Evidence of Coverage
2013 - 2014

Important Information About Your Health Care Benefits
The Medi-Cal Combined Evidence of Coverage and Disclosure Form constitutes only a summary of the health plan. The contract between Santa Clara Family Health Plan and the State of California Department of Health Care Services must be consulted to determine the exact terms and conditions of coverage under the Medi-Cal Program. If you ask Santa Clara Family Health Plan, a copy of this health plan agreement will be made available for your review.

You have the right to request the Combined Evidence of Coverage and Disclosure Form and read it before enrolling.

This Medi-Cal Combined Evidence of Coverage and Disclosure Form explains the terms and conditions of coverage. It should be read completely and carefully. Individuals with special health care needs should read carefully those sections that apply to them.

If you would like a copy of the Combined Evidence of Coverage and Disclosure Form (EOC), or if you just have a question about Santa Clara Family Health Plan, please call our Member Services Department at 1-800-260-2055. You may also contact us by writing to:

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

COMBINED EVIDENCE OF COVERAGE
AND DISCLOSURE FORM

MEDI-CAL

July 1, 2013 to June 30, 2014

Santa Clara Family Health Plan
210 East Hacienda Avenue
Campbell, CA 95008
1-800-260-2055
TTY/TDD: 1-800-735-2929
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 receive good quality health care. Our pledge to you is that we will constantly work to meet this goal.

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

Each SCFHP Member chooses a health care provider 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 Physicians, clinics, Hospitals, and other health care providers. If needed, the PCP will refer you to a Specialist 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. Your PCP would refer you to a Specialist or Hospital if you need Services and your PCP cannot provide them. When your PCP refers you to a Specialist or Hospital, the PCP will request an Approval from SCFHP (which is also called an authorization), so that you can go to that Specialist or Hospital.

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, 2013 through June 30, 2014. 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 Words You Should Know, beginning on page 75.

If you don’t understand something in this booklet, and you cannot find it in Words You Should Know, you can ask your health care provider, or call SCFHP’s Member Services. You can reach a Member Services representative any weekday, 8:30 a.m. to 5:00 p.m. (except holidays), by calling 1-800-260-2055. If you are Deaf, hard of hearing, or speech impaired, you can call the TTY/TDD number: 1-800-735-2929. You may also call the Department of Managed Health Care.
Care’s Office of the Patient Advocate for assistance at 1-866-HMO-8900 (TTY/TDD 1-866-499-0858).

You can always go to www.scfhp.com to view or download the most current version of this booklet. While there, you can also:

- Download important forms and documents
- Find providers
- Locate health facilities near you
- Learn about your benefits
- Stay-up-to-date on health news and events

Bookmark www.scfhp.com and make it your first step when looking for help with your coverage and benefits.

**Getting Started**

When you join SCFHP, the first thing you need to do is choose a personal health care provider or clinic. This health care provider or clinic will be your Primary Care Provider (PCP). You can change to a new PCP at any time for any reason, and in most cases, changes will be effective the first day of the next month.

You can choose any available PCP or clinic from the Plan Providers listed in our **Provider Directory**. Also, women can choose any available PCP from Obstetrics/Gynecology (OB/GYN). The PCP you choose must be taking new patients. You may also receive care from a nurse practitioner or physician’s assistant who provides 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 tests, 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/or 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 to the Hospital where they work. Your PCP will refer you to these 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 and you may be billed for these services.
For more information about choosing and working with your personal health care provider, see **Choosing a PCP (page 8)**.

**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 speaks 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 an American Sign Language Interpreter, at no cost to you and available 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 to do so.

We can also help you find a health care provider who speaks your language or who uses a regular Interpreter. If you need an Interpreter for an appointment with your health care provider, call the health care provider’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 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 Plan Provider’s office that you can access, please call Member Services.

- Access for Members who are Deaf, hard of hearing or speech impaired: 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/TDD 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 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 Plan 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 **Grievance, Appeal, and State Fair Hearing Procedures (page 53)**, for more information.

**Program Transitions to Medi-Cal**

If your child has moved to Medi-Cal as a result of a program change, and you would like information about your child’s Medi-Cal services and benefits, call Santa Clara Family Health
Plan’s Member Services Department at 1-800-260-2055. We can tell you who your child’s doctor is or help you find a new doctor. We can also answer your questions about Santa Clara Family Health Plan.

If you have been told you have to pay a premium, you may call the Healthy Families Information line at 1-800-880-5305 for more information.

If you have questions about your child’s Medi-Cal eligibility or about when your child has to renew his or her eligibility, please call the Medi-Cal Social Services office at 1-877-962-3633.

**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 and courtesy 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 alternative formats, including Braille, large print and audio format upon request.
- Select a health care provider 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.
- Access family planning Services, Federally Qualified Health Centers, Indian Health Services Facilities, sexually transmitted disease Services, and Emergency Services outside of the SCFHP network pursuant to the federal law.
- Access minor consent Services.
- Know and understand your medical condition as diagnosed by your health care provider; know what the health care provider 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.
- Actively take part in decisions about your medical care. If permitted by law, you have the right to refuse or stop treatment.
- Formulate advanced directives.
- Have the meaning and limits of Confidentiality explained to you.
• Have your health records kept Confidential, except when disclosure is required by law or permitted in writing by you. With adequate notice, you have the right to see your Protected Health Information (PHI), as allowed by law.

• Know that if you must be moved or transferred from one Hospital to another, you may receive information about why you need to be moved and about any other choices you may 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 how 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) available 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.

• Disenroll from SCFHP.

• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.

• Freedom to exercise these rights without adversely affecting how you are treated by SCFHP, Plan Providers, or the State.

American Indians and Alaska Natives (AIANs) have the right to choose to receive primary care Services at Indian Health Service Facilities or Federally Qualified Health Centers (FQHCs) or from 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 so you understand how to use SCFHP’s Services.

• Ask questions when you do not understand something about your coverage or medical care.

• Follow the rules of SCFHP membership as explained in this EOC.

• Be responsible for your and your children’s health.

• Talk to your health care provider so you can develop a strong relationship based on trust and cooperation.

• Call your health care provider when you need routine or urgent health care.
• 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, and know what might happen if you do not follow the treatment plan.

• Make and be on time for medical appointments. Let your health care provider know at least 24 hours before your scheduled appointment 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 Plan 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, Plan Providers, Plan 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
- Physicians
- Clinics
- Hospitals
- Pharmacies
- Other medical professionals, e.g., nurse midwives, nurse practitioners and physician assistants

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 Plan Providers work for themselves and are not agents of SCFHP.

SCFHP has a **Provider Directory**. This booklet is a list of the names and locations of our PCPs (Physicians 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 health care provider, 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 health care provider have?
- What medical specialty is the health care provider licensed in?
- Which medical group does the health care provider belong to?
- Does the PCP see children of all ages?
- Does the office staff speak your language?

To find out these answers, call the medical group at the number shown in the **Provider Directory**.
**Choosing a PCP**

When you first enroll, you need to choose a personal health care provider or clinic as your Primary Care Provider (PCP). You must choose a PCP from our Group of Plan Providers. These health care providers are listed in our **Provider Directory**.

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 Plan Providers, Specialists, Durable Medical Equipment Providers, and Hospitals work with your PCP’s group. If your PCP needs to send you to a Hospital or to another provider, your PCP will choose from the set of Plan Providers that he or she generally works with. You can find out which Specialists, Hospitals, and other Plan Providers work with your PCP’s group by looking in the **Provider 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) who 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 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

Nurse Advice Toll Free 1-877-509-0294  
Member Services: Weekdays (except holidays) 8:30 a.m. – 5:00 p.m.  
TTY/TDD Toll Free 1-800-735-2929
• Refer you to Services available to Members that would be helpful, such as education about illnesses, healthy living, particular medical conditions, or disease prevention.

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 (page 14).

**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 health care providers in February, in most cases, you will be able to visit your new health care provider in March.

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**

**NEW MEMBERS**

When you first enroll in SCFHP, if you are currently receiving care from a Non-Plan Provider, such as a Specialist or Primary Care Provider, you may be able to continue that care for a period of time. You may continue such care with the same provider under the following conditions:

- You ask SCFHP to help you by calling Member Services; and
- The Non-Plan Provider agrees to SCFHP’s requirements; and
- The care is for one of the conditions listed below and is a covered benefit.

The specific conditions where SCFHP may cover your medical care with a Non-Plan Provider are:

- **An Acute condition:** SCFHP will help you continue getting care for a covered Service until you no longer have the Acute condition.
- **Serious Chronic condition:** SCFHP will help you continue getting care for a covered Service for as long as it takes for your treatment of the serious Chronic condition to be complete. After your treatment is completed, 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, Medically Necessary, and has already been Approved as part of a documented treatment plan.
  - Continue getting care that is a covered Service for a newborn child between birth and 36 months, for up to 12 months from the effective date of coverage.
  - Continue getting care that is a covered Service for a pregnancy, including postpartum (6 weeks after delivery) care.
  - Continue getting care that is a covered Service for the duration of a terminal illness.

SCFHP may also transfer care to a Plan Provider to make sure your care is not interrupted. Call SCFHP Member Services at **1-800-260-2055** if you need assistance with this process.

**EXISTING MEMBERS**

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 you continue to get or complete your medical care. You may continue such care with the same provider under the following conditions:

- You ask SCFHP to help you by calling Member Services; and
- The Non-Plan Provider agrees to SCFHP’s requirements; and
• The care is for one of the conditions listed below and is a covered benefit.

The specific conditions where SCFHP may cover your medical care with a Non-Plan Provider are:

• An Acute condition: SCFHP will help you continue getting care for a covered Service until you no longer have the Acute condition.

• Serious Chronic condition: SCFHP will help you continue getting care for a covered Service for as long as it takes for your treatment of the serious Chronic condition to be complete. After your treatment is completed, 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, Medically Necessary, and has already been Approved as part of a documented treatment plan.
  ▪ Continue getting care that is a covered Service for a newborn child between birth and 36 months, for up to 12 months from the effective date of coverage.
  ▪ Continue getting care that is a covered Service for a pregnancy, including post-partum (6 weeks after delivery) care.
  ▪ Continue getting care that is a covered Service for the duration of a terminal illness.

SCFHP may also transfer care to a Plan Provider to make sure your care is not interrupted.

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 (Physician, medical group, or Hospital) providing the 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.

Call SCFHP Member Services at **1-800-260-2055** if you need assistance with this process.

**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, but do have coverage limitations (see Infertility treatment in **Specific Exclusions and Limitations**, beginning on page 48). 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 health care provider 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 health care provider at least 24 hours before your scheduled appointment or as soon as possible.

- If you need an Interpreter, let the PCP’s staff know at least 5 days 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 and ID number, and 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 everywhere you get Services.

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

Nurse Advice

It can be hard to know what kind of Services you need. This is why we have licensed health care professionals who can help you by phone 24 hours a day, 7 days a week. Here are some of the ways they can help you:

- They can answer questions about a health concern, and instruct you on self-care at home if appropriate.

- They can advise you about whether you should get medical care, and how and where to get care. For example, if you are not sure if your condition is an Emergency Medical Condition, they can help you decide if you need Emergency Services or Urgent Care. They can also tell you how and where to get that care.

- They can tell you what to do if you need care and a health care provider’s office is closed.

You can reach one of these licensed health care professionals by calling 1-877-509-0294. When you call, a trained support person may ask you questions to help determine how to direct your call.
**Urgent Care—Nights and Weekends**

SCFHP covers Urgent Services, as defined in this EOC. Please see *Words You Should Know*, beginning on page 75, for a definition of Urgent Services or Urgent Care.

Some medical problems may require Urgent Care but are not emergencies. Urgent medical problems are those 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 treatment is needed 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 *Words You Should Know*, beginning on page 75, 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 “911” 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 as SCFHP will not pay 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.
- “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 health care provider, 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 SCFHP Drug Formulary (page 16), and Words You Should Know (beginning on page 75), 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.

Telehealth

SCFHP uses the most recent technology to provide clinical care to its members.
Prescriptions: Getting Medications

Pharmacy Services
To get drugs that have been prescribed by your health care provider, show your SCFHP Member ID card and your health care provider’s prescription to any SCFHP pharmacy listed in the Provider Directory.

SCFHP Drug Formulary
SCFHP uses a list of Approved Outpatient drugs called a Drug Formulary. A Drug Formulary is a list of prescription and some non-prescription drugs. A Plan Physician prescribes these drugs and they can be obtained at a participating pharmacy. Even if a drug is listed on SCFHP’s Formulary, it does not guarantee your health care provider will order the drug for a particular medical condition.

If you need a drug that is not on SCFHP’s Drug Formulary, your health care provider 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’s 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 decide which drugs will be on the Drug Formulary based on how safe the drugs are and how well the drugs work.

All SCFHP Plan Providers are informed about how the Drug Formulary is created and about how to submit a formulary change request to SCFHP.

Other things you should know about the Drug Formulary:

• If you have a question about whether a specific medication is in the Drug Formulary, please call Member Services.

• If you would like a copy of the SCFHP Drug Formulary, please call Member Services. You may also get a copy by visiting our website at 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.

SCFHP will provide an emergency supply of up to 72 hours of a non-covered drug.

Referrals to Specialty Physicians
Your health care provider (PCP) may send or refer you to a Plan specialty Physician 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 website at www.scfhp.com and look for Find a Provider in the Member Area.
Pre-Approval Process

Your health care provider will need to get Approval for most covered Services, such as Hospitalization and various tests.

Before approving services related to your medical condition or treatment, SCFHP must have all the facts. Facts include exam and test results. Decisions are made by either a licensed Physician or other Appropriately Qualified Health Professional (specially trained to treat your condition). For Services that are not urgent, decisions are made within 5 working days from receipt of the request. If Services are urgent, decisions are made within 72 hours from receipt of the request.

Sometimes more time is needed to review a pre-Approval request. This can happen if SCFHP does not have all of the facts or tests needed to Approve or deny the request. If SCFHP cannot meet the above time frames, SCFHP will let you and the health care provider 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 Opinions

If you want a Second Opinion about the 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 in your PCP’s Provider Group. 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 Opinion from another provider if you get prior Approval.

Requests for Second Opinions will be Approved or denied as quickly as possible. In urgent cases, a Second Opinion will be Approved or denied 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 treatment plan for a condition including, but not limited to, a serious chronic condition or a 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 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 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 Physician, or surgeon who is in the same Provider Group as their PCP. However, OB/GYN surgical Services do 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:

- Pregnant Members should have an exam within 2 weeks (14 days) of joining SCFHP.
- Children less than 18 months old should have an exam within 2 months (60 days) of joining SCFHP.
- Adults and children age 18 months or older should have an exam within 4 months (120 days) of joining SCFHP.

This first visit is important. Your PCP can take better care of you by knowing your health history. The visit can also help your PCP find problems before they get more serious. During the visit you and your health care provider 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 or an Alaska Native, you can get health care at an Indian Health Services Facility or an 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 Physician (PCP), an OB/GYN, 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 Physician, clinic, or Emergency room visit.

The first visit for HIV/AIDS does not require Approval. You may receive these Services from your Physician (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 your PCP for treatment or for Referral to a Specialist.
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.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Services</td>
<td>Medically Necessary Physician visits including specialty care, Inpatient and Outpatient medical and surgical Services.</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Immunizations, periodic health exams, well-child visits, STD tests, cytology exams, prenatal care.</td>
</tr>
<tr>
<td>Hospitalization Inpatient Services</td>
<td>Medically Necessary facility charges, room and board, general nursing care, and ancillary Services, including operating room, intensive care unit, prescribed drugs, laboratory, and radiology during Inpatient stay.</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>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, dialysis, and palliative care.</td>
</tr>
<tr>
<td>Diagnostic X-ray and Laboratory Services</td>
<td>Medically Necessary therapeutic radiological Services, ECG, EEG, mammography, other diagnostic laboratory and radiology tests, and laboratory tests for the management of diabetes.</td>
</tr>
<tr>
<td>Emergency Health Care Services</td>
<td>24 hour care for Emergency Services including psychiatric screening, and examination and treatment of an injury or condition requiring immediate diagnosis, in and out of the Plan.</td>
</tr>
<tr>
<td>Emergency (“911”) Transportation Services</td>
<td>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.</td>
</tr>
<tr>
<td>Outpatient Prescription Drugs</td>
<td>Maximum 30-day supply for most drugs; certain maintenance drugs up to a 30 or 90-day supply at select pharmacies; and tobacco cessation drugs for one cycle per benefit year. Inpatient drugs and drugs administered in a provider’s office, as well as FDA approved contraceptive drugs and devices.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Services</td>
</tr>
<tr>
<td>---------------------------------</td>
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</tr>
<tr>
<td><strong>Diabetes Self-Management</strong></td>
<td>Blood glucose monitors, blood glucose test strips, insulin pumps, ketone urine test 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.</td>
</tr>
<tr>
<td><strong>Pregnancy and Maternity Care</strong></td>
<td>Prenatal and postnatal care for mother; Inpatient care for mother; 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.</td>
</tr>
<tr>
<td><strong>Family Planning/Sensitive Services</strong></td>
<td>Counseling, surgical procedures for sterilization, contraceptives, elective abortion, treatment of STDs, HIV/AIDS Services.</td>
</tr>
<tr>
<td><strong>Topical Fluoride Varnish</strong></td>
<td>Limited benefit for children under the age of 6 years.</td>
</tr>
<tr>
<td><strong>Enteral Formula</strong></td>
<td>Limited benefit covering limited products for children under the age of 21 years; for anyone with a feeding tube; and for Members 21 years of age or older who are orally fed and have intestinal malabsorption, when Approved by SCFHP.</td>
</tr>
<tr>
<td><strong>Health Education</strong></td>
<td>Health education materials and classes.</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>Medically Necessary crutches, wheelchairs, walkers, breast pumps, apnea monitors, nebulizer machines, ostomy supplies and home oxygen equipment when Approved by SCFHP.</td>
</tr>
<tr>
<td><strong>Orthotics and Prosthetics</strong></td>
<td>Medically Necessary orthotics and prosthetics when Approved by SCFHP.</td>
</tr>
<tr>
<td><strong>Home Health Services</strong></td>
<td>Medically Necessary skilled care (not custodial), nursing care, home visits, Physical Therapy, Speech Therapy and Occupational Therapy.</td>
</tr>
<tr>
<td><strong>Community Based Adult Services</strong></td>
<td>Services such as skilled nursing care, social services, meals, physical therapy, speech therapy, and occupational therapy if you have a health problem that makes it hard for you to take care of yourself and you need extra help, when referred by your PCP, a hospital, skilled nursing facility, or community agency, and Approved by SCFHP.</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facilities</strong></td>
<td>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</td>
</tr>
<tr>
<td>Benefit</td>
<td>Services</td>
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<tr>
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<td>covered from the day of admission and up to one month after the month of admission.</td>
</tr>
<tr>
<td>Hospice</td>
<td>Medically Necessary skilled care, counseling, drugs and supplies, short-term Inpatient care for pain control and system management, bereavement services, Physical Therapy, Speech Therapy and Occupational Therapy, medical social services, short-term Inpatient and respite care.</td>
</tr>
<tr>
<td>Blood and Blood Products</td>
<td>Blood and blood products including processing, storing and administration in out-patient settings, and Medically Necessary collection of autologous blood when Approved by SCFHP.</td>
</tr>
<tr>
<td>Kidney and Corneal Transplants</td>
<td>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.</td>
</tr>
<tr>
<td>Physical and Occupational Therapy</td>
<td>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.</td>
</tr>
</tbody>
</table>
| Speech Therapy: MEDICAL       | SCFHP covers Medically Necessary Speech Therapy Services for:  
|                               |   - Children under the age of 21 years  
|                               |   - Adults living in a Skilled Nursing Facility (level A or B; this includes subacute care facilities)  
|                               | Medical Speech Therapy is a limited benefit for certain adults age 21 years and older. Adults may still be able to receive some or all of these benefits if:  
|                               |   - Member is receiving Services through the Genetically Handicapped Persons Program  
|                               |   - Member is receiving benefits through the county mental health programs  
|                               |   - Member is receiving benefits through the Medicare Part B program  
|                               |   - An Emergency condition occurs and the benefit is required to treat the Emergency condition  
|                               |   - You are currently receiving Services  
<p>|                               | Some of these benefits and Services may be provided in Hospital Outpatient clinics, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, Community Based Adult |</p>
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speech Therapy:</strong></td>
<td></td>
</tr>
<tr>
<td>DEVELOPMENTAL</td>
<td></td>
</tr>
<tr>
<td>Children under the age of 3 years</td>
<td>SCFHP covers developmental Speech Therapy Services for children under the age of 3 years. The Regional Center and Early Start program, along with California Children’s Services (CCS) determine the Medically Necessary diagnostic and preventive Services and treatment plans.</td>
</tr>
<tr>
<td>Children age 3 years and older</td>
<td>Local Education Agency (LEA) covers developmental Speech Therapy Services for children age 3 years and older. Children receive assessment and preventative Speech Therapy Services through the Local Education Agency (LEA). LEA is a carve-out benefit.</td>
</tr>
<tr>
<td><strong>Hearing Tests and Hearing Aids</strong></td>
<td>SCFHP covers hearing tests for:</td>
</tr>
<tr>
<td></td>
<td>• Children under the age of 21 years with required Approval</td>
</tr>
<tr>
<td></td>
<td>• Adults living in a Skilled Nursing Facility (level A or B; this includes subacute care facilities)</td>
</tr>
<tr>
<td></td>
<td>Hearing tests are a limited benefit for certain adults age 21 years and older. Adults may still be able to receive some or all of these benefits if a Member is receiving benefits through the Medicare Part B program.</td>
</tr>
<tr>
<td></td>
<td>Some of these benefits and Services may be provided in Hospital Outpatient clinics, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, Community Based Adult Services, or through home health agencies.</td>
</tr>
<tr>
<td></td>
<td>Hearing aids are covered for Members of all ages. Hearing aid batteries and surgically implanted hearing devices are NOT covered, except when ordered under EPSDT supplemental services. CCS may cover cochlear implants for Members under age 21.</td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>SCFHP covers eye screenings and eye exams by an Optometrist or Ophthalmologist (eye doctor) for Members of all ages every 2 years.</td>
</tr>
<tr>
<td>Benefit</td>
<td>Services</td>
</tr>
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</tbody>
</table>
| Members with diabetes may have eye screening and exams more frequently than every 2 years. | Medically Necessary eyeglasses and frames are a limited benefit for certain adults age 21 years and older. Members who are eligible to receive the limited benefits are:  
- Children under the age of 21 years  
- Adults living in a Skilled Nursing Facility (level A or B; this includes subacute care facilities)  
- Adults receiving benefits through the Medicare Part B program  
“Bandage” contact lenses may be available to eligible adults based on medical necessity. |
| Some of these benefits and Services may be provided in Hospital Outpatient clinics, Federally Qualified Health Centers, Rural Health Clinics, Indian Health Services, Community Based Adult Services, or through home health agencies. |
Section 5

Your Benefits and Coverage

Medi-Cal Covered Benefits Matrix (beginning on page 20), describes your basic health care benefits with SCFHP. Services described in this section are covered only if both things below are true:

- The Services or supplies are Medically Necessary, and
- 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 Carve-Out Benefits (page 43).

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 guidelines for preventive adult or pediatric health care as recommended by the American Academy of Pediatrics; the U.S. Preventive Services Task Force (see Guide to Clinical Preventive Services); and 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 Referral 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 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 the age of 6 years. Fluoride varnish may be applied by your PCP up to 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 midwife 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 health care provider 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 health care provider’s office. This visit must happen within 48 hours after you leave the Hospital. The health care provider and you will decide where the post-discharge follow up visit will happen, based on what is best for you. Your health care provider 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 at no charge to you, if you need them.

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 treatment is needed 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 Words You Should Know (beginning on page 75), 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
- 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” right away. 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 health care provider. 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 an 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; and
- 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 health care providers’ offices, Hospitals, or other medical Service locations.

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

- Member’s medical and physical condition
- Urgency with which the transportation is needed
- Availability of transportation at the time of need
- Cost of the transportation

Non-medical transportation may include public transportation (bus or light rail), taxis, vans, and other public or private transportation. Non-medical transportation may be a group ride sharing transportation service.

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. In most instances, this is a curb-to-curb service. When you use non-medical transportation, you should plan for the following:

- Be ready for your ride: Your ride is scheduled to arrive up to 60 minutes before your scheduled appointment. For example, if your appointment is at 10 a.m., you should be ready no later than 9 a.m.
- Group rides: In most instances, this is a ride-sharing transportation service.
- Curb-to-curb service: In most instances, this is curb-to-curb service, not door-to-door.
- Drivers cannot carry your items.
- Companion or personal care attendant: If necessary, one other person may accompany you. When you call SCFHP Member Services to schedule transportation, let us know that someone will be accompanying you.
- 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 prearranged, scheduled time. This will help you to be on time for your appointment. SCFHP cannot send another car if you miss your ride.

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 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.

This benefit does not cover transportation for Member convenience or to an Emergency room.

**Diabetes Self-Management**

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

- Insulin-dependent diabetes
- Non-insulin-dependent diabetes
- Gestational diabetes

Coverage includes:

- Blood glucose monitors and blood glucose testing strips
- Insulin, insulin pumps, lancet and puncture devices, insulin syringes, and pen delivery systems
- 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 and education

**Outpatient Prescription Drugs**

Outpatient prescription and some non-prescription drugs are covered when they are Medically Necessary, are listed in the Drug Formulary, and are prescribed by a licensed practitioner acting within the scope of his or her license. Other coverage includes:

- Drugs to help you stop smoking for one cycle per benefit year.
- Drugs administered while you are a patient or resident in a rest home, nursing home, convalescent Hospital, or similar facility.
• An Off-Label Drug when the following conditions are met:
  ▪ FDA approved drug;
  ▪ Prescribed by a Plan Physician, either for a Life-Threatening condition or for a Chronic and Seriously Debilitating condition;
  ▪ Medically Necessary to treat that condition; and
  ▪ Recognized for treatment by Appropriately Qualified Health Professional.

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

In case of lost, stolen or spilled medications, you are allowed one refill per lifetime. Any future fills for lost, stolen, or spilled medications are subject to Prior Approval.

See also **Prescriptions: Getting Medications** (page 16).

**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 a drug that has been approved by the Food and Drug Administration (FDA) meeting the same standards of safety, purity, and effectiveness of the brand name drug. See also **Prescriptions: Getting Medications** (page 16).

**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 and the Member has a diagnosis, is receiving food through a feeding tube, or is part of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), in order to prevent the development of serious physical or mental disabilities that could occur from PKU.

SCFHP will cover Formula and certain Special Food Products, as defined below, which may be prescribed for the treatment of PKU. The coverage applies only if the 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 a liquid food for infants and it has most of the nutrients found in human milk. Special Food Products include food that is specially formulated to have less than one gram of protein per serving, excluding foods that are naturally low in protein and replacing normal food products purchased in a retail store.

The formula or Special Food Products must be prescribed by a PCP or Specialist and Approved by SCFHP.

**Enteral Formula**

SCFHP covers Medically Necessary Enteral Formulas to prevent the development of serious disability or death in patients with medically diagnosed conditions or receiving food through a
feeding tube that does not allow the full use of regular foods. This is a limited benefit for infants and children below the age of 21 years old; for anyone with a feeding tube; and for Members 21 years of age or older who are orally fed and have intestinal malabsorption. The Enteral 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 or are part of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). Common household food items, and Experimental or Investigational products are not covered by SCFHP.

**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
- 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 Food and Drug Administration. You may pick a Plan Physician or clinic to provide these Services. You may also pick a Physician or clinic not connected with SCFHP, and you don’t have to get Approval from SCFHP. SCFHP will pay that
Physician 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 Health Care Services, Office of Family Planning 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)
  - Contraceptive foams and jellies
  - 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 that do not required Inpatient Hospitalization when received from any qualified provider.

Minors who are at least 12 years of age do not need to get a parent’s approval to get an abortion. See also **Words You Should Know** (beginning on page 75).

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

**Gender Identity Disorder Services**

Gender reassignment surgery is covered when the Member with the Gender Identity Disorder is at least 18 years of age, and other standard requirements are met. Covered benefits include psychotherapy, continuous hormonal therapy, laboratory testing, and gender reassignment surgery that is not cosmetic in nature.

Surgery may include: mastectomy, orchiectomy, hysterectomy, salpingo-oophorectomy, ovariectomy, and genital surgery including placement of testicular prostheses.

Augmentation mammoplasty for male-to-female individuals is only covered when hormone therapy has not resulted in breast enlargement.
**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.

**Dental Anesthesia**

For dental procedures, general anesthesia and facility Services related to the anesthesia are covered at no charge if:

- You are under age 7, or you are developmentally disabled, or your health is compromised; and
- Your clinical status or underlying medical condition requires that you get the dental procedure in a hospital or outpatient surgery center; and
- The dental procedure would not usually require general anesthesia.

We do not cover any other Services related to the dental care, such as the dentist’s Services.

**Hearing Tests and Hearing Aids**

Hearing tests and hearing aids may be covered for Members, if provided by a Plan Specialist upon Referral by your PCP and Approved by SCFHP.

Hearing aid benefits are subject to a $1,510 maximum allowed per member per year. Hearing aid benefits include hearing aid supplies and accessories. The following are exceptions:

- Pregnancy-related benefits and benefits for the treatment of other conditions that might complicate the pregnancy.
- Members who are part of the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT).
- Replacement of hearing aids that are lost, stolen, or irreparably damaged due to circumstances beyond the Member’s control. This is not included in the $1,510 maximum benefit cap.

Hearing aid batteries, loaner hearing aids during repair periods, and surgically implanted hearing devices are not covered, except when ordered under EPSDT supplemental services.
CCS may cover cochlear implants for Members under age 21.

Generally, Services are not covered for adults age 21 years and older. See Medi-Cal Covered Benefits Matrix (page 20), Benefit Exclusions and Limitations (page 47), or contact Member Services for more information.

Hearing tests are covered for the following members:

- Children under the age of 21 years (does not require Approval).
- Adults living in a Skilled Nursing Facility (level A or B; this includes subacute care facilities). See Skilled Nursing Facility or “SNF” Care (Subacute/Intermediate Facility Care) (page 37).
- Children receiving benefits through the California Children’s Services Program.

**Durable Medical Equipment**

SCFHP covers Medically Necessary Durable Medical Equipment (DME) that is prescribed by your provider and Approved by SCFHP. Coverage is limited to the lowest cost DME that meets your medical needs, and 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; and
- Within Medi-Cal frequency allowances.

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 will choose whether to rent or to buy standard equipment, and will choose who to rent or buy the DME from. SCFHP covers repair or replacement of Durable Medical Equipment, unless you lose or misuse it. If you lost it, SCFHP can approve replacement equipment with documentation. You must give the DME back to SCFHP when SCFHP no longer covers it.
**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; and
- 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.

Diabetics may receive podiatric (related to feet) devices to prevent or treat diabetes-related complications.

Exclusions (not a covered benefit under Medi-Cal):

- 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

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 Medi-Cal Covered Benefits Matrix (beginning on page 20), and Emergency Health Care Services (page 27).

Children who are 12 years of age or older may be able to access mental health Services through their PCP (if within the PCP’s scope of practice), or from the Santa Clara County Mental Health Department, without the consent of their parent or guardian.

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 may be provided if you are homebound. SCFHP covers home health care Services that are prescribed or directed by a Plan Physician or other Appropriately Qualified Health Professional designated by SCFHP.

Home health care Services include:

- Visits by registered nurses (RNs), licensed vocational nurses (LVNs), social workers, 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

Community Based Adult Services

Community Based Adult Services (CBAS) is a service you may qualify for if you have health problems that make it hard for you to take care of yourself and you need extra help. If you qualify to get CBAS, SCFHP will send you to the center that best meets your needs. If there is no center in Santa Clara County, SCFHP will make sure you get the services you need from other providers.

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

- Skilled nursing care
- Social Services
- Meals
- Physical Therapy
- Speech therapy
- Occupational therapy

CBAS centers also offer training and support to your family and/or caregiver.

You may qualify for CBAS if:
• You used to get these services from an Adult Day Health Care (ADHC) center and you were approved to get CBAS
• Your PCP refers you for CBAS and you are approved to get CBAS by SCFHP
• You are referred for CBAS by a hospital, skilled nursing facility or community agency and you are approved to get CBAS by SCFHP

**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 for:

• Children under the age of 21 years
• Adults living in a Skilled Nursing Facility (level A or B; this includes subacute care facilities)

Generally, Speech Therapy Services are not covered for adults age 21 years and older. See Medi-Cal Covered Benefits Matrix (beginning on page 20) and Benefit Exclusions and Limitations (beginning on page 47), for more information.

Speech Therapy, for learning 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.

Developmental Speech Therapy is covered for children under the age of 3 years. For children age 3 years and over, Developmental Speech Therapy is carved out to the Local Education Agency (LEA). See Medi-Cal Covered Benefits Matrix (beginning on page 20), for more information.

**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 and Occupational Therapy (page 37), and Speech Therapy (page 37).
• Prescribed drugs and medications.
• Medical supplies, appliances, and equipment ordinarily furnished by the SNF.
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 Skilled Nursing Facility or “SNF” Care (Subacute/Intermediate Facility Care) (page 37), 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 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. Wigs are not a covered benefit, but may be available through the American Cancer Society.

**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 the age of 21 years 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**

Members who are nearing the end of life can choose to get Hospice Services for their terminal illness. 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. Only inpatient facility hospice care must be Approved by SCFHP. No approval is needed for at home hospice care.

SCFHP covers Hospice Care when:

- You have an illness that you will not recover from and your health care provider thinks you have less than one year to live.
• Your plan of care is directed and coordinated by medical professionals, such as Physicians or nurses.

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.

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, Speech Therapy, and 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 unrelated to the hospice condition that does not exceed more than 5 days at a time when needed

Pain Management

SCFHP covers drugs that are prescribed for Chronic pain management and has Plan Specialists that can help with 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 Blood (your own blood), when Medically Necessary

Vision Care Services

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

Medically Necessary eyeglasses and frames are a limited benefit and the Members eligible for this benefit are:

• Children under the age of 21 years
• Adults living in a Skilled Nursing Facility (level A or B; this includes subacute care facilities)
See **Benefit Exclusions and Limitations** (beginning on page 47), 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 that are provided by your PCP or any qualified provider (see **Family Planning Services**, page 31, for more information):
  - 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)
    - Contraceptive foams and jellies
    - FDA approved oral and injectable contraceptive devices and drugs
    - 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 from the following providers, whether or not the provider has a contract with SCFHP:
  - Your Physician (PCP)
  - An OB/GYN
  - Public Health Service
  - A clinic
  - 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 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 from the following providers, whether or not the provider has a contract with SCFHP:

- Your Physician (PCP)
- An OB/GYN
- Public Health Service
- A clinic
- Any other qualified provider

SCFHP will cover your HIV test, even if the test is not related to the main reason for your health care provider, clinic, or Emergency room visit. For any follow up Services, you must go to your PCP for treatment or for Referral to a Specialist.

- Human Papilloma Virus (HPV) vaccine.

**Minor Consent Services**

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

- Services related to sexual assault, including rape
- Pregnancy-related Services
- Family Planning Services (see Sensitive Services: Family Planning Services, above)
- Sexually transmitted disease (STD) Services (see Sensitive Services: Sexually Transmitted Disease Services, above)
- Abortions (see Sensitive Services: Abortion Services, above)
- HIV/AIDS Services (see Sensitive Services: HIV/AIDS Services, above)
- Drug and alcohol abuse treatment for children age 12 years and older
- Immunizations obtained from the Santa Clara County Public Health Department
- Outpatient mental health Services (see page 36)

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 from 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 a certified nurse midwife (CNM) who is a Non-Plan Provider.

**Major Organ Transplants**

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

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

Also, see **Carve-Out Benefits**, beginning on page 43, 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. This section (**Your Benefits and Coverage**) 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 Plan Provider transfer your care to the appropriate state or county program and provider.
Section 6

Carve-Out Benefits

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

- Long Term Care Facility: See Long-Term Care Facility, page 44
- Major Organ Transplant: See Major Organ Transplants, page 45

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 21 years and older. See Acupuncture Services (page 47), for a description of the limitations and exceptions.

Alcohol and Drug Rehabilitation Services

Chemical dependency rehabilitation services are provided by Gateway. For more information, call 1-800-488-9919.

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 years 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 1-408-793-6200.
**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 21 years and older. See **Chiropractic Services** (page 47), for a description of the limitations and exceptions.

**Dental Services**

You must get these Services through Denti-Cal. 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 21 years and older. See **Dental Services** (page 47), for a description of the limitations and exceptions. Exclusions do not apply to Medically Necessary covered Services and also do not apply to certain Services needed to get your jaw ready for radiation treatment, as long as the SCFHP Plan Provider gives you a referral to a dentist.

You may contact the Denti-Cal toll free beneficiary line at **1-800-322-6384** 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 the Santa Clara County Public Health Department if you are at risk or need treatment for tuberculosis.

**Erectile Dysfunction Drugs**

Erectile dysfunction drugs approved by the Food and Drug Administration (FDA) may be covered under the Medi-Cal Fee-For-Service Program if used to treat a condition other than sexual or erectile dysfunction. These drugs are not a covered benefit with SCFHP.

**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, 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 appropriate 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, you will remain in SCFHP and you will be able to receive the waiver program’s Services.

**Long-Term Care Facility**

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.

The one exception to this is if you are enrolled in Hospice Care and are in a Long-Term Care Facility. If you are enrolled in Hospice Care, you will remain a Member of SCFHP.

Please see Skilled Nursing Facility or “SNF” Care (Subacute/Intermediate Facility Care) (page 37), for more information.

**Major Organ Transplants**

Major organ transplants such as lung, heart, or multiple organ transplants 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 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 (page 42), 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 provided by psychiatrists; psychologists; licensed clinical social workers; marriage, family, and child counselors; or other specialty mental health provider are not a covered benefit of SCFHP. These 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.
You can see more references to mental health Services in **Emergency Health Care Services** (page 14), and in **Outpatient Mental Health Services** (page 36).
Section 7

Benefit Exclusions and Limitations

This section tells you about Services that SCFHP does NOT cover (called Exclusions) and about limits to Services that SCFHP does cover (called Limitations). Some of these Services may be benefits outside of SCFHP, through other programs such as the Medi-Cal Fee-For-Service Program. See Carve-Out Benefits (page 43), for more information about benefits you might have outside of SCFHP.

Exclusions Due to Medi-Cal Law Change

Due to a change in California law, Medi-Cal benefits have been reduced, with some exceptions. This affects Medi-Cal Members age 21 years and older. Medi-Cal no longer pays for the following benefits and Services for most adults:

- 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 years; 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 out-patient Services; or
- Receiving Services provided by a Physician.

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

In addition to exclusions and limitations mentioned throughout this EOC, 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.
  - Services provided by 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.
  - 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 health care provider, 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.

Specific Exclusions and Limitations

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 21 years and older. See Acupuncture (page 43), for more information.
- Applied Behavioral Analysis (ABA) services.
- 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 call Member Services. You can also contact CCS directly at 1-408-793-6200. See California Children’s Services (CCS) (page 43), for more information.
• Case management for childhood lead poisoning: You can get these Services from the Santa Clara County Department of Public Health, 1-408-792-5551.

• Cosmetic procedures: Plastic surgery or other cosmetic services to change the way you look and that your PCP says are 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.

• Cosmetic laser treatments: Laser treatments for cosmetic purposes of skin lightening, dermabrasion, or tattoo removal that are not Medically Necessary.

• Custodial care: Care helping you with activities of daily living, such as housekeeping and meal services, including:
  ▪ Services that can be done by people who do not need a medical license or do not 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 for tuberculosis and alcohol and drug addiction rehabilitation. See Direct Observed Therapy (DOT) for Tuberculosis (page 44), 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.
  ▪ Wigs.
  ▪ Medical Alert devices, such as wristbands.
  ▪ 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 21 years and older.

• 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 Words You Should Know (beginning on page 75), 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 (page 55), 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 Members generally not covered for adults age 21 years and older.

• Hair loss or growth treatment: Services to make hair grow or for hair loss.

• Hearing devices that are surgically implanted.

• Hearing aid replacement batteries and loaner hearing aids during repair periods.

• 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). These Services are available through referral to the Santa Clara County’s San Andreas 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 Facility or “SNF” Care (Subacute/Intermediate Facility Care) (page 37), for more information.

• Major Organ transplants: Organ transplants, except for kidney and corneal transplants. Medi-Cal regulations require that you leave (Disenroll from) SCFHP and return to the
Medi-Cal Fee-For-Service Program if an organ transplant is needed. See **Major Organ Transplants** (page 42), and **Major Organ Transplants** (page 45), 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 the age of 12 years, as more fully described in **Phenylketonuria (PKU) Testing and Treatment** (page 30), and **Enteral Formula** (page 30).

- **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 or Hospice Care as detailed in **Skilled Nursing Facility or “SNF” Care (Subacute/Intermediate Facility Care)** (page 37), and **Hospice Care** (page 38).

- **Personal items**: Personal comfort items or items and services for convenience, such as television and/or similar items.

- **Prescriptions that are not approved by the 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 identified by the targeted case management program, including medical, social, and educational services, are not covered by SCFHP.
- Temporomandibular Joint Dysfunction (TMJ) treatment: Appliance therapy for the treatment of TMJ.
- Vasectomy and Tubal Ligation reversal: Surgery to reverse a Vasectomy or a Tubal Ligation.
Section 8

Grievance, Appeal, and State Fair Hearing Procedures

SCFHP wants you to be satisfied with your health care. If you have questions regarding your care, we encourage you to speak with the health care professional treating you. In most cases, they can provide answers right away and hopefully resolve your questions or concerns. If the problem is not resolved, call SCFHP’s Member Services. They will work with you to fix the problem and if we cannot solve the problem, you may file a formal complaint or grievance. Services previously authorized will continue during the grievance process.

If you receive a Notice of Action (denial letter), you have 90 days from the date on the Notice of Action to file an appeal with SCFHP. You may also request a State Fair Hearing from the State Office of the Ombudsman within 90 days.

You can also file a grievance that is not about a Notice of Action. You must file your grievance with SCFHP or the provider within 180 days from the day the incident or action occurred which caused you to be dissatisfied.

**Grievances and Appeals**

This is an overview of SCFHP’s Grievance and Appeals 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 Physician, medical group, or Hospital; or any other health care provider issue that you cannot solve with that health care provider, is called a Grievance.

Any complaint about a Notice of Action you have received telling you that a medical Service has been denied, deferred, or modified is called an Appeal.

Examples of when you might file a Grievance or Appeal:

- 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.

**How to File a Grievance or Appeal:**

You can file your Grievance or Appeal orally or in writing. To file a Grievance or Appeal with SCFHP:

- Call Member Services; or
- Come to our office at 210 East Hacienda Ave., Campbell, CA 95008; or
- Use SCFHP’s website ([www.scfhp.com](http://www.scfhp.com)) to file a Grievance; or
Fax to the Grievance Fax at 1-408-874-1962; or
Write to SCFHP at:
Santa Clara Family Health Plan
Attention: Grievance Department
210 East Hacienda Avenue
Campbell, CA 95008

SCFHP Grievance and Appeal Timeframes:
If you file a Grievance or Appeal 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 receiving your Grievance or Appeal letting you know that SCFHP received it.
- Resolve your Grievance, including all Appeals, within 30 calendar days of receiving your Grievance or Appeal.
- Send you a letter telling you how we have handled your Grievance or Appeal.

Asking for a Faster (Expedited) Grievance or Appeal Review (72 Hour Response)
You or your health care provider 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, or potential loss of life, limb, or major body function. You are not required to file a Grievance with SCFHP before you ask the Department of Social Services for a State Fair Hearing to review your case on an expedited (“urgent”) basis.

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.
- A request to continue a course of treatment that is ending.

If you decide to file an expedited Grievance with SCFHP, SCFHP’s Medical Director will decide if your case qualifies for an expedited review. SCFHP will:
- Notify you of the Medical Director’s decision within 24 hours of receiving your Grievance to tell you if your Grievance has been accepted as urgent.
- Resolve your Grievance or Appeal and notify you of our decision in writing within 3 working days of receipt of your 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. Deaf or hard of hearing and speech impaired may call the TTY/TDD.
number at 1-877-688-9891. You may also obtain complaint forms, Independent Medical Review application forms and instructions online on DMHC’s website at www.hmohelp.ca.gov.

**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 review of:

- Medical decisions made by a health plan related to the medical necessity of a proposed Service or treatment;
- Coverage Decisions for treatments that are Experimental or Investigational in nature; and
- Payment disputes for Emergency 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 Deaf, hard of hearing, or speech impaired can use the toll free TTY/TDD number, 1-877-688-9891, to contact the Department. Also, you may obtain complaint forms, IMR application forms and instructions online on DMHC’s website at www.hmohelp.ca.gov.

**Requesting a State Fair Hearing from the Department of Social Services**

You can request a State Fair Hearing if you disagree with SCFHP’s or a provider’s denial, deferral, or modification of a Service requested by you or your provider. 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 have a right to ask for a State Fair Hearing at any time during the Grievance and Appeal process. You can request the State Fair Hearing from the Department of Social Services instead of filing a grievance with SCFHP, or you can do both at the same time.

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, call 1-800-952-5253, or fax to 1-916-651-5210 or 1-916-651-2789 to request a State Fair Hearing. Deaf, hard of hearing, or speech impaired Members may call 1-800-952-8349, to request a State 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 State Fair Hearing you may represent yourself, or have an authorized person such as a lawyer, relative, friend, or other person represent you.

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

**Expedited State Fair Hearing**

You can ask for a faster (expedited) State Fair Hearing 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. The expedited process only applies to an SCFHP denial of a requested Service. If your request qualifies as expedited, the Expedited State Fair Hearing will take place, and a decision will be made, all within 72 hours.

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 if 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 an 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.

Your application for IMR will be reviewed by the DMHC to confirm your eligibility and 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 health care provider 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 Necessary, 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 IMR 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 IMR 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/or SCFHP acted in bad faith or have 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 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 month of 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 SCFHP’s 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
- 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 at **1-408-491-6300**.

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
- 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 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 1 year
- Adults 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 Adoption 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 10 days of any changes.
Section 11

Disenrollment from SCFHP

You May Choose to Disenroll

To “Disenroll” means you are no longer a Member with SCFHP but you are still a member in the Medi-Cal Managed Care program. You may Disenroll from SCFHP at any time, for any reason. To Disenroll from SCFHP, call Health Care Options (HCO) at 1-800-430-4263. HCO is the organization that will process your request for Disenrollment from SCFHP. HCO will send you a 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 must continue to receive Services through SCFHP. Your enrollment with SCFHP will end on the last day of the month in which HCO approves your request. Once your Disenrollment is complete, you will no longer be able to get care from SCFHP.

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
- American Indians

If approved by HCO, your expedited Disenrollment will be effective the first day of the month in which HCO receives your request.

You may disenroll from a Medi-Cal Managed Care health plan to the Medi-Cal Fee-For-Service program only if you:

- Are enrolled in a Medi-Cal Managed Care program (SCFHP) for less than 90 days
- Are receiving treatment and/or Services for pregnancy or for a complex medical condition
- Are being treated by a doctor who does not work with any Medi-Cal Managed Care Health Plan

If you meet the above requirements, you or your health care provider may call Health Care Options at 1-800-430-4263. Ask them for a “medical exemption.” To qualify, you must prove that you are pregnant or have a complex medical condition and need to continue care with the health care provider you are seeing. A complex medical condition is a serious condition that is
for the most part disabling or life threatening and requires multiple treatments and services to ensure the best possible outcome for you (such as HIV/AIDS, major organ transplant).

**Disenrollment of American Indians**

American Indians may Disenroll from SCFHP without cause and return to Medi-Cal Fee-For-Service 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 prison or jail.
- You are accepted as a transplant candidate for a major organ transplant and the transplant has been authorized by DHCS or CCS (except for kidney or corneal transplants, which do not require disenrollment).
- You choose to enroll in another Medi-Cal HMO (please see the note below).
- You are in a nursing home beyond the month of admission and the following month.
- 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.

**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, or
- At midnight on the date of termination of coverage as described elsewhere in this section, or
- 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
- 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;
- 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. Then 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 Deaf, hard of hearing or speech impaired, you can call the TTY/TDD number: **1-877-688-9891**. You can also contact the Department through its website at [www.hmohelp.ca.gov](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.

If the cost of Services is paid by another source (a “third party”), DHCS may have a right to get the money back from the third party. If DHCS does not recover these costs, SCFHP may do so. DHCS has the right to recover and can ask a third party for money related to Services you get from us if:

- You are sick or hurt due to someone else, such as a car accident (third party tort liability)
- You are hurt on the job (workers’ compensation)
- There is money owed (estate recovery)

When DHCS has the right to recover due to a third party’s action:

- We will give you any medically necessary Services at the time Services are needed
- We will let DHCS know about the third party’s action if we know about it
- We will ask the third party to pay us back for the Services provided
- You will need to help us get the necessary information from the third party so that we can get paid back

Keep in mind:

- If the third party pays you money, you must pay DHCS for Services that we paid for or gave to you
- The amount you owe DHCS will never be more than the amount you get from the third party
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 payer 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 DHCS.
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, sending all of the information listed below. You need to send us:

- A copy of the bill;
- Proof of payment, if you paid it;
- The Member’s name and address;
- The Member identification number on the Member ID card;
- The name and address of each provider paid;
- 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.

Send all of the above information to:

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

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 *Your Benefits and Coverage* (beginning on page 25), for covered Services and to *Benefit Exclusions and Limitations* (beginning on page 47), 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 Physicians, 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 Plan Provider a fixed amount for each Member assigned to the Plan 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 Plan Provider gives the Member.

- **Fee-for-service:** This means SCFHP pays the Plan 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. SCFHP pays its contracted Plan Providers in the following manner:

- 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 Plan Providers on a salary, capitation, or fee-for-service basis.
- 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.

SCFHP has no financial penalties designed to limit care.

For more information about how SCFHP pays its Plan Providers, call Member Services, your Plan Provider, or your Plan 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 guidelines.

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
- As otherwise permitted or required by our contract with DHCS
- 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. See **Notice of Privacy Practices** (page 83). You may also get more information on SCFHP’s website at [www.scfhp.com](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 www.unos.org. The OPTN website also provides transplant and donor information at www.optn.org.

Advance Health Care Directives

An Advance Health Care Directive is a form you fill out in advance to tell SCFHP, your health care provider, 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 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 (DHCS) receives the notification of your death, the DHCS will decide whether or not the costs of the Services you received must be paid back. In making this decision, the DHCS will consider how much was paid by Medi-Cal and how much is left of your possessions. Regardless of what is owed, the DHCS 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, along with 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: Any complaint about a Notice of Action you have received telling you that a medical Service has been denied, deferred, or modified is called an Appeal.

Appropriately Qualified Health Professional or AQHP: 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 health care provider 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 (EOC): The name of this document. It 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, room and board, or personal assistance services that do not require trained medical or health professionals for delivery of services. 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.

**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 decides 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 Plan 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 or 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 (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 to be not Medically Necessary. As a rule, they are not covered by SCFHP. See Experimental in Benefit Exclusions and Limitations (beginning on page 47), for more information.

Expeditied 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 Physician who treats people of all ages.
**FDA or 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:** A person who translates what is said in one language to another language.

**Investigational:** See *Experimental (Investigational).*

**IPA:** See Individual Practice Association.

**Laryngectomy:** Surgery performed 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**: All covered Services that are reasonable and necessary to protect life, prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness, or injury. The Services as determined by SCFHP:

- Are 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.

The definition of Medically Necessary is expanded for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) of Members under 21 years of age to include Medically Necessary health care, diagnostic services, treatment and other measures to correct or improve defects, physical and mental illness, or other conditions discovered by the EPSDT screening services.

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

**Member (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 years 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**.

**Non-Plan Specialist**: A Physician who provides certain specialty medical care and who does not have a contract with SCFHP.

**OB/GYN or Obstetrician/Gynecologist**: A Physician 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 and that is not listed on the label as being approved by the Food and Drug Administration (FDA) for treatment of that disease. It may also mean a drug that is used in a different dosage or by a means not listed on the label.

**Ophthalmologist**: A Physician 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 Physician 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)** and **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 Physicians, internal medicine doctors, Pediatricians, OB/GYNs (Obstetricians/Gynecologists), or clinics employing such
doctors. Certified nurse practitioners, certified nurse midwives, and physician assistant,
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 Directory:** A booklet issued by SCFHP listing the names, addresses, telephone
numbers, and other useful information about Plan Providers.

**Provider Group:** See **Plan Provider Group**.

**Referral:** The process used by your Physician 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
Physician 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 County 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 health care
provider, 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. It can be 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, 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 health care provider can refer (send) you to a Specialist Physician 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, see Specialist and Referral.

**Telehealth:** Telehealth is a mode of delivering health care services and public health utilizing communication technologies such as email, telephone, text messaging, or video conference. Health care providers may use Telehealth for diagnosis, consultation, treatment, education, care management, or facilitation of self-management of patients. SCFHP accepts verbal consent from its members in order to use Telehealth services.

**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, see Emergency Health Care Services.

**Vasectomy:** Surgery to excise a man’s Vas deferens to prevent him from fathering a child.
Section 18
Notice of Privacy Practices

Effective: September 1, 2013

A Message for Santa Clara Family Health Plan Members

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

In this notice we use the terms “we,” “us,” and “our” to describe Santa Clara Family Health Plan.

Santa Clara Family Health Plan (SCFHP) is required by state and federal law to protect your health information. We must give you this Notice that tells how we may use and share your information. It also tells you what your rights are.

Your Information is Personal and Private

We get information about you from Federal, State, and local agencies after you are eligible to enroll in our health plan. We also get medical information from your health care providers, clinics, labs, and hospitals so we can approve and pay for your health care.

What is “Protected Health Information”? 

Your Protected Health Information (“PHI”) is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.

Our staff follows policies and procedures that protect your health information given to us in oral, written or electronic ways. Our staff goes through training which covers the internal ways members’ oral, written and electronic PHI may be used or disclosed across the organization. All our staff with access to your health information is trained on privacy and information security laws. Staff has access only to the amount of information they need to do their job.

Our employees also follow internal practices, policies and procedure to protect any conversations about your health information. For example, employees are not allowed to speak about your information in the elevator or hallways. Employees must also protect any written or electronic documents containing your health information across the organization.

Our computer systems protect your electronic PHI at all times by using various levels of password protection and software technology. Fax machines, printers, copiers, computer screens, work stations, and portable media disks containing your information are carefully guarded from others who should not have access. Employees must ensure member PHI is picked up from fax machines, printers and copiers and only is received by those who have access. Portable media devices with PHI are encrypted and must have password protections applied. Computer screen must be locked when employees are away from their desks and offices. Workstation drawers and cabinets that contain PHI have secure locks placed on them.
Changes to Notice of Privacy Practices

We must obey the Notice that we are using now. We have the right to change these privacy practices. Any changes in our practices will apply to all of your medical information. If we do make changes required by law, we will notify you.

How We May Use and Share Information about You

Your information may be used or shared by us only for treatment, payment and health care operations. Some of the information we use and share is:

- Your name,
- Address,
- Personal facts,
- Medical care given to you,
- The cost of your medical care, and
- Your medical history.

Some actions we take when we act as your health plan include:

- Checking whether you are covered,
- Approving, giving, and paying for services,
- Investigating or prosecuting cases (like fraud)
- Checking the quality of care you receive,
- Making sure you get all the care you need.

Some examples of why we would share your information with others involved in your health care are:

- **For treatment:** You may need medical treatment that needs to be approved ahead of time. We will share information with health care providers, hospitals, and others in order to get you the care you need.

- **For payment:** We use your PHI to pay for health care claims sent to us for your medical care. When we do this, we share information with the health care providers, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.

- **For health care operations:** We may use information in your health record to check the quality of the health care you receive. We may also use this information in audits, programs to stop fraud and abuse, planning and general administration.

- **For business associates:** We may use or disclose your PHI to an outside company that assists us in operating our health system.
Other Uses for your Health Information

The following is a description of other possible ways in which we might (and are permitted to) use and/or disclose your protected health information:

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

- You or your Physician, hospital, and other health care providers may not agree if we decide not to pay for your care. We may use your health information to review these decisions.

- We may share your health information with groups that check how our health plan is providing services.

- We may share information with persons involved in your health care, or with your personal representative.

- We must share your health information with the federal government when it is checking on how we are meeting privacy rules.

- We may share your health information with organizations that obtain, bank or transplant organs or tissue donations.

- We may share your health information about a worker’s compensation illness or injury following written request by your employer, worker’s compensation insurer, or their representatives.

- We may use and share your health information for certain kinds of research.

- We may give out your information for public health activities. These activities may include, but are not limited to the following:
  - To prevent or control disease, injury, or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report problems with medications and other medical products;
  - To notify people of recalls of products they may be using; and
  - To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

When Written Permission is Needed

If we want to use your information for any purposes not listed above, we must get your written permission. If you give us your permission, you may take it back in writing at any time.
What Are Your Privacy Rights?

You have the right to ask us not to use or share your protected health care information. We will send you a form to fill out to tell us what you want. Or, we can fill out the form for you. We may not be able to agree to your request.

You have the right to ask us to contact you only in writing or at a different address, post office box, or by telephone. We will accept reasonable requests when necessary to protect your safety.

You and your personal representative have the right to get a copy of your health information. You will be sent a form to fill out to tell us what you want copied. You may have to pay for costs of copying and mailing records. (We may keep you from seeing certain parts of your records for reasons allowed by law.)

You have the right to ask that information in your records be changed if it is not correct or complete. You will be sent a form to fill out to tell us what changes you want. We may refuse your request if:

- The information is not created or kept by SCFHP, or
- The information is not part of a standard set of information kept by use, or
- The information has been gathered for a court case or other legal actions, or
- We believe it is correct and complete.

We will let you know if we agree to make the changes you want. If we don’t agree to make the changes you want, we will send you a letter telling you why. You may ask that we review our decision if you disagree with it. You may also send a statement saying why you disagree with our records. We will keep your statement with your records.

Important

Santa Clara Family Health Plan does not have complete copies of your medical records.

If you want to look at, get a copy of, or change your medical records,
please contact your Physician or clinic.

When we share your health information you have the right to request a list of:

- Whom we shared the information with,
- When we shared it,
- For what reasons, and
- What information was shared.

This list will not include when we share information with you, with your permission, or for treatment, payment, or health plan operations.

You have a right to request a printed paper copy of this Notice of Privacy Practices.
Privacy Breach

Breach of the Security of the System means unauthorized acquisition of computerized data that compromises the security, confidentiality, or integrity of a Member’s personal information maintained by SCFHP. Good faith acquisition of a Member’s personal information by an employee or agent of SCFHP for the purposes of SCFHP is not a Breach of the Security of the System, provided that the personal information is not used or subject to further unauthorized disclosure.

Personal Information means a Member’s first name or first initial, and last name, in combination with any one or more of the following data elements, when either the name or the data elements are not encrypted: 1) Social Security number; 2) driver’s license number or California identification card number; 3) credit or debit card number, or account number, in combination with any required security code, access code, or password that would permit access to an individual’s financial account; 4) medical information; or 5) health insurance information. Personal information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records. Medical Information means any information regarding a Member’s medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional. Health Insurance Information means a Member’s health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify the Member, or any information in a Member’s application and claims history, including any appeals records.

In the event that an unauthorized person acquires private health information of SCFHP’s Members, SCFHP will disclose the breach to the affected Members as quickly as possible, without unreasonable delay, consistent with the legitimate needs of law enforcement or any measures necessary to determine the scope of the breach and restore the reasonable integrity of the data system.

The security breach notification to Members shall be written in plain language, and include (at a minimum), the name and contact information of the Member who is reasonably believed to have been the subject of the breach. If any of the following information is possible to determine at the time the notice is provided, the notification shall include: the date of the breach; or the estimated date of the breach; or the date range within which the breach occurred. The notification shall also include: the date of the notice; whether the notification was delayed as a result of law enforcement investigation; a general description of the breach incident; and the toll free telephone numbers and addresses of the major credit reporting agencies, if the breach exposed a Social Security number, a driver’s license number, or a California identification card number. At the discretion of SCFHP, the notification may also include: information about what SCFHP has done to protect Members whose information has been breached; and/or advice on steps that the Member whose information has been breached may take to protect him/herself.

The security breach notification may be provided by one of the following methods: 1) written notice; 2) electronic notice; or 3) substitute notice. A substitute notice may be used if SCFHP demonstrates that the cost of providing notice would exceed two hundred fifty thousand dollars ($250,000), or the number of affected Members to be notified exceeds 500,000, or when SCFHP
does not have sufficient contact information. Substitute notice shall consist of all of the following: 1) email notice when SCFHP has an email address for the affected Member; 2) conspicuous posting of the notice on SCFHP’s internet website; and 3) notification to major statewide media and the Office of Information Security within the California Technology Agency.

If the breach affects more than 500 Members, SCFHP will send a single sample copy of the security breach notification to the Attorney General (excluding any personally identifiable information).

SCFHP’S POLICIES AND PROCEDURES FOR PRESERVING THE CONFIDENTIALITY OF MEDICAL RECORDS IS AVAILABLE AND WILL BE FURNISHED TO YOU UPON REQUEST.

**How Do You Contact Us to Use Your Rights?**

If you want to use any of the privacy rights explained in this Notice, please call or write us at:

**Compliance and Privacy Officer**  
Santa Clara Family Health Plan  
210 E. Hacienda Avenue  
Campbell, CA  95008  
Toll-free: **1-800-260-2055**  
TTY/TDD: **1-800-735-2929**

**Complaints**

If you believe that we have not protected your privacy and wish to complain, you may file a complaint (or grievance) by calling or writing us:

**Compliance and Privacy Officer**  
Santa Clara Family Health Plan  
210 East Hacienda Avenue  
Campbell, CA  95008  
Toll free: **1-800-260-2055**  
Fax: **1-408-874-1970**  
TTY/TDD: **1-800-735-2929**

OR you may contact the agencies below:

**Privacy Officer**  
California Department of Health Care Services  
1501 Capitol Avenue, MS0010  
Sacramento, CA  95899  
**1-916-440-4680** or **1-877-735-2928** (TTY/TDD)  
Fax: **1-916-440-7680**  
Email: Privacyofficer@dhcs.ca.gov
Office for Civil Rights, Attention: Regional Manager  
Secretary of the U.S. Department of Health and Human Services  
90 Seventh Street, Suite 4-100  
San Francisco, CA 94103  
Voice: 1-800-368-1019 or 1-800-537-7697 (TTY/TDD)  
Fax: 1-415-437-8329

**Use Your Rights Without Fear**

We cannot take away your health care benefits or do anything to hurt you in any way if you file a complaint or use any of the privacy rights in this Notice.

**Questions**

If you have any questions about this Notice and want further information, please contact the SCFHP Privacy Officer at the address and phone number above. To get a copy of this Notice in other languages, Braille, large print, on audiocassette or CD-ROM, please call or write the SCFHP Privacy Office at the number or address listed above.
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 the current policies.

Santa Clara Family Health Plan está comprometido en proporcionar atención de acceso oportuno para todos sus miembros. SCFHP se esfuerza en garantizar que todos los servicios médicos se presten de forma oportuna. Santa Clara Family Health Plan seguirá notificando a nuestros miembros de 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.
Main Office
210 East Hacienda Avenue
Campbell, CA  95008
1-800-260-2055

Application Assistance Center
1153 S. King Road
San Jose, CA  95122
1-877-688-7234

www.scfhp.com

Download the Kaywa QR Code Reader (App Store &Android Market) and scan your code!

www.scfhp.com

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