the *Report of U.S. Preventive Services Task Force*; the current version of the *Recommended Childhood Immunization Schedule/United States*, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians; and other age-appropriate immunizations as recommended by the U.S. Public Health Service).

Preventive care includes:

- Initial health assessments (IHA) or checkups
- Well-child and well-adult exams, including all routine diagnostic testing and laboratory *Services* that are appropriate for such examinations

- Health Education Services
- Adult and pediatric immunizations
- Vision screening with appropriate *Approval* to a specialty provider, as needed
- Diagnosis and treatment for allergies in the Plan Provider's office; allergy serum is included
- Screening and diagnosis of breast cancer. Coverage includes mammograms. However, before you can get a mammogram, you must have a Referral from a Plan Provider. The Referral must be within the scope of the provider's license
- Screening and diagnosis of cervical cancer. Coverage includes the Pap smear, human papillomavirus (HPV) screening test approved by the Federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA
- Children's Preventive Services-Child Health & Disability Prevention (CHDP) including:
  - A health history
  - Health, dental, nutritional, and developmental assessments
  - Immunizations
  - Vision and hearing testing
  - Some laboratory tests, such as tuberculin, sickle cell, urinalysis, hemoglobin/hematocrit, and Pap smears.

### ***Topical Fluoride Varnish***

Fluoride varnish, which helps to protect children's teeth from getting cavities, is a covered benefit for children younger than six (6) years of age. Fluoride varnish may be applied by your PCP up to three (3) times in a 12-month period.

### ***Pregnancy and Maternity Care***

SCFHP covers the following professional and Hospital Services relating to maternity care:

- Prenatal and post-natal care
- Complications of pregnancy
- Diagnostic and genetic testing
- Labor and delivery care, including midwifery Services
- Newborn examinations and nursery care
- Counseling on Health Education and social support needs.

- Inpatient Hospital care for 48 hours after a normal vaginal delivery and 96 hours after delivery by Cesarean section, unless an extended stay is Approved by SCFHP.
- Post discharge follow-up visit. After talking it over with you, your doctor may let you go home earlier than either the 48- or 96-hour time period. If so, SCFHP will cover a follow-up visit in your home, at the Hospital, or at the doctor's office. This visit must happen within 48 hours after you leave the Hospital. The doctor and you will decide where the post-discharge follow-up visit will happen, based on what is best for you. Your doctor will need to order this follow-up visit.

### ***X-Ray, Radiological and Laboratory (Lab) Services***

SCFHP covers diagnostic and therapeutic radiological and lab *Services*. These *Services* are provided to appropriately evaluate, diagnose, treat, and follow up on your care.

Covered diagnostic *Services* include, but are not limited to:

- Electrocardiography, electroencephalography, and mammography for screening or diagnostic purposes.
- Laboratory tests appropriate for the management of diabetes, including at a minimum, tests of cholesterol, triglycerides, microalbuminuria, HDL/LDL, and Hemoglobin A-1C (Glycohemoglobin).

### ***Emergency Health Care Services***

SCFHP covers 24-hour Emergency Health Care Services in and out of the SCFHP Service Area. Emergency Health Care Services can be obtained from Plan Providers or Non-Plan Providers. You do not need to get an *Approval*. You also have the right to receive interpretive services – if you need them – at no charge.

Emergency Health Care Services are medical or mental health care services needed for a serious medical or mental health condition, illness, or injury with such severe symptoms that need treatment right away. Not seeking immediate care, in the event of an emergency, would place your life (including the life of your unborn child), health, or body organ or part in serious danger. Please refer to Section 17 for a full definition of an Emergency Medical Condition.

Such Services include, but are not limited to:

- An exam to find out if you have an Emergency Medical Condition;
- Diagnosis and treatment for an Emergency Medical Condition;
- Screening, examination, evaluation, and treatment for a mental health Emergency condition; and
- Emergency Services and care for a woman in active labor, and for her unborn child.

## ***Emergency (“911”) Transportation Services***

If you have an emergency medical condition, call “911”. Emergency ambulance transportation services are covered to the nearest Hospital that accepts you for Emergency Services.

Emergency “911” ambulance Services are covered by SCFHP only when:

- These Services are used for an Emergency Medical Condition; and
- It is Medically Necessary to use Emergency ambulance transportation; and
- It is not medically appropriate to transport you by means other than an ambulance; or
- You reasonably believe the medical condition is an Emergency Medical Condition; and
- You reasonably believe that the condition requires an ambulance.

## ***Non-Emergency Medical Transportation***

SCFHP covers some non-Emergency medical transportation when it is not medically advisable for you to use a bus, taxi or other means to get to see your doctor. In these cases, you will need to get *Approval* from SCFHP for an ambulance, litter van, and/or wheelchair van, as needed to get covered Services.

If you take part in state or county programs, you may be able to get non-Emergency transportation to and from these programs, if Approved by SCFHP. To qualify, you must:

- Be a SCFHP Member
- Take part in the Early Periodic Screening, Diagnosis, and Treatment Program (EPSDT), and/or Child Health and Disability Program (CHDP)
- Have an appointment to get services under one of those programs
- Get *Approval* from SCFHP.

## ***Non-Medical Transportation***

For some Members who qualify, SCFHP can arrange for free or low cost local transportation to scheduled medical appointments to a Plan Provider. This service is called “*non-medical transportation*”. It is to help Members who are unable to provide their own means of transportation to reach *Medically Necessary* appointments for services covered under this Evidence of Coverage. The non-medical transportation service will take Members to and from doctors’ offices, Hospitals, or other medical service locations.

SCFHP will arrange for the most appropriate transportation services, taking into account the following criteria:

- the Member's medical and physical condition
- urgency with which the transportation is needed
- availability of transportation at the time of need
- the cost of the transportation.

Non-medical transportation may include public transportation (bus or light rail), taxis, vans, and other public or private transportation. SCFHP will *Approve* only the lowest cost non-Emergency medical transportation that is adequate for your medical need and is available at the time the service is required.

All requests for non-medical transportation must be Approved prior to the service and must be provided by an approved service provider. SCFHP may ask you to get a note from your PCP stating which type of transportation is needed. You will need to call SCFHP's Member Services Department at least five (5) business days before the scheduled appointment to request transportation. Please also let Member Services know if special arrangements are needed to get you to your appointment, for example, a van with wheelchair access.

Because most van and bus services give a ride to more than one passenger, the service will normally arrive within sixty (60) to ninety (90) minutes of your scheduled appointment. Although the van or bus may be delayed due to traffic or other reasons, it is important to be ready to be picked up at the pre-arranged, scheduled time. This will help you to be on time for your appointment.

**This benefit does not cover transportation for Member convenience.**

### ***Diabetes Self-Management***

SCFHP covers Medically Necessary equipment and supplies for the management and treatment of:

- Insulin-dependent diabetes;
- Non-insulin-dependent diabetes; and
- Gestational diabetes.

Coverage includes:

- Blood glucose monitors and blood glucose testing strips
- Insulin, Insulin pumps and all related, necessary supplies
- Ketone urine testing strips
- Podiatric (related to feet) devices to prevent or treat diabetes-related complications
- Visual aids, excluding eyewear (eyeglasses), to assist the visually impaired with the proper monitoring of blood glucose and dosing of insulin
- Diabetes Outpatient self-management training, education.

## ***Outpatient Prescription Drugs***

Drugs are covered when Medically Necessary and prescribed by a licensed practitioner acting within the scope of his or her license. Coverage includes:

- Injectable medication (including insulin), needles, and syringes necessary for the administration of the covered injectable medication.
- Insulin, medications for the treatment of diabetes, and glucagon, in medically appropriate quantities, for the monitoring and treatment of insulin-dependent, non-insulin-dependent, and gestational diabetes.
- Prenatal vitamins and fluoride supplements, included with vitamins or independent of vitamins. Prenatal vitamins are covered only for pregnant women who have had a confirmed positive pregnancy test done by a physician. If you want SCFHP to pay for your prenatal vitamins, you will need a prescription from your doctor, even if the vitamins are available without a prescription.
- Drugs administered while you are a patient or resident in a rest home, nursing home, convalescent Hospital, or similar facility. Such drugs must be:
  - Prescribed by an SCFHP Physician; and
  - Prescribed in connection with a covered service; and
  - Provided through a Plan pharmacy.
- Prescription contraceptive devices and drugs. SCFHP covers:
  - All FDA-approved contraceptive drugs and devices, such as diaphragms; insertion and removal of an intrauterine device (IUD);
  - FDA-approved oral and injectable contraceptive devices and drugs, including implanted time-release contraceptives; and
  - Emergency contraceptive drug therapy.
- A Single Source Drug
  - You may continue to use a Single Source Drug if the drug was part of a prescribed therapy in effect when you joined SCFHP. SCFHP will continue to cover the Single Source Drug until the therapy is no longer prescribed.
- An Off-Label Drug when the following conditions are met:
  - The drug is FDA-approved;
  - The drug is prescribed by a Plan Physician, either for a Life-Threatening condition or for a Chronic and Seriously Debilitating condition; and
  - The drug is Medically Necessary to treat that condition; and
  - The drug is recognized for treatment by authoritative sources.

Certain maintenance drugs may be filled at select pharmacies for up to a 30 or 90 day supply.

Lost, stolen or spilled medications are allowed one refill per lifetime. Any further refills for lost, stolen, spilled medications are subject to Prior Authorization.

See also “Drug Formulary” in Prescriptions: “Getting Medications” in Section 3.

### ***FDA-Approved Contraceptive Drugs and Devices***

SCFHP covers all FDA-approved contraceptive drugs and devices, including emergency contraceptive drug therapy.

Please see “Outpatient Prescription Drugs” in Section 4 above for specific coverage.

### ***Generic Drug Substitution***

SCFHP Plan pharmacies will dispense available generic equivalent prescription drugs if the prescribed drug is medically appropriate and safe for you. A generic drug is the pharmaceutical equivalent of a brand name drug. A generic drug is one that has been approved by the Food and Drug Administration (FDA) as meeting the same standards of safety, purity, and effectiveness as the brand name drug. See also “SCFHP Drug Formulary” in Section 3.

### ***Phenylketonuria (PKU) Testing and Treatment***

Phenylketonuria (PKU) is a rare condition in which a baby is born without the ability to properly break down an essential amino acid called phenylalanine. Essential amino acids can only be obtained from the food we eat as our body does not normally produce them.

SCFHP covers screening, testing, and treatment of PKU. SCFHP covers a special diet for persons with PKU if the diet is Medically Necessary to prevent the development of serious physical or mental disabilities that could occur from PKU.

SCFHP will cover Formula, as defined below, and certain Special Food Products, as defined below, which may be prescribed for the treatment of PKU. The coverage applies only if your cost for Formula and/or Special Food Products is more than the cost of a normal diet.

*Formula* means enteral products for use at home. It is food for infants that is liquid, and it has most of the nutrients found in milk. Enteral means that the Formula is given to the infant:

- By oral feeding (by mouth); or

- Sip feeding (by mouth); or
- By gastric feeding.

The Formula must be prescribed by a Physician or nurse practitioner, or ordered by a registered dietician, in consultation with, or upon Referral by, a Plan Provider who specializes in the treatment of metabolic disease and is authorized to prescribe dietary treatments that are necessary for the treatment of PKU.

*Special Food Products* means food products that are prescribed by a Physician or nurse practitioner for the treatment of PKU, in consultation with a Plan Provider who specializes in the treatment of metabolic disease. The prescription must be consistent with the recommendation and best practices of qualified health professionals with expertise and experience in the treatment and care of PKU.

*Special Food Products* include food that is:

- Specially formulated to have less than one gram of protein per serving, and
- Used in place of normal food products, such as foods found in retail food stores and used by most people.

### ***Enteral Formula***

SCFHP covers Medically Necessary enteral formulas to prevent the development of serious physical or mental disabilities for infants and children below the age of 12 years who have a life threatening disease or condition, including “failure to thrive.” The Formula must be prescribed by a PCP or Specialist and Approved by SCFHP. Enteral Formula feedings may meet certain dietary needs or may be used to help improve growth and development in infants and children who have been medically evaluated.

### ***Outpatient Hospital Services***

SCFHP covers Services and supplies for diagnosis, treatment, or surgery in an Outpatient Hospital setting, ambulatory surgery center, or Outpatient facility. These Services include:

- Operating room, treatment room, ancillary Services, and drugs that are supplied by the Hospital or facility for use during your visit to the facility
- Physical and Occupational Therapy, subject to the limits under the “Physical and Occupational Therapy” benefit that is listed later in this section.

### ***Inpatient Hospital Services***

SCFHP covers Hospital Inpatient Services if your PCP or Specialist orders the services and SCFHP approves them. Covered Services include:

- Semi-private room and board
- General nursing care

- Operating room and related facilities
- Intensive care units and Services
- Drugs, medications, and biologicals
- Anesthesia and oxygen
- Diagnostic x-ray and laboratory Services
- Special duty nursing, as Medically Necessary
- Physical and Occupational Therapy (subject to limitations under the “Physical and Occupational Therapy” benefit that is listed later in this section)
- Respiratory therapy
- Administration of blood and blood products
- Other diagnostic, therapeutic, and rehabilitative Services, as appropriate.

### ***Family Planning Services***

Family Planning Services are offered to Members of childbearing age. Covered Services include all methods of birth control approved by the U.S. Food and Drug Administration. You may pick a Plan doctor or clinic to provide these Services. You may also pick a doctor or clinic not connected with SCFHP, and you don’t have to get *Approval* from SCFHP. SCFHP will pay that doctor or clinic for the Family Planning Services you get. If you want more information or a Referral to a qualified provider, you may call the California Department of Public Health’s Family PACT at 1-800-942-1054.

The following Family Planning Services are covered through your PCP or any qualified provider. They do not need *Approval*.

- Pregnancy testing and counseling
- Visits for the purpose of family planning
- All FDA-approved contraceptive birth control drugs and devices (covered under the prescription drug benefit). Coverage includes:
  - Diaphragms;
  - Insertion and removal of an intrauterine device (IUD);
  - FDA-approved oral and injectable contraceptive devices and drugs;
  - Emergency contraceptive drug therapy;
  - Surgical birth control (called “tubal ligation” for women or “vasectomy” for men);
  - Treatment for medical complications resulting from previous family planning

procedures;

- Laboratory procedures, radiology procedures, and drugs associated with family planning procedures.

### ***Abortion Services***

SCFHP covers abortions when provided by a qualified Provider. Your PCP does not have to Approve abortions.

Minors who are at least 12 years of age do not need to get a parent's approval to get an abortion. (See also: Section 17: Words You Should Know "Minor Consent Services.")

You may also call the California Department of Public Health's Family PACT at 1-800-942-1054 for more information for a Referral to a qualified provider.

### ***Health Education***

SCFHP offers classes and materials on health care topics to help you stay well and live better. Topics include, but are not limited to:

- Stop smoking or chewing tobacco
- Nutrition and weight management
- Self-management for chronic disease conditions like asthma or diabetes
- Pregnancy and new baby
- Parenting
- Preventive Care

Health Education classes are part of your SCFHP benefits. Contact your PCP or Member Services to sign-up.

### ***Hearing Tests and Hearing Aids***

Hearing tests and hearing aids are covered for the following members, if provided by a Plan Specialist upon referral by your PCP:

- Children under the age of twenty one (21)
- Adults living in a Skilled Nursing Facility (level A or B; this includes sub-acute care facilities)
- Children receiving benefits through the California Children's Services program
- Adults receiving benefits through a Program of All-Inclusive Care for the Elderly.

Generally, services are not covered for adults age twenty-one (21) and older. See Section 7 "Benefit Exclusions and Limitations" or contact Member Services for more

information.

Surgically implanted hearing devices are not covered.

### ***Durable Medical Equipment***

SCFHP covers Durable Medical Equipment (DME) that is:

- Medical equipment safe for use in the home;
- Used for a medical purpose;
- Not useful to a person unless the person is sick or injured;
- For repeat use;
- Medically Necessary.

Durable Medical Equipment may include:

- Oxygen and oxygen equipment;
- Breast pumps for assistance with nursing a child (lactation);
- Apnea monitors;
- Nebulizer machines, tubing and related supplies, and spacer devices for metered-dose inhalers;
- Ostomy Supplies and bags and urinary catheters and supplies;
- Wheelchairs;
- Crutches.

SCFHP may choose to rent or to buy standard equipment. SCFHP covers repair or replacement of Durable Medical Equipment, unless it has to be repaired or replaced because it was misused or lost.

### ***Orthotics and Prosthetics***

Orthotic devices are *Medically Necessary* items that support or correct a body part.

Prosthetic Devices are *Medically Necessary* items that are artificial and replace all or part of an organ or limb.

SCFHP covers Medically Necessary Orthotic Devices and Prosthetic Devices if they are:

- In general use
- For repeat use
- Used for a medical purpose.

Covered Orthotic and Prosthetic Devices must be:

- Prescribed by a Plan Provider;

- *Approved* by SCFHP, and
- Dispensed by a Plan Provider.

Some examples include:

- Prosthetic Devices and installation accessories to restore speech after, or because of, a Laryngectomy (removal of vocal cords).
- *Medically Necessary* Prosthetics used in reconstructive surgery after or because of a Mastectomy (breast removal).
- *Medically Necessary* footwear to prevent or treat problems related to diabetes.

Repair or replacement of these devices is covered, unless the device has to be repaired or replaced because it was misused or lost. SCFHP may choose to either replace or repair an item.

Exclusions:

- Orthopedic and corrective shoes
- Arch supports
- Foot Orthotics/shoe inserts
- Heel pads and heel cups

Some Orthotics are covered if they are *Medically Necessary* and approved by Medi-Cal. Before obtaining any Orthotic, please ask your PCP to obtain a *Prior Approval*.

### ***Outpatient Mental Health Services***

SCFHP covers Outpatient mental health *Services* that are within the PCP's scope of practice.

Services provided due to a mental health Emergency are also covered by SCFHP. (See "Emergency Health Care Services" in Sections 4 and 5.)

Mental Health Services provided by the Santa Clara County Mental Health Department may be covered by the Medi-Cal Fee-for-Service Program. For more information, you may call 1-800-704-0900.

### ***Home Health Care Services***

Home Health Care Services are provided in your home by health care personnel.

SCFHP covers home health care *Services* that are prescribed or directed by a Plan Physician or other appropriate authority designated by SCFHP.

Home Health Care Services include:

- Visits by Registered Nurses (RNs), Licensed Vocational Nurses (LVNs), and home health aides.
- Short-term Physical Therapy, Occupational Therapy, and respiratory therapy when prescribed by a licensed Plan Provider acting within the scope of his or her license.

If a basic health service can be provided in more than one medically appropriate setting, SCFHP or the Plan Physician, or other appropriate authority designated by SCFHP, may decide if you should get care at home.

### ***Physical and Occupational Therapy***

SCFHP covers *Medically Necessary* Physical and Occupational Therapy, when ordered by a Plan Physician. SCFHP may require you to get periodic evaluations while getting therapy. The purpose of the evaluation is to make sure the therapy is helping you get better.

### ***Speech Therapy***

SCFHP covers *Medically Necessary* Speech Therapy services and eyeglasses for:

- Children under the age of twenty one (21)
- Adults living in a Skilled Nursing Facility (level A or B; this includes sub-acute care facilities)
- Children receiving benefits through the California Children’s Services program
- Adults receiving benefits through a Program of All-Inclusive Care for the Elderly.

Generally, speech therapy services are not covered for adults age twenty-one (21) and older. See Section 7 “Benefit Exclusions and Limitations” for more information.

Speech Therapy to learn how to use the speech generating device (“voice box”) and for repair or replacement of the voice box when Medically Necessary and approved by SCFHP is covered.

### ***Skilled Nursing Facility or “SNF” Care (Subacute/Intermediate Facility Care)***

SCFHP covers Skilled Nursing Facility (SNF) Services. SNF Services must be prescribed by a Plan Physician or certified nurse practitioner and provided in a licensed Skilled Nursing Facility (SNF). Covered Services include:

- Skilled nursing care on a 24-hour per day basis
- Bed and board (daily meals)
- X-ray and laboratory procedures
- Physical, Speech, and Occupational Therapy. See also “Physical, Speech, and

Occupational Therapy” in this section

- Prescribed drugs and medications
- Medical supplies, appliances, and equipment ordinarily furnished by the Skilled Nursing Facility.

SCFHP covers SNF care during the month you are admitted plus the next month. If you need to be in a SNF for a longer period of time, your PCP and SCFHP will help you transfer to the Medi-Cal Fee-for-Service Program. Also, see “Long-Term Facility Care” in Section 5 for more information.

### ***Cancer Screening and Treatment***

SCFHP covers all generally medically accepted cancer screening and testing in accordance with the United States Preventive Services Task Force, including coverage for the screening and diagnosis of cervical, breast, prostate, or colon cancer.

Coverage for an annual cervical cancer screening test includes the Pap test, human papillomavirus (HPV) screening test approved by the Federal Food and Drug Administration (FDA), and the option of any cervical cancer screening test approved by the FDA.

Coverage for the screening and diagnosis of breast cancer includes mammograms. You need a Referral from your PCP or a Plan OB/GYN, or certified nurse practitioner, or certified midwife to have a mammogram.

SCFHP covers all complications from a Mastectomy, including lymphedema. SCFHP will also cover Prosthetic Devices or reconstructive surgeries Approved by your Physician and surgeon.

### ***Clinical Trials for Cancer***

Cancer clinical trials are studies to see whether new drugs or other treatments can cure a cancer, shrink tumors, or prevent the spread of cancer to other parts of the body.

If you are 21 or older and you are diagnosed with cancer and accepted into a Clinical Trial for cancer, SCFHP will cover, to the extent required by the Knox-Keene Act, and as allowed under the Medi-Cal Program, all routine patient care costs, drugs, and medical devices related to the Clinical Trial. In order for the Clinical Trial to be covered, your treating Physician must recommend participation in the Clinical Trial and must document that taking part in the Clinical Trial could help you.

Members under 21 years of age and diagnosed with cancer whose treating Physician recommends participation in a cancer Clinical Trial will be referred to the California Children’s Services (CCS) Program for such coverage. To speak with a CCS

representative in Santa Clara County, call 1-408-793-6200.

## **Hospice Care**

*Hospice Care* is care to keep you comfortable in the last weeks and months of your life.

SCFHP covers *Hospice Care* at home or in an appropriately licensed facility, if provided according to Medi-Cal guidelines. The facility or Hospice service provider (if care is provided at home) must have a contract with SCFHP and the care must be *Approved* by SCFHP.

SCFHP covers Hospice Care when:

- You have an illness that you will not recover from and your doctor thinks you have less than one year to live.
- You must sign a statement that says you want hospice care. You can change (revoke) the statement and return to regular care at any time.
- Your plan of care is directed and coordinated by medical professionals, such as doctors or nurses;

*Hospice Care* includes:

- Nursing care and medical social Services and counseling services from a Social Worker;
- Counseling on death and grief for you and your family;
- Physician Services, drugs, medical supplies and appliances;
- Drugs prescribed for pain control and symptom management of the terminal illness, according to SCFHP's Formulary guidelines;
- Home health Services, if the Hospice Care is provided in the patient's home;
- Physical Therapy, Occupational Therapy, and short-term Inpatient care for pain control and symptom management for palliative care;
- Part-time home health aide and homemaker Services;
- Short-term Inpatient respite care that does not exceed more than 5 days at a time when needed.

All Hospice Care Services for the terminal illness are covered. SCFHP will continue to cover other Services (non-Hospice Services), as listed in this EOC.

## **Pain Management**

SCFHP covers drugs that are prescribed for *Chronic* pain management.

## **Blood and Blood Products**

SCFHP covers blood and blood product Services that you may need during surgery or

to treat a medical condition including:

- Processing;
- Storage and administration of blood and blood products in Outpatient settings;
- The collection of Autologous (your own blood) Blood, when Medically Necessary.

### ***Vision Care Services***

SCFHP covers eye screenings and eye exams by an Optometrist or Ophthalmologist (eye doctor).

Medically necessary eyeglasses and frames are a limited benefit and the members eligible for this benefit are:

- Children under the age of twenty one (21)
- Adults living in a Skilled Nursing Facility (level A or B; this includes sub-acute care facilities)
- Children receiving benefits through the California Children's Services program
- Adults receiving benefits through a Program of All-Inclusive Care for the Elderly.

See Section 7 "Benefit Exclusions and Limitations" or contact Member Services for more information.

### ***Sensitive Services***

SCFHP covers *Services* that may be "sensitive" in nature. These *Services* may include:

- Services related to sexual assault, including rape.
- Family Planning Services. Family Planning Services are covered through your PCP or any qualified provider. (See "Family Planning Services" above for more information.)
  - Pregnancy testing and counseling;
  - Visits for the purpose of family planning;
  - All FDA-approved contraceptive birth control drugs and devices are covered under the prescription drug benefit. Coverage includes:
    - Diaphragms;
    - Insertion and removal of an intrauterine device (IUD);
    - FDA-approved oral and injectable contraceptive devices and drugs; and
    - Emergency contraceptive drug therapy.
- Surgical birth control called tubal ligation for women and vasectomy for men;

- Treatment for medical complications resulting from previous family planning procedures;
- Laboratory procedures, radiology procedures, and drugs associated with family planning procedures.
- Sexually transmitted disease (STD) Services. You may have the first treatment for an STD without *Approval* from SCFHP. You may receive these Services whether or not that provider has a contract with SCFHP from the following providers:
  - your doctor (PCP);
  - an OB/GYN;
  - the Public Health Services;
  - a clinic; or
  - any other qualified provider.

After the first treatment of an STD, you have to go to your PCP for continued treatment. No *Approval* is necessary for treatment by your PCP.

- Abortions. Abortions received from any qualified provider and that do not require Inpatient hospitalization. Minors who are at least 12 years of age do not need to get a parent's approval to get an abortion.
- HIV/AIDS Services. You may be tested and counseled for HIV without *Approval*. The first visit for HIV/AIDS does not require *Approval*. You may receive these Services whether or not that provider has a contract with SCFHP from the following providers:
  - your doctor (PCP);
  - an OB/GYN;
  - the Public Health Services;
  - a clinic; or
  - any other qualified provider.

SCFHP will cover your HIV test, even if the test is not related to the main reason for your doctor, clinic, or emergency room visit. For any follow-up *Services*, you must go to your PCP for treatment or *Approval*.

- Emergency mental health *Services* and care (see the "*Emergency Health Care Services*" and "*Emergency Medical Condition*" definitions in Section 17, "Words You Should Know"). SCFHP also covers mental health *Services* provided by your PCP, within the scope of the PCP's license.
- Immunization obtained from the Santa Clara County Public Health Department.

## **Minor Consent Services**

Members who are age 12 and older do not need a parent's approval to receive the following Services:

- Services related to sexual assault, including rape;
- Pregnancy;
- Family Planning Services (See "Family Planning Services" above);
- Sexually transmitted disease (STD) Services (See "Sexually Transmitted Disease Services" above);
- Abortions (See "Abortion Services" above);
- HIV/AIDS Services (See "HIV/AIDS Services" above);
- Drug and alcohol abuse treatment for children 12 years of age and older;
- Immunizations obtained from the Santa Clara County Public Health Department.

If these "*Minor Consent Services*," cannot be obtained from a Plan Provider, they may be obtained from a Non-Plan Provider. Please call SCFHP Member Services to help you get the Services you need.

## **Non-Physician Medical Practitioner Services by a Plan Provider**

SCFHP covers the Services of certain non-Physician mid-level medical practitioners. Non-Physician mid-level practitioners include certified nurse practitioners, certified nurse midwives, and Physician assistants. These mid-level practitioners must have certain training and licenses. Services of a mid-level practitioner are covered if the service is performed within the scope of their license and if the service is a covered benefit. SCFHP allows a certified nurse practitioner, certified nurse midwife, or Physician assistant to provide PCP Services and care only when he or she is under the supervision of a Plan Primary Care Physician. However, if you are pregnant or you are planning to become pregnant, you also have the right to select an out-of-plan Certified Nurse Midwife (CNM).

## **Major Organ Transplants**

SCFHP covers *Medically Necessary* kidney and corneal transplants if you are 21 or older and SCFHP has authorized the transplant. If you are 21 years or older, and you need another kind of major organ transplant such as lung, heart, heart/lung, or liver, you will be referred to the Department of Health Care Services for Medi-Cal Fee-for Service coverage.

When a Member who is under 21 years needs a transplant, SCFHP will refer the Member to the California Children's Services (CCS) for evaluation and possible

transplant.

Also, see “Major Organ Transplants” in Section 5 for more information.

### ***Other Programs and Services***

Some health care *Services* are not benefits under your coverage with SCFHP, but they may be benefits under the Medi-Cal Fee-for-Service Program or another state or federal program. Section 5 mentions some of these *Services* that are benefits under another program. Section 6, “Carve-Out Benefits,” lists other “carve-out” *Services*, such as California Children’s *Services*.

SCFHP staff or your PCP can direct you to these other programs and *Services*. Also, if necessary, SCFHP can help your provider transfer your care to the Non-Plan Providers.

## Section 6

### Carve-Out Benefits

#### ***Introduction***

SCFHP does not cover the Services listed in this section . These are “Carve-Out” Services. The Services listed in this section are covered by the Medi-Cal Fee-for-Service Program (called regular Medi-Cal) or other state and county programs. SCFHP will help you to obtain these Services through a state or county program and provider. While these services are “carved out,” you will still remain a Member for all care and services not related to the carve-out condition.

#### ***Acupuncture***

Acupuncture is the procedure of inserting needles into various points of the body to relieve pain or for therapy. These services may be covered under the Medi-Cal Fee-for-Service Program and are a limited benefit for certain members and generally not covered for adults age twenty-one (21) and older. See Section 7 for a description of the limitations and exceptions.

#### ***Adult Day Health Care Services***

Adult day health care *Services* may be covered under the Medi-Cal Home- and Community-Based Waiver Programs.

#### ***Alcohol and Drug Rehabilitation Services***

Chemical dependency rehabilitation *Services* are provided by the Santa Clara County Mental Health Department. For more information, call 1-800-704-0900.

#### ***California Children’s Services (CCS)***

The California Children’s Services (CCS) Program is a medical program that treats children with certain handicapping conditions who need specialized medical care. As part of the services provided through the Medi-Cal Program, children needing specialized medical care may be eligible for CCS. To be eligible for the program, a member must be under the age of 21 and his PCP must suspect or identify a possible CCS eligible condition and refer him to the local CCS program.

The CCS Program will determine if the member’s condition is eligible for CCS *Services*. If determined to be eligible for CCS *Services*, the member will continue to be enrolled with SCFHP, but will receive treatment for the CCS eligible condition through the specialized network of CCS providers and CCS approved specialty centers. SCFHP will

continue to provide primary care and preventive *Services* that are not related to the CCS eligible condition. SCFHP will work with the CCS program to coordinate care provided by both the CCS Program and SCFHP. The CCS Program will provide all of the *Services* necessary to treat the CCS eligible condition and SCFHP will provide all medically necessary covered *Services* not covered by CCS.

If a member is referred to the CCS Program, the member's parent or guardian will be asked to complete a short application to verify residential status and to ensure coordination of the member's care after the referral has been made. Additional information can be obtained by calling the Santa Clara County CCS Program at 408-793-6200.

### ***Chiropractic Services***

Chiropractic Services are used for the treatment and prevention of mechanical disorders of the musculoskeletal system, especially the spine. These services may be covered under the Medi-Cal Fee-for Service Program and are a limited benefit for certain members and generally not covered for adults age twenty-one (21) and older. See Section 7 for a description of the limitations and exceptions.

### ***Dental Services***

Dental Services are normally done by a dentist, orthodontist, or oral surgeon. These services are a limited benefit for certain members and generally not covered for adults age twenty-one (21) and older. See Section 7 for a description of the limitations and exceptions.

You must get these services through Denti-Cal . This exclusion does not apply to medically necessary covered services and also does not apply to certain services needed to get your jaw ready for radiation treatment, as long as SCFHP provider gives you a referral to a dentist. You may contact the Denti-Cal toll free beneficiary line at 800-322-6384 for more information about covered dental care.

### ***Direct Observed Therapy (DOT) for Tuberculosis***

Tuberculosis sometimes must be treated by experts at Santa Clara Valley Medical Center in Santa Clara County. Your PCP and SCFHP will send (refer) you to Santa Clara County Public Health Department if you are at risk or need treatment for tuberculosis.

### ***Erectile Dysfunction Drugs***

Erectile dysfunction drugs may be covered under the Medi-Cal Fee-for Service Program if used to treat a condition other than sexual or erectile dysfunction and the drug is approved by the Food and Drug Administration (FDA).

## ***Home- and Community-Based Waiver Programs***

Medi-Cal Home- and Community-Based Waiver Programs are programs under Medi-Cal that provide home- and community-based services to specific groups of people. These waiver programs provide services such as in-home medical care, adult day health care, services for individuals with AIDS, and other specialized services. If SCFHP determines that you might benefit from a waiver program, SCFHP will refer your case to the waiver program for evaluation.

If the agency administering the waiver program agrees that you would benefit from the program and there is room for you in the program, SCFHP will transfer you to Fee-For-Service Medi-Cal where you will be able to receive the waiver program's services.

## ***Long-Term Facility Care***

Services for Members who are in a Long Term Care Facility (such as an intermediate care or Skilled Nursing Facility) for longer than the month of admission plus the next month, are not covered by SCFHP. Such Services are covered under the Medi-Cal Fee-for-Service Program. In this case, SCFHP will help you leave our Plan and start the process for your Disenrollment request with the Department of Health Care Services (DHCS). SCFHP will continue your care until your Disenrollment request is approved by DHCS and you have been enrolled in the Medi-Cal Fee-for-Service Program.

Also, see "Skilled Nursing Facility Services or "SNF" Care (Subacute/Intermediate Facility Care)" in Section 5 for more information.

## ***Major Organ Transplants***

Major organ transplants such as lung, heart, liver, or heart/lung are covered by Medi-Cal Fee-for-Service or California Children's Services. When you are identified as a potential major organ transplant candidate, SCFHP will also refer you to a Medi-Cal-approved transplant center. If Medi-Cal or CCS approves a major organ transplant, SCFHP will help you leave our Plan and enroll you in the Medi-Cal Fee-for Service Program. SCFHP will start the process for your Disenrollment request with DHCS. SCFHP will continue your care until your Disenrollment request is approved by DHCS and you have been enrolled in the Medi-Cal Fee-for-Service Program. If you are not accepted as a candidate for a major organ transplant, you will remain in the Plan, and SCFHP will pay for your evaluation.

Please see "Major Organ Transplants" in Section 5 for more information.

## ***Outpatient Prescription Drugs (HIV, AIDS, and Certain Psychiatric Conditions)***

Some drugs used to treat human immunodeficiency virus (HIV) infection, acquired

immune deficiency syndrome (AIDS), and some psychiatric conditions are covered under the Medi-Cal Fee-for-Service Program, subject to limitations. You must get the drugs from a Medi-Cal Fee-for-Service pharmacy in order for them to be covered.

### ***Prayer or Spiritual Healing***

These Services may be covered under the Medi-Cal Fee-for-Service Program, subject to limitations.

### ***Serum Alpha-Fetoprotein Testing***

These Services are provided under the state program administered by the Genetic Disease Branch of the Department of Health Care Services.

### ***Specialty Mental Health Care-Inpatient and Outpatient***

Inpatient and outpatient specialty mental health *Services* may be provided by the Santa Clara County Mental Health Department under a contract with the Medi-Cal Fee-for-Service Program. You can get more information by calling Member Services

Also, you can see more references to mental health *Services* in “*Emergency Health Care Services*” in Section 3 and “*Outpatient Mental Health Services*” in Section 5.

## Section 7

### Benefit Exclusions and Limitations

This section tells you about Services that SCFHP does NOT cover (“Exclusions”) and limits to services that SCFHP covers (“Limitations”). Some of these Services may be benefits outside of SCFHP, through other programs such as the Medi-Cal Fee-for-Service Program. See Section 6 “Carve-Out Benefits” for more information about benefits you might have outside of SCFHP.

Due to a change in California law, Medi-Cal benefits have been reduced. This change will affect Medi-Cal members age 21 and older. Medi-Cal will no longer pay for the following benefits and services for most adults (there are some exceptions):

- Dental Services
- Speech Therapy Services
- Podiatric Services
- Audiology Services
- Chiropractic Services
- Acupuncture Services
- Optician Services (eyeglasses and frames)
- Incontinence creams and washes

Exceptions: The above benefits and services will NOT change for Medi-Cal members who are:

- Under the age of 21; or
- Living in a skilled nursing facility; or
- Pregnant (If you are pregnant you can continue to receive pregnancy-related benefits and services. You can also receive other benefits and services listed above to treat conditions that, if left untreated might cause difficulties in the pregnancy. This includes dental exams, cleanings and gum treatment. Dental and other benefits and services may also be available up to 60 days after the baby is born; or
- Receiving benefits through the California Children’s Services Program (CCS); or
- Receiving benefits through a program of All-Inclusive Care for the elderly; or
- Receiving out-patient services; or

- Receiving services provided by a physician.

For further information on the Medi-Cal reduction of benefits, please call Member Services.

In addition to exclusions and limitations of previous sections, SCFHP does NOT cover the following general *Services*:

- Services received prior to the effective date, or after the termination date, of SCFHP coverage.
- Services and items not provided by or arranged by an SCFHP Physician with the exception of:
  - Family Planning Services;
  - Emergency Services and care;
  - Out-of-area Urgent Care Services;
  - OB/GYN-related care provided by OB/GYNs;
  - Family practitioners and surgeons, or certified nurse practitioners or certified nurse midwives acting within the scope of their license and under the supervision of a Physician; and
  - Initial treatment for STDs and HIV testing by a qualified provider. We will cover your HIV test, even if the test is not related to the main reason for your doctor, clinic, or emergency room visit.
- Services that are not *Approved* by SCFHP;
- Services not specifically included in this EOC as covered *Services*;
- Hospital or medical *Services* that are not Medically Necessary;
- Hospital *Services* in a state or federal institution;
- All other *Services* excluded from Medi-Cal under state and federal regulations.

The following Specific **Services are excluded**:

- **Acupuncture:** You must get these services through the Medi-Cal-Fee-for Service Program. Acupuncture services are a limited benefit for certain members and are generally not covered for adults age twenty one (21) and older. See Section 6 for more information.
- **Adult Day Health Care:** Adult day health care *Services* may be covered under the Medi-Cal Home- and Community-Based Waiver Programs.
- **California Children’s Services (CCS):** The CCS Program provides health care for children with a serious medical condition or *Chronic* conditions or diseases. SCFHP

does not cover care that CCS will cover. SCFHP will help you enroll your child in CCS. For more information, ask your PCP about CCS or please call Member Services. You can also contact CCS directly at 1-408-793-6200. see Section 6 for more information.

- Case Management for childhood lead poisoning is not covered. You can get these services from the Santa Clara County Department of Public Health.
- Cosmetic Procedures: Plastic surgery or other cosmetic services to change the way you look and that your PCP says is not medically necessary. SCFHP also does not cover surgery performed to alter or reshape normal structures of the body in order to improve appearance. This exclusion does not apply to services following a mastectomy (breast removal).
- Cosmetic Drugs: Drugs or medications for cosmetic purposes or that are not *Medically Necessary* and appropriate for the Member's condition.
- Custodial Care: Care helping you with activities of daily living, such as housekeeping and meal Services.
  - Services that can be done by people who do not need a medical license or have to be supervised by a nurse.
  - Personal comfort items, such as television, telephone and private rooms, except as Medically Necessary.
  - Care that is not provided in a long-term care facility.
- Dental appliances: Dental appliances, such as braces.
- Direct observed therapy (DOT: DOT therapy for tuberculosis and alcohol and drug addiction rehabilitation. See "Direct Observed Therapy (DOT) for Tuberculosis" in Section 6 for more information.
- Durable Medical Equipment (DME: SCFHP does not cover the following:
  - Comfort or convenience items.
  - Deluxe equipment.
  - Devices that are not medical in nature, such as sauna baths and elevators.
  - Changes to your home or car.
  - Household or furniture items
  - Exercise equipment.
  - Disposable supplies, except bags and urinary catheters and supplies that are consistent with Medi-Cal guidelines.
  - Experimental or research equipment.
  - More than one piece of equipment that serves the same function.
  - Hygiene items unless Medi-Cal criteria have been met. Incontinent creams and washes are a limited benefit for certain members and generally not covered for

adults age twenty-one and older.

- Electronic voice-producing machines: Machines which are sometimes used after a Laryngectomy.
- Emergency facility use for non-Emergency Medical Conditions: SCFHP will not pay for coverage if you use a Hospital or clinic emergency room for an illness that is not an Emergency. See “Emergency Medical Conditions” in Section 17, “Words You Should Know”, for more information.
- Experimental and Investigational Services: Experimental and/or Investigational treatments, therapies, procedures, medications, devices, or supplies are services that are not seen as safe and effective by generally accepted medical standards to treat a condition and/or have not been approved by the government to treat a condition. These services are not covered, except as stated in this paragraph. If you have a Life-Threatening or Seriously Debilitating condition, an exception applies. SCFHP will cover the service for Members who have a Life-Threatening or Seriously Debilitating condition if standard therapies:
  - Have not been effective; or
  - Would not be medically appropriate; or
  - Are less beneficial than the proposed Experimental or Investigational therapy.See “Getting Help from the Department of Managed Health Care,” in Section 7 for information on your right to an Independent Medical Review.
- Foot care: Routine foot care, including toenail trimming and callus and/or corn paring or excision. Limited benefit for certain members and generally not covered for adults age twenty-one (21) and older.
- Hair loss or growth treatment: Services to make hair grow or for hair loss.
- Hearing devices that are surgically implanted: Hearing aids that are implanted by surgery.
- Hearing aids batteries.
- Incontinence creams and washes.
- Infertility treatment: Services that help someone get pregnant. Diagnosis or treatment of infertility is not covered unless provided along with covered gynecological Services. Treatments of medical conditions of the reproductive system are covered and are not excluded.
- Local Education Agency Assessment Services that you get through the local education agency (LEA) are not covered. These services are available through referral to the Santa Clara County Regional Center.
- Long-term skilled nursing: Services in a long-term Skilled Nursing Facility beyond the month of admission and the month after admission. See “Skilled Nursing or “SNF” Care (Subacute/Intermediate Facility Care)” in Section 5 for more

information.

- Major Organ transplants: Organ transplants, except for kidney and corneal transplants. Medi-Cal regulations require that you leave (disenroll) SCFHP and return to the Medi-Cal Fee-for-Service Program if an organ transplant is needed. See “Major Organ Transplants” in Sections 5 and 6 for more information.
- Medical Device: SCFHP covers some, but not all, Medical Devices. Prescriptions that are classified as medical devices by the FDA are not a covered benefit by SCFHP. SCFHP does not cover topical agents classified by the FDA as medical devices that have no prescription strength active ingredients. For example, barrier creams are not a covered benefit.
- Medical Food: Medical food or food supplements that are administered orally or enterally for the treatment of a medical illness are excluded from coverage, except for treatment of PKU and enteral products for seriously disabled children under 12, as more fully described in Section 5.
- Obesity: Surgery for morbid obesity, unless determined to be Medically Necessary.
- Orthodontics: Conventional or surgical straightening of teeth.
- Over-the-Counter Contraceptives: Contraceptive devices and supplies that you can get without a prescription.
- Pediatric Day Health Care
- Personal Care Services: Services that are not medically necessary, such as help with activities of daily living or services that can be done by people who do not need a medical license or do not have to be supervised by a nurse. This exclusion does not apply to services covered under “Skilled Nursing Facility Care”, “Hospice Care” as detailed in Section 5 “Your Benefits and Coverage”.
- Personal item: Personal comfort items or items and Services for convenience, such as television and/or similar items.
- Prescriptions that are not approved by the U.S. Food and Drug Administration (FDA): Prescriptions, drugs or devices that are not covered by SCFHP that are not Approved by the FDA will be deemed to be experimental/investigational in nature. The FDA is the U.S. government agency that decides if a drug or medical device is properly labeled and safe to use.
- Private duty nursing not Approved by SCFHP.
- Orthotics and Prosthetics: Prosthetics and Orthotics that are:
  - Not Physician-prescribed;
  - Non-standard or not custom fitted;
  - Not Approved by SCFHP;
  - Over-the-counter items;
  - Corrective shoes, shoe inserts, arch supports (except for therapeutic footwear for

diabetics), corsets, elastic stockings, and garter belts;

- More than one device that serves the same purpose for the same part of the body.
- Targeted Case Management (TCM) Services: Services you get after identification by the targeted case management program are not covered by SCFHP. They are
- Temporomandibular joint dysfunction (TMJ) treatment: Appliance therapy for the treatment of TMJ. SCFHP covers only Medically Necessary care.
- Vasectomy and Tubal Ligation reversal: Surgery to reverse a Vasectomy or a Tubal Ligation.

## Section 8

# Grievance, Appeal, and State Fair Hearing Procedures

### **Grievances**

This is an overview of SCFHP's Grievance Process. Please call Member Services to request a copy of the full Grievance Process if you wish to see it.

Any kind of complaint about your doctor, medical group, *Hospital*, or any other health care provider issue that you cannot solve with your doctor is called a grievance. You can file a Grievance with SCFHP or your provider within one hundred and eighty (180) days from the date of the incident or action occurred which caused you to be dissatisfied. You can file your Grievance orally, by phone, or in writing. To file a Grievance with SCFHP:

- Call Member Services; or
- Come to our office at 210 East Hacienda Ave., Campbell, CA 95008; or
- Use SCFHP's internet website (<http://www.scfhp.com>) to file a Grievance; or
- Write to SCHFP at:

Grievance Manager  
Santa Clara Family Health Plan  
210 East Hacienda Avenue  
Campbell, CA 95008

Examples of when you might file a Grievance:

- Coverage for a health care service you or your provider requested is denied, deferred, or modified.
- Coverage for a Referral to a Specialist is denied.
- You want to complain about the quality of care you got.
- You want to complain about the length of time it took to get Services.

In order for SCFHP to consider your grievance as quickly as possible. You may be asked to provide information or to permit the release of medical records. SCFHP asks that you respond to these requests as quickly as possible.

If you file a Grievance that is not urgent, and SCFHP cannot resolve it by the close of the same business day SCFHP received it, then SCFHP will:

- Send you a letter within 5 calendar days of receipt of your Grievance letting you know that SCFHP received it and
- Resolve your Grievance, including all Appeals, within 30 calendar days of receipt of your Grievance. SCFHP will send you a letter telling you how we have handled it.

If you file a Grievance and tell SCFHP your Grievance is urgent, and SCFHP's Medical Director agrees that it is urgent, SCFHP will:

- Send you a letter within 24 hours of receipt of your Grievance telling you that SCFHP received your Grievance and that you have the right to call or write to the Department of Managed Care (DMHC) and ask for help.
- Resolve your Grievance within 3 calendar days of receipt of your Grievance and send you a letter telling you how we have handled it

See the section called "Asking for a faster (Expedited) Grievance Review (72-Hour Response)" below for more information about urgent Grievances.

Your Grievance will be reviewed by SCFHP's Grievance Committee. The Grievance Committee will decide how to resolve your Grievance. You have the right to come to the Grievance Committee meeting.

SCFHP will continue any previously Approved care while your Grievance is being resolved.

## ***Appeals***

If you receive a Notice of Action letter from Santa Clara Family Health Plan telling you that a medical service has been denied, deferred, or modified.

- You have ninety (90) days from the date on the Notice of Action to file an appeal with Santa Clara Family Health Plan.
- You may request a state fair hearing from the Department of Social Services (DSS) within ninety (90) days.
- You may request an Independent Medical Review from Department of Managed Health Care.

## ***Getting Help from the Department of Managed Health Care***

The California Department of Managed Health Care is responsible for regulating health care service plans in California. If you have a Grievance against SCFHP, you should telephone Member Services and use SCFHP's Grievance process before contacting the department. Using this Grievance procedure does not prohibit any 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 SCFHP, 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 an IMR, the IMR process will provide an impartial view 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 and Urgent medical Services.

The California Department of Managed Health Care has a toll-free telephone number, **1-888-HMO-2219**, to receive complaints regarding health plans. Individuals who are hearing or speech impaired can use the toll-free TTY number: **1-877- 688-9891** to contact the Department. Also, you may obtain complaint forms, IMR application forms and instructions online on DMHC's Internet **Website** <http://www.hmohelp.ca.gov>

### ***Asking for a Faster (Expedited) Grievance Review (72-Hour Response)***

You or your doctor can ask us to decide your request faster if it involves Imminent and Serious Threat to your health including but not limited to severe pain, potential loss of life, limb, or major body function). You are not required to file a Grievance with SCFHP before asking the Department of Managed Health Care to review your case on an expedited ("urgent") basis.

We will let you know within 72 hours (orally or in writing) whether we will provide the Services. Reasons for filing a Grievance that requires an expedited review include, but are not limited to:

- You have not received a service or supply, and you believe your condition is medically urgent and requires that service or supply.
- A service or supply that you were receiving has been discontinued, and you believe your condition is medically urgent.

We will also decide your Grievance faster if the request is to continue a course of treatment that is ending.

If you decide to file a Grievance with SCFHP, SCFHP's Medical Director will decide if your case qualifies for an expedited review. If it does, then within 24 hours from the time we get your Grievance, SCFHP will:

- Send an acknowledgement letter to you; and

- Begin to resolve your Grievance; and
- Tell you in writing that you also have the right to notify the Department of Managed Health Care about your Grievance; and
- Tell you how to notify the Department of Managed Health Care if you want them to help you. Please see “Getting Help from the Department of Managed Health Care” in this section for more information.

Also, no later than 3 days from when we get this type of Grievance, SCFHP will tell you and the Department of Managed Health Care in writing about our decision, how it will be handled, or the pending status of the Grievance.

If you do not agree with our decision, you have the right to submit it to the Department of Managed Health Care (DMHC) for review. You may contact the Department of Managed Health Care at **1-888-466-2219**. Hearing and speech impaired may call the TDD line @ 877-688-9891. You may also obtain complaint forms, IMR application forms and instructions online on DMHC’s Internet Website <http://www.hmohelp.ca.gov>

### ***Requesting a State Fair Hearing from the Department of Health Care Services***

You have a right to ask for a State Fair Hearing at any time during the Grievance and Appeal process. A State Fair Hearing is a process by which you can complain directly to the State of California and have someone judge your case. You can request the State Fair Hearing from the Department of Health Care Services instead of filing a grievance with SCFHP, or you can do them both at the same time.

You can request a State Fair Hearing if you disagree with SCFHP’s or a Plan Provider’s denial, deferral, or modification of a service requested by you or your Plan Provider. You must file the request for a State Fair Hearing within 90 days after the order or action about which you are complaining.

You can write to the California Department of Social Services, State Hearings Division, P O Box 944243 MS-19-37, Sacramento, CA 94244-2430, or call 1-800-952-5253 to request a Fair Hearing. Hearing and speech impaired Members may call 1-800-952-8349, to request a Fair Hearing. You also have the right to get help by contacting the Medi-Cal Managed Care Division Office of the Ombudsman at 1-888-452-8609. The Ombudsman Office helps solve problems from a neutral standpoint to ensure that you receive all medically necessary covered services for which SCFHP is contractually responsible. The Ombudsman does not automatically take sides in a complaint. It considers all sides in an impartial and fair way.

At the Fair Hearing you may represent yourself, or any authorized person such as a

lawyer, relative, friend, or any other person may represent you.

SCFHP will continue any Approved care pending a decision from the State Fair Hearing.

### ***Expedited State Fair Hearing***

If you want to ask for a State Fair Hearing, but the time it usually takes for the hearing to be done is too long, you have the right to ask for an “expedited” (faster) State Fair Hearing. An Expedited State Fair Hearing must occur within a certain 72-hour period, at a Member’s oral or written request, when the time it would take for a normal State Fair Hearing to be done (90 days) could seriously jeopardize the Member’s life, health, or ability to attain, maintain, or regain maximum function. The expedited process only applies to an SCFHP denial of a requested service.

For more information about an Expedited State Fair Hearing call Member Services. You may also come to our office at 210 East Hacienda Ave., Campbell, CA 95008.

### ***Office of the Ombudsman***

If you have general questions or would like information about how to request an Expedited State Fair Hearing, you may call:

Department of Health Care Services  
Medi-Cal Managed Care Division  
Office of the Ombudsman  
1-888-452-8609

### ***Independent Medical Review of Grievances Involving a Disputed Health Care Service***

If you believe that health care Services you need have been improperly denied, modified, or delayed by SCFHP or one of its Plan Providers, you may ask for an Independent Medical Review (IMR). An IMR is a review done by the State Department of Managed Health Care (DMHC). The DMHC decides which cases qualify for an IMR review.

You may qualify for this review if your Grievance has been denied or it is not resolved after 30 days. You may also qualify for an IMR within 3 days if your Grievance meets the criteria for “expedited” review. You may not request an IMR if you have already requested a State Fair Hearing for the same Notice of Action.

The IMR process is:

- In addition to any other procedures or remedies, except the State Fair Hearing, that may be available to you.
- Free. You pay no application processing fees of any kind for IMR.

- Your right. You have a right to use the IMR process and to provide information that supports your request for IMR.

SCFHP must give you an IMR application form along with any Grievance disposition letter that denies, modifies, or delays health care Services.

It is important that you remember that you can lose your right to legal action about your complaint against SCFHP if you do not participate in the IMR process. This means that not participating in the IMR process may cause you to give up (forfeit) any statutory right to pursue legal action against SCFHP about the Disputed Health Care Service.

**Eligibility:** Your application for IMR will be reviewed by the DMHC to confirm that all of the following are true:

- Your provider has recommended a health care service as Medically Necessary; or
- You have received Urgent Care or Emergency Services that a provider determined were Medically Necessary; or
- You have been seen by a Plan Provider for the diagnosis or treatment of the medical condition for which you seek an IMR; and
- The service has been denied, modified, or delayed by SCFHP or one of its Plan Providers, based in whole or in part on a decision that the health care service is not Medically Necessary; and
- Your doctor states that standard therapies have not worked or would not be medically appropriate; and
- The service or supply requested is more likely to help than any available standard therapies; and
- You have filed a Grievance with SCFHP and either the Disputed Health Care Service Decision is upheld or the Grievance remains unresolved after 30 calendar days. If your Grievance requires an expedited review you may bring it immediately to the Department's attention. The DMHC may waive the requirement that you follow the SCFHP Grievance process in extraordinary and compelling cases.

You need to know that:

- If your case is eligible for IMR, the dispute will be submitted to a medical Specialist who will make an independent decision about whether or not the care is Medically Necessary.
- You will receive a copy of the decision and assessment made in your case.
- If the IMR determines the service is Medically Needed, SCFHP, or one of its Plan Providers, will provide the service.

- For non-urgent cases, the IMR organization, designated by DMHC, must give its determination within 30 days of receipt of your application and supporting documents.
- For Urgent cases involving Imminent and Serious Threat, including but not limited to, severe pain, the potential loss of life, limb, or major bodily function, or the immediate and serious deterioration of your health, the IMR organization must give its decision within 3 business days.

Reviews of cases for Medi-Cal Members will be conducted in accordance with laws and regulations for the Medi-Cal Program. The DMHC's independent medical review process is in addition to any other dispute resolution procedure or remedy discussed in this EOC and available to Medi-Cal Members. The Department of Managed Health Care has final authority to determine whether the Grievance is more properly resolved pursuant to an independent medical review or pursuant to the DMHC's complaint review process, and whether the Grievance is a Disputed Health Care Service or a Coverage Decision.

For more information regarding the IMR process, or to request an application form, or request assistance with completing the IMR application form, please call Member Services.

### ***Arbitration***

If you think your provider and SCFHP acted in bad faith or has breached a contract with you, and you have used SCFHP's Grievance and Appeal process, you can take your complaints against SCFHP through the Arbitration process. Arbitration means that your problem will be settled by a neutral third party. The third party will listen to both sides of the issue and then come to a decision.

By enrolling in SCFHP, you agree to submit any and all claims relating to alleged violation of the SCFHP contract by SCFHP to Binding Arbitration. You should know the following:

- The Arbitration process will be carried out in accordance with JAMS arbitration procedures.
- Arbitration also applies to any legal claim, civil action, or other dispute relating to this contract between you, SCFHP, and the Department of Health Care Services. Except for Small Claims Court cases, this means that all parties to the contract are agreeing to give up their right to a jury or court trial.
- Arbitration costs will be shared equally by you and SCFHP unless you are unable to pay your share of the costs of the neutral arbitrator's fees.
- Any Arbitration proceeding will be conducted by a dispute resolution organization

currently used by SCFHP at the time of your request for Arbitration.

If you need to know the current rules and details about asking for Arbitration, you can get copies of the current rules, details about the format, and information you will need when asking for Arbitration by writing to SCFHP, Member Services Department, at 210 East Hacienda Avenue Campbell, CA 95008, or by calling Member Services.

## Section 9

### Effective Date of Coverage

#### ***Effective Date of Coverage***

Your effective date of coverage is the first day of the calendar month when your name is added to the list of Members given to SCFHP by the California Department of Health Care Services (DHCS). As soon as possible, but no longer than seven (7) days after the Health Plan receives the list from DHCS, we will mail you a Health Plan identification card and Member packet, including this EOC.

#### ***Newborn Child Coverage***

If you have a baby while you are a member of SCFHP, your baby will be covered by SCFHP under your name during the month of the baby's birth and the following month. Be sure to apply for Medi-Cal for your baby as soon as possible after birth to make sure your baby gets health care.

You may enroll your baby in SCFHP. If you do not enroll your baby in SCFHP your baby will not be covered by SCFHP after the end of the month following the baby's birth. For example, if your baby is born on January 15, your baby would be covered for January and February only.

#### ***Effective Date of Coverage if You Are in the Hospital on the Date of Enrollment***

If you are Hospitalized for a medical condition before the effective date of your coverage through SCFHP, the Hospitalization and any related health Services are covered by SCFHP as of the effective date of your SCFHP membership.

In order for the Hospitalization to be a covered benefit, DHCS, through its Health Care Options (HCO) Program, must tell SCFHP that you have enrolled in our Plan within 48 hours of the effective date of coverage, or as soon as possible after Enrollment. Health Services that you receive must be given to you according to the terms, conditions, Exclusions, and limitations of SCFHP's contract with the Department of Health Care Services.

#### ***Notification of Changes***

Health Care Options will tell SCFHP:

- When your coverage starts ("effective date");

- When your coverage stops (“termination date”);
- Any change to your eligibility status; and
- Other changes that affect your membership with SCFHP.

## Section 10

### Keeping Your Coverage

#### ***Transitional Medi-Cal***

If you lose your CalWORKs benefit, you may be eligible for Transitional Medi-Cal (TMC). TMC is usually called “Medi-Cal for working people.” If you are eligible for TMC, you are also eligible to stay enrolled in SCFHP. If you need information about this program, please contact the Santa Clara County Social Services Agency.

TMC may extend your Medi-Cal for up to 12 months. After the 12 months, you and your children may still qualify for Medi-Cal. Please talk to your caseworker about continuing Medi-Cal coverage.

#### ***Annual Redetermination***

Once a year, each person on Medi-Cal must complete an annual redetermination form. The Santa Clara County Medi-Cal office mails the form to you with a stamped return envelope. The form must be completed and mailed back to the county Social Services office. Proof of income and other documents are required.

Please call your caseworker if you have any questions.

#### ***Mid-Year Status Report***

As of January 1, 2009, state law requires parents to fill out and send in a mid-year status report form every 6 months to keep their Medi-Cal benefits for their children. This is not a change in law for parents who have Medi-Cal benefits. Many parents who have Medi-Cal benefits already send in the Medi-Cal mid-year status report to keep their benefits.

Be sure to fill out the form when the Santa Clara County Medi-Cal office mails the form to you. You will need to note any changes such as the following:

- Financial situation, including change in income, property, and living expenses; or
- Living situation, disability, or pregnancy.

If there are “No” changes make sure you check the correct box and sign and mail the form in the pre-paid envelope by the due date listed on the form. You do not need to send any documents such as proof of income with the form.

If you do not return the form, you and/or your child will lose your Medi-Cal and health care coverage.

You do not need to fill out the form if the only persons receiving Medi-Cal in your family are:

- children under the age of one (1)
- 65 years or older
- blind, or disabled
- Pregnant, postpartum (6 weeks after having a baby) or disabled and already reported your status to your county social worker
- Children who have a disability that is verified in the case record
- Receiving CalWORKs cash assistance
- Former foster care children
- Members who have a Public Guardian.
- Members in the Breast and Cervical Cancer Treatment Program.
- Members receiving Medi-Cal through the Adoptions Assistance Program
- Members receiving Transitional Medi-Cal (TMC)

If you have any questions or need help filling out the form, contact your caseworker.

*To keep your coverage, Medi-Cal must have your correct address and phone number. Remember to call your caseworker or SCFHP to update your contact information within ten (10) days of any changes.*

# Section 11

## Disenrollment from SCFHP

### ***You May Choose to Disenroll***

You may Disenroll from the Plan at any time, for any reason. To Disenroll means to leave SCFHP. To *Disenroll* from SCFHP, call your local Health Care Options (HCO) office at 1-800-430-4263. HCO is the organization that processes your application into SCFHP and your request for disenrollment from SCFHP. HCO will send you an Enrollment/Disenrollment form. If you need help with the form, call Health Care Options. You may also get this form from SCFHP Member Services.

After the Disenrollment form is received by HCO, it may take up to 45 days to process your request. During this time, you will continue to be covered under SCFHP. Once your disenrollment is complete, you will no longer be able to get care from SCFHP, but in most cases you will still be covered by regular Medi-Cal or another managed care plan.

In certain circumstances, you may qualify for an expedited (faster) Disenrollment. Expedited Disenrollments may be submitted to HCO by mail, fax, telephone, or in person. Some situations which may qualify for an expedited review are:

- Children receiving *Services* under the Foster Care or Adoption Assistance Programs.
- Members with special health care needs.
- Members already enrolled in a Medicare or commercial managed care plan.
- Members who have been enrolled in SCFHP by mistake.

HCO will notify you of *Approval* or disapproval of your request within 7 working days. If approved, your expedited Disenrollment will be effective the first day of the month in which HCO processes the request.

### ***Disenrollment of American Indians***

American Indians may Disenroll without cause at any time.

### ***Automatic Disenrollment***

Your Coverage with SCFHP will end (Termination of Benefits) if:

- You move out of Santa Clara County.
- You are no longer eligible for Medi-Cal.
- You are in a Medi-Cal aid code that makes you not eligible for managed care

Enrollment.

- You are in jail.
- You are accepted as a transplant candidate for a major organ transplant and the transplant has been authorized by DHCS or CCS.
- You choose to enroll in another Medi-Cal HMO. (Please see the note below.)
- You are in a nursing home for the month of admission plus the next month
- DHCS approves SCFHP's request to Disenroll you for cause.
- You request to Disenroll due to SCFHP's reorganization or merger with another organization or organizations.
- SCFHP's contract with the California Department of Health Care Services ends.

*Note: If you choose to enroll in another HMO, your coverage with SCFHP will end on the last day of the month prior to the month your other HMO choice has been approved by the Department of Health Care Services.*

**SCFHP will Request that DHCS Disenroll you from the Plan if:**

- You did not establish or maintain a satisfactory relationship with your provider after SCFHP had made reasonable efforts including assigning you to other PCPs;
- You knowingly did not give SCFHP the important information it needed, or you knowingly gave incorrect or misleading information to SCFHP or to your PCP that affects your benefits and health care services;
- You let someone else to use your SCFHP member identification card to receive services from SCFHP; or you knowingly use an invalid card;
- You present a false prescription;
- You repeatedly use obscene language or behave in a destructive or disruptive way in a health care facility or in dealing with any contracting providers, ancillary or administrative staff, subcontractor staff, or to other SCFHP Members;
- You hurt, tried to hurt, or threatened a contracting Provider, a contracting Provider's staff person, an SCFHP staff member, another SCFHP Member on SCFHP's premises or on a Contracting Provider's premises;
- You are generally disruptive to SCFHP's operations;
- You continually use non-contracting Providers for non-Emergency Services without getting the authorization you need;
- You commit fraud or deception in the use of the services or facilities under SCFHP.

SCFHP will send you a letter when we ask DHCS to end your coverage. You have twenty (20) days from the day you get our letter to let us know if you disagree with our request to end our coverage.

## ***Effective Date of Termination of Benefits***

If SCFHP membership is terminated for any of the reasons mentioned above, the termination is effective:

- At midnight on the day specified by the Department of Health Care Services, but no later than the last day of the month during which you lose eligibility for SCFHP Services.
- At midnight on the date of termination of coverage as described elsewhere in this section titled "*Disenrollment from SCFHP.*"
- At midnight on the last day of the month that the Department of Health Care Services has paid monthly premiums to SCFHP on your behalf.

## ***Effect of Termination of Benefits When the Member is Hospitalized at the Time of Termination***

If your coverage ends while you are a patient in a Hospital or Skilled Nursing Facility, you may be eligible to continue receiving limited benefits through SCFHP if:

- The inpatient stay has been Approved by SCFHP; and
- SCFHP did not end your coverage for cause; and
- You did not choose to end your coverage.

Your coverage continues if all of these rules apply:

- Services and benefits are provided only if you are an inpatient; and
- Services and benefits will be continued for a maximum of 91 days after coverage is terminated or until you can be discharged from the Hospital or Skilled Nursing Facility, as decided by SCFHP, whichever occurs first; and
- Services and benefits provided during any extension of benefits are subject to all limitations, conditions, and restrictions contained in this EOC and as allowed under Medi-Cal regulations.

## ***When SCFHP Ends Its Contract with the Department of Health Care Services***

If SCFHP ends its contract with the Department of Health Care Services (DHCS), your coverage with SCFHP will also end. If the contract ends, SCFHP and the DHCS will send you a notice. The notice will tell you the date your coverage will end. The DHCS will send you another notice that will tell you about other health care choices available to you through the Medi-Cal Program.

## ***Review by the Department of Managed Health Care***

If SCFHP should terminate or refuse to renew your Enrollment, and you believe that

termination was due to the state of your health or your need for health care Services, you can request a review by the Department of Managed Health Care (DMHC), which is responsible for regulating health care service plans.

You can call the DMHC at **1-888-466-2219**. If you are hearing or speech impaired, you can call the TTY number: **1-877-688-9891**. You can also contact the Department through its website at **<http://www.hmohelp.ca.gov>**.

## Section 12

### Coordination of Benefits

#### ***Introduction***

*Coordination of benefits* means that SCFHP may make claims for payment and recovery of payments we made when you have other health coverage.

#### ***Coordination of SCFHP Benefits with Other Coverage***

Your benefits under SCFHP will be coordinated with benefits you have under any other health coverage. If you are eligible to receive benefits for Services under another health plan's coverage, and you have received those Services from SCFHP Plan Providers, the providers have the right to be paid first by the other health plan for the costs of the Services you got under SCFHP. You will be asked to sign any documents necessary so that payment may be made to the providers.

#### ***Third Party Liability***

You must tell SCFHP if you are injured or sick because of another person's fault or negligence. SCFHP will let the Department of Health Care Services (DHCS) know about your case.

DHCS has a right to seek payment from the third party for any Services you received from SCFHP or its providers for that injury or illness. Examples of injuries or illness caused by third parties include:

- Auto accidents,
- Workers' compensation cases,
- Injuries caused by a third person's negligence, or
- An intentional act.

This agreement extends to Services provided under any other state or federal medical care program, or under other contractual or legal entitlement including, but not limited to, any health care Services provided as a result of a tort or casualty (such as automobile accident or workers' compensation claim) of a third party. Other coverage is primary and Medi-Cal is payor of last resort.

#### ***Right to Receive and Release Information***

Any Member claiming benefits under this Plan must provide the Plan with any facts and any information needed to coordinate your benefits and to pay claims.

### ***Right of Recovery from Other Sources or Providers***

By getting health care under this EOC, you agree to cooperate and to help SCFHP recover the value of Services provided to you under coordination of benefits or from third parties. You may have to pay DHCS if you receive money from other insurance or persons for services SCFHP provided as a result of the accident or injury. Any monies that are recovered from third parties are retained by SCFHP or DHCS respectively.

# Section 13

## If You Receive a Bill

### ***Claims Reimbursement***

If you believe that you have been billed by mistake by a provider for a covered Service, notify SCFHP as soon as possible with the information listed below to :

Claims Department  
Santa Clara Family Health Plan  
210 East Hacienda Avenue  
Campbell, CA 95008

You need to give us:

- A copy of the bill; and
- Proof of payment, if you paid it; and
- The member's name and address; and
- The member identification number on the Member ID card; and
- The name and address of each provider paid; and
- The date and reason for the bill; and
- A letter asking SCFHP to refund the money you paid or asking us to tell the provider to stop billing you.

You need to send us this information within 180 calendar days of the date of service. If you have paid the bill, the proof of payment must be acceptable to SCFHP.

If you are not able to send your request within 180 calendar days of the date of service, then when you send your written request for refund, include an explanation and/or other proof that you tried, in good faith, to send us the request within the 180 calendar days. SCFHP will take your request and additional information into consideration.

## Section 14

### Fees, Charges, and Provider Payments

#### **No Co-payments**

Co-payments are any extra charges or any amounts charged to a Plan Member at the time health care *Services* are provided. SCFHP Medi-Cal Members do not have to pay Co-payments for any *Service* that is described in this EOC as a covered *Service* and is not listed as excluded. Plan Providers cannot charge you for the covered benefits you get as a Medi-Cal Member. (Please refer to Section 5, Your Benefits and Coverage Under SCFHP, for covered *Services* and Section 6, Benefit Exclusions and Limitations, for benefit Exclusions and Limitations.)

#### **Fees Paid by the Department of Health Care Services**

The State Department of Health Care Services (DHCS) pays a monthly fee to SCFHP for *covered* health care benefits and *Services* provided to SCFHP Medi-Cal Members.

If the DHCS does not pay the fees to SCFHP, your SCFHP benefits will stop on the last day on which the Department of Health Care Services paid the fees for your benefits. You do not have to pay premiums because DHCS pays them.

#### **Limits on Member Financial Liability**

If, for any reason SCFHP does not pay a Plan Provider for covered *Services*, you do not have to pay the Plan Provider any money owed by SCFHP. California law requires SCFHP to put this statement in every SCFHP provider contract. You do not have this protection from Providers who are not contracted with SCFHP, except where specified in this EOC. You are responsible for payment for any non-covered and/or excluded services that you receive.

#### **SCFHP Payment to Providers**

SCFHP contracts with a network of local doctors, medical groups, pharmacies, hospitals, and other providers to provide services to its members. SCFHP pays providers in the following ways:

- **Capitation**—This means SCFHP pays the provider a fixed amount for each Member assigned to the provider each month. This amount is usually adjusted based on the Member's age and gender. The payment is not affected by the number of visits or

the kinds of services the provider gives the Member.

- ***Fee-for-service***—This means SCFHP pays the Provider after each service or visit. The fee is based on a predetermined rate schedule.
- ***Per diem rate***—This is a set rate SCFHP pays to participating hospitals per day.

SCFHP has direct contracts with individual providers, Independent Practice Associations (IPAs), and medical groups, as well as with Valley Health Plan and Kaiser Foundation Health Plan. All of the following relate to SCFHP's direct contracts with providers.

- Primary Care Physicians (PCPs) are usually paid capitation. They are paid on a fee-for-service basis for some services.
- SCFHP usually pays Specialists on a fee-for-service basis.
- IPAs, medical groups, and Plans are paid on a capitation basis. In turn, these provider Groups pay individual providers on a salary, capitation, or fee-for-service basis.
- SCFHP has no financial penalties designed to limit care.
- All pharmacies are paid on a fee-for-service basis for both the medicine itself and the cost of dispensing the medicine.
- If pharmacists think that a drug might not work with another drug, that is, if they identify possible adverse drug interactions for a Member who has more than one prescription, and they find a different drug that makes sense for the Member, they are paid a patient management fee.

For more information about how SCFHP pays its providers, call Member Services, your Plan Provider, or your provider's medical group or independent practice association (IPA).

# Section 15

## General Provisions

### ***Introduction***

This section explains SCFHP's relationship with providers and with the State of California. It also describes some of your legal rights as an SCFHP Member.

### ***Utilization Review***

Utilization review is the process used by SCFHP to either Approve or deny health care services based on the benefits provided. Utilization review is used by SCFHP's Medical Services Department. The Medical Services Department team is made up of our Medical Director, who is a board certified Physician, and licensed nurses. They review requests which come from health care providers, such as your PCP or Specialist. Their review is based on clinical criteria, in-house practice guidelines (developed with input from SCFHP Plan Providers), and standards of care set forth by nationally recognized and published criteria.

If you would like more information about this process, call Member Services. You can also ask for information about the specific reasons and criteria used to review or deny a specific service for a specific Member. This information may be subject to restrictions based on Confidentiality and/or proprietary concerns of third parties, and SCFHP may charge a fee for photocopying and mailing expenses if we send you this information.

### ***Relationship Between the Parties***

The relationships between SCFHP and its Plan Providers, and between SCFHP, Health Care Options, and the Department of Health Care Services are contractual relationships.

Plan Providers, the Department of Health Care Services, and Health Care Options are not agents or employees of SCFHP. Nor is SCFHP an agent or employee of any Plan Provider, the Department of Health Care Services, or Health Care Options.

### ***Confidentiality of Medical and Personal Record Information***

SCFHP recognizes the importance of maintaining the Confidentiality of a Member's medical record information and personal identification. All such information will be held Confidential by SCFHP and its Contracting Providers.

SCFHP will not use a Member's Confidential information for any purpose other than:

- Carrying out the express terms of our contract with DHCS; or
- As otherwise permitted or required by our contract with DHCS; or
- As permitted by any applicable state or federal law;
- As permitted with the Member's written consent, when consent is required by applicable law.

A statement describing SCFHP's policies and procedures for preserving the Confidentiality of medical records and personal identifying information is available and will be furnished upon request. You can ask to see this statement by calling Member Services.

### ***Notice of Privacy Practices***

SCFHP is required by law to tell our Members about how we protect your health care information and under what conditions we may give the information to others. At the back of this EOC is SCFHP's Notice of Privacy Practices. You may also get more information on SCFHP's website at <http://www.SCFHP.com>.

## Section 16

### Other Provisions

#### ***Making an Organ Donation***

Organ donation is when a person gives an organ to help other people get new and needed organs. People can donate bone marrow, for example, while they are living. Or, people can donate many organs, such as a liver or a heart, to be used after they die. By agreeing to be an organ donor, a person can potentially save the lives of others. The technology to transplant organs has become so advanced that more patients can now benefit from transplants.

#### ***Becoming an Organ Donor***

How one becomes an organ donor depends on the type of donation being made. If, for example, you would like to donate a kidney, you can be tested and get your name listed in a donation bank. If you want to donate organs or tissue (such as your skin or blood) upon your death, you should make your wishes known while you are living. One of the easiest ways to do that is to have “organ donor” marked on your driver’s license. Just contact the local Department of Motor Vehicles. Also, when a person dies, his or her family members can decide whether or not to donate the person’s organs, so it is important for everyone to let their family know their wishes.

If you would like more information on organ donation, please contact the United Network for Organ Sharing (UNOS), the current contractor for the Nation’s Organ Procurement and Transplantation Network (OPTN), at 1-888-TXINFO-1, or visit <http://www.unos.org>. The OPTN Web site also provides transplant and donor information at: <http://www.optn.org>.

#### ***Advance Health Care Directives***

An Advance Health Care Directive is a form you fill out in advance to tell SCFHP, your doctor, family, and friends about the health care you want if you can no longer make decisions for yourself. The directive explains the types of treatment you want or do not want. It also allows you to name a person to be your health care agent. This person can be a spouse, family member, friend, or other person you choose. This person can make decisions for you if you can no longer make them for yourself. Your rights as a member of SCFHP apply to your health care agent.

At your request, SCFHP will send you information about state law regarding advance

health care directives, including any changes to the law within 90 days after the change is effective.

For additional information about advance health care directives, including how to get forms and instructions, call Santa Clara SCFHP's Member Services.

### ***Public Policy Participation***

SCFHP is a licensed and publicly operated health plan. This means that:

- Meetings of our Governing Board are open to the public. We welcome you to attend.
- You can join our Consumer Affairs Committee to advise our Governing Board about policy decisions. The Committee meets once a month to talk about SCFHP and hear from our Members.
- You can get the names of the Members of the Consumer Affairs Committee and our Governing Board by calling Member Services. If you are interested in participating, please contact Member Services.

### ***Non-Discrimination***

In compliance with state and federal law, SCFHP shall not discriminate on the basis of age, sex, color, race, creed, Physical or Mental Handicap, genetic characteristics, national origin, marital status, sexual orientation, religious affiliation, or public assistance status.

### ***Governing Law***

SCFHP is subject to California law, including, but not limited to California medical law and regulations, the California Knox-Keene Act, Chapter 2.2 of Division 2 of the California Health and Safety Code, and the regulations set forth at Title 28 of the California Code of Regulations, Section 14087.38 of the California Welfare and Institutions Code and Division 3 of Title 22 of the California Administrative Code..

### ***Natural Disasters, Interruptions, and Other Limitations***

SCFHP will not be legally responsible if it or its Providers are not able to give Services to its Members because of unforeseeable circumstances which are beyond our control. Examples of things beyond our control are:

- Natural disasters (floods, earthquakes, etc.);
- War;
- Riot;
- A labor dispute involving SCFHP or any other health care provider;

- Civil insurrection;
- An epidemic.

SCFHP will try its best to provide Services to its Members even in these circumstances. Members should go to the nearest emergency room if care is needed.

### *Estate Recovery Program*

The Medi-Cal Program pays for your medical care because your savings and income are too low for you to pay for your own care. Upon your death, the costs of your medical care may be required to be paid back to the Medi-Cal program. Repayment is never more than the value of your possessions at the time of your death. The amount repaid can then be used to pay for medical care for others who need it.

A written notice and a copy of your death certificate must be sent within 90 days of your death to:

Director  
C/o Department of Health Care Services  
Estate Recovery Section, MS 4720  
PO Box 997425  
Sacramento, CA 95899-7425

After the Department of Health Care Services (Department) receives the notification of your death, the Department will decide whether or not the costs of the services you received must be paid back. In making this decision, the Department will consider how much was paid by Medi-Cal and how much is left of your possessions. Regardless of what is owed, the Department will never collect more than the value of your possessions at the time of your death.

# Section 17

## Words You Should Know

### ***Introduction***

This section has a list of words that are used in this EOC and their definitions. You may also hear your provider or a Plan representative use one of these words, and we want you to understand what they are telling you.

If you have a question about any word and what it means, in this list, or in the rest of this EOC, you can call Member Services.

### ***Words You Should Know***

***Acute***—A health condition that is sudden and lasts a limited amount of time.

***Appeal***—A process by which you may ask for another review of your Grievance if you do not agree with our decision.

***Appropriately Qualified Health Professional***—For purposes of determining who can give a Second Opinion, the term “Appropriately Qualified Health Professional” means a Primary Care Physician or Plan Specialist, who has a clinical background, including training and expertise, related to the particular illness, disease, condition, or conditions for which you might ask for a Second Opinion. Also, see *Plan Specialist* and *Second Opinion*.

***Approve, Approval, or Approved***—The requirement that SCFHP or a Provider Group must give you permission before you receive certain health care Services. Also, see *Prior Approval*.

***Arbitration***—A way to solve problems using a neutral third party. The third party hears both sides of the issue and makes a decision that both sides agree to accept. Also, see *Binding Arbitration*.

***Autologous Blood Donation***—The act of donating one’s own blood for storage and future use for a planned surgery that may require a blood transfusion.

***Binding Arbitration***—A way to solve problems using a neutral third party. The third party hears both sides of the issue and makes a decision that both sides must accept. With Binding Arbitration, both sides give up the right to Appeal the arbitrator’s decision to the court system, except in limited cases. Also, see *Arbitration*.

**Chronic**—A health condition that is long-term and ongoing.

**Clinical Trial**—A study to find out if a new treatment is effective.

**Clinically Stable**—When the doctor who is treating you believes you are safe for discharge or transfer, and your condition is not expected to get worse during, or as a result of, discharge or transfer. Also, see *Emergency Health Care Services*.

**Combined Evidence of Coverage and Disclosure Form or “EOC”**—This document that explains your benefits and terms of coverage.

**Confidential or Confidentiality**—In accordance with applicable laws and regulations, SCFHP, its providers, and representatives will maintain the privacy of your personal health information, medical records, and personal identifying information. A statement describing SCFHP’s policies and procedures for preserving the Confidentiality of medical records and personal identifying information is available and will be furnished upon request.

**Contracting Provider**—A provider of health care Services who has a contract with SCFHP. Also, see *Plan Provider*.

**Co-payment**—The amount paid when you get a service. There is no Co-payment under this Plan when you get covered Services.

**Coverage Decision**—The Approval or denial of health care Services by SCFHP, or by one of its contracting entities, substantially based on whether the service is a covered benefit under the terms of this EOC. Coverage Decisions are not based on medical need, but on contract terms.

**Custodial Care**—Care, board, room or personal assistance Services that do not require the regular Services of trained medical or health professionals. This care is mainly to help you in the activities of daily living.

**Dental Care and Services**—Services or treatment on or to the teeth or gums.

**Directory of Doctors, Clinics and Health Care Services**—A booklet issued by SCFHP listing the names, addresses, telephone numbers, and other useful information about Plan Providers.

***Disenroll or Disenrollment***—The process by which you leave SCFHP and no longer have coverage. Also, see *Enrollment*.

***Disputed Health Care Service or Decision***—A decision that you file a Grievance about, when the Plan or one of its Contracting Providers decided that the care you want is not Medically Necessary. A decision regarding a Disputed Health Care Service relates to the practice of medicine and is not a Coverage Decision.

***Drug Formulary (Formulary)***—A list of brand name and generic drugs that are approved for coverage by SCFHP. The list is based on the recommendations of Physicians and other appropriate Providers, and on current medical standards of practice. It is designed to meet Members' prescription drug needs. Drugs on the list are available without Prior Approval from SCFHP.

***Durable Medical Equipment***—Medical equipment appropriate for use in the home which:

- Is intended for repeated use.
- Is generally not useful to a person in the absence of illness or injury.
- Primarily serves a medical purpose.
- Is safe for use in the home.

***Emergency or Emergency Medical Condition***—A medical or psychiatric condition manifesting itself by Acute symptoms of sufficient severity (including severe pain) such that a reasonable layperson could expect that without immediate medical attention any of the following could result:

- Serious jeopardy to the patient's health.
- Serious impairment to bodily functions.
- Serious dysfunction of any bodily organ or part.
- Serious threat to the health and safety of a pregnant woman or her unborn child.

Some examples are:

- Severe pain;
- Severe shortness of breath and difficulty breathing;
- Severe bleeding that will not stop;
- Active labor;
- Seizures;
- Unconsciousness (can't be awakened);

- May have swallowed poison or too much medicine, or have taken the wrong medicine.

Also, see *Emergency Health Care Services*.

**Emergency Health Care Services**—Medical or mental health care needed for a serious medical or mental health condition, illness, or injury with such severe symptoms that the absence of immediate medical attention can reasonably be expected by a prudent layperson to result in any of the following: (a) serious jeopardy to the patient’s health; (b) serious impairment to bodily functions; or (c) serious dysfunction of any bodily organ or part.

Emergency Health Care Services are covered both in and out of the Plan’s Service Area.

Emergency Health Care Services include ambulance transportation (“911” Services) in connection with a Life-Threatening Emergency Medical Condition to the first Hospital that actually accepts the Member for Emergency Services and care. Transportation by airplane, passenger car, taxi, or other form of public conveyance is not covered under this definition. Also, see *Emergency Medical Condition*.

**EOC**—See **Combined Evidence of Coverage and Disclosure Form**.

**Enrollee**—See **Member**.

**Enrollment**—The process for joining SCFHP. After you enroll, you are eligible for Services. Also, see *Disenrollment*.

**Exclusions**—Services SCFHP does not cover.

**Experimental or Investigational**—Health care Services that are being tested in Clinical Trials or other studies, to tell if they work on a disease or injury. Because we do not know if these Services work against a particular illness, they usually are said not to be “Medically Necessary.” As a rule, they are not covered by SCFHP. See “Experimental” in Section 6, “Benefit Exclusions and Limitations” for more information.

**Expedited State Fair Hearing**—A hearing done within a certain 72-hour period, at a Member’s oral or written request, when the time it would take for a normal State Fair Hearing to be done (90 days) could seriously jeopardize the Enrollee’s life, or health, or ability to attain, maintain or regain maximum function. The expedited process only applies to an SCFHP denial of a requested service.

**Family Planning Services**—Certain Services that prevent or delay pregnancy.

**Family Practice Physician**—A Primary Care doctor who treats people of all ages.

**FDA (Food and Drug Administration)**—The federal agency that approves drugs and devices for use in health care.

**Formula**—Formula means enteral product or enteral products for use at home. Also, see *Special Food Product*.

**Formulary**—See *Drug Formulary*.

**Grievance**—A way to solve a problem if you are not happy with the Services you got or if you think a decision was wrong. Also, see *Appeal* and *Arbitration*.

**Health Care Options**—A program operated by the California Department of Health Care Services providing Enrollment broker Services, including the Enrollment and Disenrollment of Medi-Cal beneficiaries who live in managed care counties.

**Health Education**—Programs that can help you learn to protect and improve your health.

**Hospice or Hospice Care**—Care provided by a licensed public agency or private organization that is primarily engaged in providing pain relief, symptom management, and supportive Services to terminally ill people and their families.

**Hospital**—A licensed Acute care institution whose main function is to provide Inpatient services, Emergency care and/or diagnostic and therapeutic services for persons in need of medical or mental health care. Most Hospitals also provide Outpatient care, such as Outpatient surgery. Being admitted to a Hospital, or being Hospitalized, means that you receive Inpatient care. Also, see *Inpatient* and *Outpatient*.

**Imminent and Serious Threat (to health)**—Includes, but is not limited to, severe pain, potential loss of life, limb, or major bodily function.

**Individual Practice Association (IPA)**—An association of licensed Physicians which has entered into a written agreement with SCFHP or its subcontractors to provide covered Services to those Members who have selected a Primary Care Physician who is a Member of the IPA. Also, see *Plan Provider Group*.

**Inpatient**—A person who has been admitted to a Hospital, or Hospitalized, as a registered Inpatient and is receiving Services under the direction of a Physician.

**Interpreter**—Someone who translates what is said in one language to another language.

**Investigational**—See *Experimental* or *Investigational*.

**IPA**—See *Individual Practice Association*.

**Laryngectomy**—Surgery on all or part of the larynx, which is located in the neck area.

**Life-Threatening**—Is either or both of the following: (a) a disease or condition where the likelihood of death is high unless the course of the disease is interrupted, or (b) a disease or condition with a potentially fatal outcome, where the end point of the clinical intervention is survival.

**Maintenance Drug**—Refers to a prescription drug or medicine that is prescribed for ongoing, long-term management or treatment of an illness or medical condition.

**Mastectomy**—Surgical removal of a breast.

**Medi-Cal**—A health care program that is paid for by state and federal funds.

**Medically Necessary or Medically Needed**—Those skilled medical Services which, as determined by SCFHP:

- Have been established as safe and effective;
- Meet generally accepted professional standards for treatment of illness or injury;
- Are consistent with the symptoms or diagnosis;
- Are not primarily for the convenience of the patient, the attending Physician, or other provider; and
- Are the most appropriate level of care which can be provided safely and effectively to the patient.

**Medicare**—A health care program that is paid for by federal funds.

**Member or Enrollee**—An eligible Medi-Cal beneficiary who has enrolled in SCFHP or has been enrolled by the Department of Health Care Services. Also, see *Enrollment* and *Disenrollment*.

**Mental Handicap**—A mental impairment that limits normal activity and is expected to last for a continuous period of time not less than 12 months in duration.

**Minor Consent Services**—Members who are age 12 and older do not need consent of a parent to receive certain services that are considered “Sensitive” in nature. If these services cannot be obtained from a Plan Provider, they may be obtained from a Non-Plan Provider. Call SCFHP Member Services to help you get the services you need. Also, see *Sensitive Services*.

**Non-Plan Provider**—A provider who is not a part of SCFHP. Also, see *Contracting Provider*.

**OB/GYN (Obstetrician/Gynecologist)**—A doctor who specializes in the health of females.

**Occupational Therapy**—Treatment by a licensed therapist to help someone who is injured or disabled to keep the ability to do, or get better at, activities of daily living. Services must be ordered by your PCP.

**Off-Label Drug**—A drug that is used for a disease that is not listed on the label as being approved by the Food and Drug Administration (FDA). May also mean a drug that is used in a different dosage or by a means not listed on the label.

**Ophthalmologist**—A doctor who specializes in the diagnosis and treatment of eye diseases and conditions.

**Optician**—A provider who makes and sells lenses, eyeglasses, and other optical instruments.

**Optional Benefits**—Medi-Cal benefits that the federal government allows, but does not require, Medi-Cal to provide to beneficiaries.

**Optometrist**—A provider who gives eye exams and prescribes eyeglasses or lenses.

**Orthotic or Orthotic Device**—An orthopedic brace or other device used to support, align, prevent, or correct weak or non-working joints or muscles.

**Ostomy Supplies**—Medically Necessary supplies that take waste out of the body.

**Outpatient**—A person who requires medical treatment or attention, but is not a bed patient in a Hospital or other facility. Also refers to Services rendered to an Outpatient.

**PCP**—See *Primary Care Provider*.

**Pediatrician**—A doctor who specializes in the treatment of children and teens.

**Physical Handicap**—A physical impairment that limits normal activity and is expected to last for a continuous period of time not less than 12 months in duration.

**Physical Therapy**—Rehabilitation by a licensed therapist, such as exercise training to help relieve pain, restore function or prevent loss of function, following a disease, injury or loss of a body part. Therapy must be ordered by your PCP.

**Plan**—See **SCFHP**.

**Plan Hospital**—A Hospital licensed under applicable state law contracting specifically with SCFHP to provide Services to Members.

**Plan Physician**—A licensed doctor of medicine or osteopathy practicing within the scope of his or her license, who, at the time care is rendered to a Member, has a written contract in effect with SCFHP to furnish care to Members.

**Plan Provider**—A provider of health care Services who contracts with SCFHP. (Also see *Contracting Provider*.)

**Plan Provider Group**—A group of Physicians practicing in an association that has entered into a written agreement with SCFHP to provide covered Services to those Members who have selected a Primary Care Physician who is a Member of the Provider Group. Also, see *Individual Practice Association (IPA)*. Also, see *Non-Plan Provider*.

**Plan Specialist**—A Physician who has a contract with SCFHP and who provides certain specialty medical care to a Member upon Referral from a Primary Care Provider (PCP). A PCP can also refer a Member to a specialty care center.

**Physician**—An individual licensed and authorized to engage in the practice of medicine or osteopathic medicine.

**Primary Care Physician or Primary Care Provider (PCP)**—A licensed doctor of medicine or osteopathy, or a group of doctors who have the primary responsibility for providing initial and primary health care Services to Members, referring for Specialist care, authorizing and coordinating the provisions of covered Services in accordance with the Health Plan contract. Primary Care Physicians are general practitioners, Family Practice doctors, internal medicine doctors, Pediatricians, or OB/GYNs (Obstetricians/Gynecologists), or clinics employing such doctors. Certified nurse practitioners, certified nurse midwives, and Physician assistants, supervised by Plan PCPs, if available, may also provide primary care.

**Prior Approval**—Permission given in advance by SCFHP for a service. Also, see *Approval*.

**Prosthetic or Prosthetic Device**—An artificial part, appliance, or device used to replace all or part of an organ or limb.

**Provider Group**—See *Plan Provider Group*.

**Referral**—The process used by your doctor to arrange for Services by a Specialist or other provider if your PCP is not able to treat your condition. Your PCP can refer you to a Specialist doctor who is a Plan Specialist, or if none is available, will refer you to a Non-Plan Specialist. Your PCP may also refer you to a Plan specialty care center or Hospital. Also, see *Hospital, Non-Plan Provider, Plan Specialist, and Standing Referral*.

**Routine Care**—Care that is not Urgent Care or Emergency Care.

**SCFHP**—Your Medi-Cal Managed Care health plan. SCFHP is a local, not-for-profit agency created by the Santa Clara Board of Supervisors to provide health care to people living in Santa Clara County. In this EOC, “we”, “our” or “us” means SCFHP. Also, “the Plan” means SCFHP.

**Second Opinion**—A consultation with an Appropriately Qualified Health Professional to evaluate the diagnosis and/or treatment plan recommended by the health professional who gave the first opinion.

**Sensitive Services**—SCFHP covers services that may be “sensitive” in nature. These services may include – but are not limited to – Family Planning, abortion, services related to sexual assault (including rape), sexually transmitted diseases, HIV/AIDS, and immunizations. If these services cannot be obtained from a Plan Provider, they may be obtained from a Non-Plan Provider. We will cover your HIV test, even if the test is not related to the main reason for your doctor, clinic, or emergency room visit. Call SCFHP Member Services to help you get the services you need. Also, see *Minor Consent Services*.

**Seriously Debilitating**— Diseases or conditions that cause major irreversible morbidity.

**Service Area**—Santa Clara County, the geographic area served by SCFHP.

**Services**—Medically Necessary health care Services and supplies furnished with those Services.

**Single Source Drug**—A brand name drug that is still under patent and is usually available from only one company that makes drugs.

**Skilled Nursing Facility**—A nursing home, licensed by the California State Department of Health Care Services as a “Skilled Nursing Facility.” A stand-alone facility, or part of a Hospital. Skilled nursing care refers to care that can be performed by or under the supervision of licensed nursing personnel. Skilled rehabilitation Services may include Physical Therapy performed by or under the supervision of a professional therapist.

**Special Food Product**—A food product that is all of the following:

- Prescribed by a Physician or certified nurse practitioner for the treatment of PKU and is consistent with the recommendations and best practices of qualified health

professionals with expertise in the treatment and care of PKU;

- Not naturally low in protein, but may include food that is specially formulated to have less than one gram of protein per serving; and
- Used in place of normal food products, such as foods found in retail establishments, and used by the general population.

Also, please see *Formula*.

**Specialist**—See *Plan Specialist*.

**Speech Therapy**—Medically Necessary or needed Services to help someone speak or swallow better. Also, see *Occupational Therapy* and *Physical Therapy*.

**Standing Referral**—A Standing Referral means that if you have a health condition that needs longer care, you can see a Plan Specialist several times without getting Approval each time. Your doctor can refer (send) you to a Specialist doctor or specialty care center. Standing Referrals are intended to be used if you have a Life-Threatening, degenerative, or disabling condition. The condition must require care by a Specialist or a specialty care center for as long as you stay in the treatment plan. The Specialist or specialty care center must have expertise in treating that condition or disease. Also, please see *Specialist* and *Referral*.

**Tubal Ligation**—Surgery to tie or bind a woman's fallopian tubes to prevent future pregnancy.

**Urgent Care or Services**—To prevent serious worsening of a Member's health resulting from an unforeseen illness or injury. Urgent Services are ones that cannot be delayed until the Member returns to the Plan's Service Area. Also, please see *Emergency Health Care Services*.

**Vasectomy**—Surgery to excise a man's vas deferens to prevent him from fathering a child.

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**ESTA PÁGINA SE HA DEJADO EN BLANCO DE FORMA INTENCIONAL**  
**TRANG NÀY CỐ Ý ĐỂ TRỐNG**

***“The Santa Clara Family Health Plan is committed to providing timely access care for all members. SCFHP strives to ensure that all health services are provided in a timely manner. Santa Clara Family Health Plan will continue to notify our members of any changes or updates made regarding to the current policies.”***

***“El Santa Clara Family Health Plan está comprometido en proporcionar atención de acceso oportuno para todos los miembros. SCFHP se esfuerza por garantizar que todos los servicios médicos se presten de forma oportuna. Santa Clara Family Health Plan seguirá notificando a nuestros miembros por cualquier cambio o actualización que se haga con respecto a las políticas actuales”.***

***“Chương trình Santa Clara Family Health Plan cam kết cung cấp dịch vụ chăm sóc tiếp cận kịp thời cho mọi hội viên. SCFHP nỗ lực đảm bảo tất cả các dịch vụ chăm sóc sức khỏe được cung cấp kịp thời. Chương trình Santa Clara Family Health Plan sẽ tiếp tục thông báo cho các hội viên của chúng tôi biết bất kỳ thay đổi hay cập nhật nào liên quan đến các chính sách hiện tại.”***



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Santa Clara

## Family Health Plan

*The Spirit of Care*

**Main Office | Oficina principal | Văn Phòng Chính**

210 East Hacienda Avenue, Campbell, CA 95008

1-800-260-2055

**Family Resource Center | Centro de Recursos Familiares | Trung Tâm Nguồn Tài Nguyên Gia Đình**

1775 Story Road, Suite 130 (Mi Pueblo Shopping Center), San Jose, CA 95122

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