

# Member Handbook



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What you need to know about your benefits

California Health & Wellness Combined  
Evidence of Coverage (EOC) and Disclosure  
Form

2023

Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial,  
Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter,  
Tehama, Tuolumne, and Yuba counties



# Other languages and formats

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## Other languages

You can get this Member Handbook and other plan materials in other languages at no cost to you. We provide written translations from qualified translators. Call 1-877-658-0305 (TTY 711). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

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## Other formats

You can get this information in other formats, such as braille, 20-point font large print, audio, and accessible electronic formats at no cost to you. Call 1-877-658-0305 (TTY 711). The call is toll free.

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## Interpreter services

California Health & Wellness provides oral interpretation services from a qualified interpreter, on a 24-hour basis, at

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Call member services at 1-877-658-0305 (TTY 711).

California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at

[www.CAHealthWellness.com](http://www.CAHealthWellness.com).

no cost to you. You do not have to use a family member or friend as an interpreter. We discourage the use of minors as interpreters, unless it is an emergency. Interpreter, linguistic and cultural services are available at no cost to you. Help is available 24 hours a day, 7 days a week. For language help or to get this handbook in a different language, call 1-877-658-0305 (TTY 711). The call is toll free.

**English:** If you, or someone you are helping, need language services, call 1-877-658-0305 (TTY: 711). Aids and services for people with disabilities, like accessible PDF and large print documents, are also available. These services are at no cost to you.

**Arabic:** إذا كنت أنت، أو أي شخص تساعد، بحاجة إلى الخدمات اللغوية، فاتصل بالرقم (TTY: 711) 1-877-658-0305. تتوفر أيضاً المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل الملفات المنقولة (PDF) التي يمكن الوصول إليها والمستندات المطبوعة الكبيرة. تتوفر هذه الخدمات بدون تكلفة بالنسبة لك.

**Armenian:** Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, ունեն լեզվական օգնություն կարիք, զանգահարեք 1-877-658-0305 (TTY` 711) հեռախոսահամարով: Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ մատչելի PDF և մեծ տպագրությամբ փաստաթղթեր: Այս ծառայությունները ձեզ համար անվճար են:

**Cambodian:** ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ត្រូវការសេវាផ្នែកភាសា សូមទូរសព្ទទៅលេខ 1-877-658-0305 (TTY: 711) ។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់មនុស្សពិការ ដូចជា PDF ដែលអាចប្រើសម្រាប់មនុស្សពិការបាន និងឯកសារព្រឹត្តិអក្សរធំៗ ក៏ត្រូវបានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះមិនមានគិតតម្លៃសម្រាប់អ្នកទេ។

**Chinese:** 如果您或您正在幫助的其他人需要語言服務，請致電1-877-658-0305 (TTY: 711)。另外，還為殘疾人士提供輔助和服務，例如易於讀取的 PDF 和大字版文件。這些服務對您免費提供。

**Farsi:** اگر شما یا هر فرد دیگری که به او کمک می‌کنید نیاز به خدمات زبانی دارد، با شماره (TTY: 711) 1-877-658-0305 تماس بگیرید. کمک‌ها و خدماتی مانند مدارک با چاپ درشت و PDF دسترس‌پذیر نیز برای معلولان قابل عرضه است. این خدمات هزینه‌ای برای شما نخواهد داشت.

**Hindi:** यदि आपको, या जिसकी आप मदद करे हैं उसे, भाषा सेवाएँ चाहिए, तो कॉल करें 1-877-658-0305 (TTY: 711)। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे सुलभ PDF और बड़े प्रिंट वाले दस्तावेज़, भी उपलब्ध हैं। ये सेवाएँ आपके लिए मुफ्त उपलब्ध हैं।



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

## Other languages and formats

**Hmong:** Yog hais tias koj, los sis ib tus neeg twg uas koj tab tom pab nws, xav tau cov kev pab cuam txhais lus, hu rau 1-877-658-0305 (TTY: 711). Tsis tas li ntawd, peb kuj tseem muaj cov khoom siv pab thiab cov kev pab cuam rau cov neeg xiam oob qhab tib si, xws li cov ntaub ntawv PDF uas tuaj yeem nkag cuag tau yooj yim thiab cov ntaub ntawv luam tawm uas pom tus niam ntawv loj. Cov kev pab cuam no yog muaj pab yam tsis xam nqi dab tsi rau koj them li.

**Japanese:** ご自身またはご自身がサポートしている方が言語サービスを必要とする場合は、1-877-658-0305 (TTY: 711) にお問い合わせください。障がいをお持ちの方のために、アクセシブルなPDFや大きな文字で書かれたドキュメントなどの補助・サービスも提供しています。これらのサービスは無料で提供されています。

**Korean:** 귀하 또는 귀하가 도와주고 있는 분이 언어 서비스가 필요하시면 1-877-658-0305 (TTY: 711) 번으로 연락해 주십시오. 장애가 있는 분들에게 보조 자료 및 서비스(예: 액세스 가능한 PDF 및 대형 활자 인쇄본)도 제공됩니다. 이 서비스는 무료로 이용하실 수 있습니다.

**Laotian:** ຖ້າທ່ານ, ຫຼື ບຸກຄົນໃດໜຶ່ງທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ຕ້ອງການບໍລິການແປພາສາ, ໂທ 1-877-658-0305 (TTY: 711). ນອກນັ້ນ, ພວກເຮົາຍັງມີອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການອີກດ້ວຍ, ເຊັ່ນ ເອກະສານ PDF ທີ່ສາມາດເຂົ້າເຖິງໄດ້ສະດວກ ແລະ ເອກະສານພິມຂະໜາດໃຫຍ່. ການບໍລິການເຫຼົ່ານີ້ແມ່ນມີໄວ້ຊ່ວຍເຫຼືອທ່ານດ້ວຍບໍ່ໄດ້ເສຍຄ່າໃດໆ.

**Mien:** Da'faanh Meih, Fai Heuc Meih Haih Tengx, Oix Janx-kaeqv waac gong, Heuc 1-877-658-0305 (TTY: 711). Jomc Caux gong Bun Yangh mienh Caux mv fungc, Oix dongh eix PDF Caux Bunh Fiev dimc, Haih yaac kungx nyei. Deix gong Haih buatc Yietc liuz maiv jaax-zinh Bieqc Meih.

**Punjabi:** ਜੇ ਤੁਹਾਨੂੰ, ਜਾਂ ਜਿਸ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਨੂੰ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ 1-877-658-0305 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਪੜ੍ਹਚਯੋਗ PDF ਅਤੇ ਵੱਡੇ ਖਿੱਟ ਵਾਲੇ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਹਨ।

**Russian:** Если вам или человеку, которому вы помогаете, необходимы услуги перевода, звоните по телефону 1-877-658-0305 (TTY: 711). Кроме того, мы предоставляем материалы и услуги для людей с ограниченными возможностями, например документы в специальном формате PDF или напечатанные крупным шрифтом. Эти услуги предоставляются бесплатно.

**Spanish:** Si usted o la persona a quien ayuda necesita servicios de idiomas, comuníquese al 1-877-658-0305 (TTY: 711). También hay herramientas y servicios disponibles para personas con discapacidad, como documentos en letra grande y en archivos PDF accesibles. Estos servicios no tienen ningún costo para usted.

**Tagalog:** Kung ikaw o ang taong tinutulungan mo ay kailangan ng mga serbisyo sa wika, tumawag sa 1-877-658-0305 (TTY: 711). Makakakuha rin ng mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng naa-access na PDF at mga dokumentong malaking print. Wala kang babayaran para sa mga serbisjong ito.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

## Other languages and formats

**Thai:** หากคุณหรือคนที่คุณช่วยเหลือ ต้องการบริการด้านภาษา โทร 1-877-658-0305 (TTY: 711) นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับผู้ทุพพลภาพ เช่น PDF ที่เข้าถึงได้และเอกสารที่พิมพ์ขนาดใหญ่ บริการเหล่านี้ไม่มีค่าใช้จ่ายสำหรับคุณ

**Ukrainian:** Якщо вам або людині, якій ви допомагаєте, потрібні послуги перекладу, телефонуйте на номер 1-877-658-0305 (TTY: 711). Ми також надаємо матеріали та послуги для людей з обмеженими можливостями, як-от документи в спеціальному форматі PDF або надруковані великим шрифтом. Ці послуги для вас безкоштовні.

**Vietnamese:** Nếu quý vị hoặc ai đó mà quý vị đang giúp đỡ cần dịch vụ ngôn ngữ, hãy gọi 1-877-658-0305 (TTY: 711). Chúng tôi cũng có sẵn các trợ giúp và dịch vụ dành cho người khuyết tật, như tài liệu dạng bản in khổ lớn và PDF có thể tiếp cận được. Quý vị được nhận các dịch vụ này miễn phí.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



# Welcome to California Health & Wellness!

Thank you for joining California Health & Wellness. California Health & Wellness is a health plan for people who have Medi-Cal. California Health & Wellness works with the State of California to help you get the health care you need.

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## Member Handbook

This Member Handbook tells you about your coverage under California Health & Wellness. Please read it carefully and completely. It will help you understand and use your benefits and services. It also explains your rights and responsibilities as a member of California Health & Wellness. If you have special health needs, be sure to read all sections that apply to you.

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of California Health & Wellness rules and policies and based on the contract between California Health & Wellness and Department of Health Care Services (DHCS). If you would like more information, call California Health & Wellness at 1-877-658-0305 (TTY 711).

Call 1-877-658-0305 (TTY 711) to ask for a copy of the contract between California Health & Wellness and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the California Health & Wellness website at [www.CAHealthWellness.com](http://www.CAHealthWellness.com) to view the Member Handbook. You may also request, at no cost to you, a copy of the California Health & Wellness non-proprietary clinical and administrative policies and procedures, or how to access this information on the California Health & Wellness website.



Call member services at 1-877-658-0305 (TTY 711).

California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at

[www.CAHealthWellness.com](http://www.CAHealthWellness.com).

## Contact us

California Health & Wellness is here to help. If you have questions, call 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free.

You can also visit online at any time at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

Thank you,

California Health & Wellness  
1740 Creekside Oaks Drive, Suite 200  
Sacramento, California 95833



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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# 1. Getting started as a member

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## How to get help

California Health & Wellness wants you to be happy with your health care. If you have any questions or concerns about your care, California Health & Wellness wants to hear from you!

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## Member services

California Health & Wellness member services is here to help you. California Health & Wellness can:

- Answer questions about your health plan and California Health & Wellness covered services
- Help you choose or change a primary care provider (PCP)
- Tell you where to get the care you need
- Help you get interpreter services if you do not speak English
- Help you get information in other languages and formats

If you need help, call 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. California Health & Wellness must make sure that you wait less than 10 minutes when calling.

You can also visit online at any time at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Who can become a member

You qualify for California Health & Wellness because you qualify for Medi-Cal and live in one of these counties: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, \_\_\_\_\_



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

Tuolumne, and Yuba. You may also qualify for Medi-Cal through Social Security because you are receiving SSI/SSP.

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). Or visit <https://www.healthcareoptions.dhcs.ca.gov/>. For questions about Social Security, call the Social Security Administration at 1-800-772-1213. Or visit <https://www.ssa.gov/locator/>.

### Transitional Medi-Cal

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

- You started earning more money.
- Your family started receiving more child or spousal support.

You can ask questions about qualifying for Transitional Medi-Cal at your local county health and human services office at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx> or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

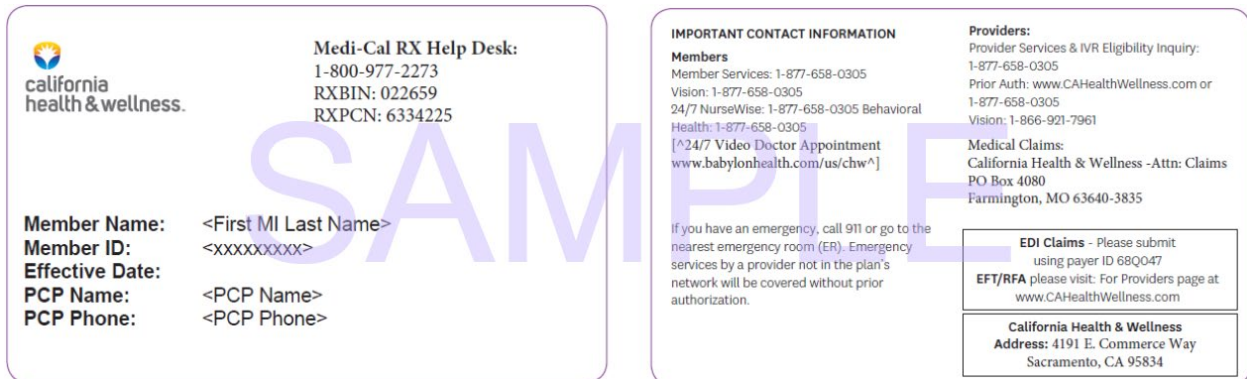
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## Identification (ID) cards

As a member of California Health & Wellness, you will get a California Health & Wellness ID card. You must show your California Health & Wellness ID card and your Medi-Cal Benefits Identification Card (BIC), that the State of California sent you, when you get any health care services or prescriptions. You should carry all health cards with you at all times. Here are sample BIC and California Health & Wellness ID cards to show you what yours will look like:



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



Your California Health & Wellness ID card has important information on it, including:

- Your Primary Care Provider's (PCP) name (or the name of your clinic or medical group)
- Your PCP's phone number.

If your ID card does not have the PCP information, contact 1-877-658-0305 (TTY 711).

Here's what to do with your California Health & Wellness ID card:

- Check to make sure the information on your ID card is correct. Is your name spelled right? If anything on your ID card is wrong, call 1-877-658-0305 (TTY 711) right away. We will connect you to your county Department of Public Social Services office to get it fixed.

Show your California Health & Wellness ID card whenever you:

- Have a doctor's appointment,
- Go to the hospital, or
- Need urgent care/emergency services.

If you do not get your California Health & Wellness ID card within a few weeks after your enrollment date, or if your card is damaged, lost or stolen, call member services right away. California Health & Wellness will send you a new card at no cost to you. Call 1-877-658-0305 (TTY 711).



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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# 2. About your health plan

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## Health plan overview

California Health & Wellness is a health plan for people who have Medi-Cal in: Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba counties. California Health & Wellness works with the State of California to help you get the health care you need

You may talk with one of the California Health & Wellness member services representatives to learn more about the health plan and how to make it work for you. Call 1-877-658-0305 (TTY 711).

## When your coverage starts and ends

When you enroll in California Health & Wellness, we will send you an ID card within two weeks of your enrollment date. You must show your California Health & Wellness ID card and your Medi-Cal Benefits Identification Card (BIC) when you get any health care services or prescriptions.

Your Medi-Cal coverage will need to be renewed every year. If your local county office cannot renew your Medi-Cal coverage using electronic sources, the county will send you a Medi-Cal renewal form. Complete this form and return it to your local county human services agency. You can return your information online, in person, or by phone or other electronic means if available in your county.

Your care through California Health & Wellness starts when your enrollment in our plan is complete. You can start using your Medi-Cal benefits through California Health & Wellness on your effective date of coverage. Your effective date of coverage is the 1st day of the month following completion of enrollment in California Health & Wellness.

Check the California Health & Wellness member ID card mailed to you for the effective date of coverage.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

You may ask to end your California Health & Wellness coverage and choose another health plan at any time. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). Or visit [www.healthcareoptions.dhcs.ca.gov](http://www.healthcareoptions.dhcs.ca.gov). You can also ask to end your Medi-Cal.

California Health & Wellness is a health plan for Medi-Cal members in Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba counties. Find your local office at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

California Health & Wellness eligibility may end if any of the following is true:

- You move out of Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba counties
- You no longer have Medi-Cal
- If you become eligible for a waiver program that requires you to be enrolled in FFS Medi-Cal
- You are in jail or prison

If you lose your California Health & Wellness Medi-Cal coverage, you may still be eligible for Fee-for-Service (FFS) Medi-Cal coverage. If you are not sure if you are still covered by California Health & Wellness, please call 1-877-658-0305 (TTY 711).

### **Special considerations for American Indians in managed care**

American Indians have a right to not enroll in a Medi-Cal managed care plan or they may leave their Medi-Cal managed care plan and return to FFS Medi-Cal at any time and for any reason.

If you are an American Indian, you have the right to get health care services at an Indian Health Care Provider (IHCP). You may also stay with or disenroll from California Health & Wellness while getting health care services from these locations. For information on enrollment and disenrollment call 1-877-658-0305 (TTY 711).

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## **How your plan works**

California Health & Wellness is a managed care health plan contracted with DHCS. Managed care plans are a cost-effective use of health care resources that improve



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health care access and assure quality of care. California Health & Wellness works with doctors, hospitals, and other health care providers in the California Health & Wellness service area to give health care to you, the member. While you are a member of California Health & Wellness, you may be eligible to get some additional services provided through FFS Medi-Cal. These include outpatient prescriptions, non-prescription drugs and some medical supplies through FFS Medi-Cal Rx.

Member services will tell you how California Health & Wellness works, how to get the care you need, how to schedule provider appointments within standard access times, how to request no-cost interpreting services, and how to find out if you qualify for transportation services.

To learn more, call 1-877-658-0305 (TTY 711). You can also find member service information online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Changing health plans

You may leave California Health & Wellness and join another health plan in your county of residence at any time. Call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711) to choose a new plan. You can call between 8:00 a.m. and 6:00 p.m. Monday through Friday. Or visit <https://www.healthcareoptions.dhcs.ca.gov/>.

It takes up to 30 days to process your request to leave California Health & Wellness and enroll in another plan in your county if there are no issues with the request. To find out the status of your request, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

If you want to leave California Health & Wellness sooner, you may ask Health Care Options for an expedited (fast) disenrollment. If the reason for your request meets the rules for expedited disenrollment, you will get a letter to tell you that you are disenrolled.

Members who can request expedited disenrollment include, but are not limited to, children receiving services under the Foster Care or Adoption Assistance programs, members with special health care needs, and members already enrolled in Medicare or another Medi-Cal or commercial managed care plan.

You may ask to leave California Health & Wellness in person at your local county health and human services office. Find your local office at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>. Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711)



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

## Students who move to a new county or out of California

Emergency services and urgent care are available to all Medi-Cal enrollees statewide regardless of county of residence. Routine and preventive care are covered only in your county of residence. If you move to a new county in California to attend higher education, including college, California Health & Wellness will cover emergency room and urgent care services in your new county. You can also receive routine or preventive care in your new county but must notify your MCP. See below for further details.

If you are enrolled in Medi-Cal and are a student in a county that is different from your residence in California, you do not need to apply for Medi-Cal in that county.

If you temporarily move away from home to be a student in another county in California there are two options available to you. You may:

- Notify your local county social services office that you are temporarily moving to attend an institution of higher education and provide your address in the new county. The county will update the case records with your new address and county code in the State's database. Use this choice if you want to get routine or preventive care in your new county. You may have to change health plans if California Health & Wellness does not operate in the county where you will attend college. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

### OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room and urgent care services in the new county for some conditions. To learn more, go to Chapter 3, "How to get care." For routine or preventive health care, you would need to use the California Health & Wellness regular network of providers located in the head of the household's county of residence.

If you are leaving California temporarily to be a student in another state and you want to keep your Medi-Cal coverage, contact your eligibility worker at your local county social services office. As long as you are eligible, Medi-Cal will cover emergency services and urgent care in another state. Medi-Cal will also cover emergency care that requires hospitalization in Canada and Mexico if the service is approved and the doctor and



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hospital meet Medi-Cal rules. Routine and preventive care services, including prescription drugs, are not covered outside of California. If you want Medicaid in another state, you will need to apply in that state. You will not be eligible for Medi-Cal and California Health & Wellness will not pay for your health care. Medi-Cal does not cover emergency, urgent or any other health care services outside of the United States, except for Canada and Mexico as noted in Chapter 3.

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## Continuity of care

### Continuity of Care for a non-plan Provider

As a member of California Health & Wellness, you will get your health care from providers in California Health & Wellness' network. To find out whether the health care provider is in the California Health & Wellness network please look in the Provider Directory. It has a list of all providers in the California Health & Wellness network. The Provider Directory has other information to help you choose a provider. If you need a Provider Directory, call 1-877-658-0305 (TTY 711). You can also find the Provider Directory on the California Health & Wellness website at [www.CAHealthWellness.com](http://www.CAHealthWellness.com). If the provider is not listed they may not be in the California Health & Wellness' network.

In some cases, you may be able to go to providers who are not in the California Health & Wellness network if you have moved from another plan or fee-for-service (FFS) or a provider who was in network is now out-of-network. This is called continuity of care.

Call California Health & Wellness and tell us if you need to visit a provider who is out-of-network. We will tell you if you have the right to continuity of care. You may be able to use continuity of care, for up to 12 months, or more in some cases, if all of the following are true:

- You have an ongoing relationship with the non-plan provider, prior to enrollment in California Health & Wellness
- You were seen by the non-plan provider at least once during the twelve (12) months prior to your enrollment with California Health & Wellness for a non-emergency visit
- The non-plan provider is willing to work with California Health & Wellness and agrees to California Health & Wellness' contractual requirements and payment for services



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- The non-plan provider meets California Health & Wellness' professional standards

Call member services at 1-877-658-0305 (TTY 711) for more information.

If your providers do not join the California Health & Wellness network by the end of 12 months, do not agree to California Health & Wellness payment rates or do not meet quality of care requirements, you will need to switch to providers in the California Health & Wellness network. Call member services at 1-877-658-0305 (TTY 711) to discuss your options.

### Continuity of Care for services

**As a member of California Health & Wellness, you will get your Medi-Cal services from providers** in California Health & Wellness' network. In some cases, you may be able to get continued access to Medi-Cal services if you are being treated for certain health conditions and the non-plan provider is not California Health & Wellness willing to continue to provide services or does not agree to California Health & Wellness' contractual requirements, payment, or other terms for providing care, then you will not be able to receive continued care from the provider California Health & Wellness. However, you may be able to keep getting services from a different provider in California Health & Wellness' network.

Services California Health & Wellness provides for continuity of care include but are not limited to:

- Acute conditions (a medical issue that needs fast attention) – for as long as the condition lasts.
- Chronic physical and behavioral conditions (a health care issue you have for a long time) – for an amount of time required to finish the course of treatment and to arrange for a safe transfer to a new doctor in the California Health & Wellness network.
- Pregnancy – during the pregnancy and for up to 12 months after the end of pregnancy.
- Maternal mental health services for up to 12 months from the diagnosis or from the end of pregnancy, whichever is later.
- Care of a newborn child between birth and age 36 months for up to 12 months from the start date of the coverage or the date the provider's contract ends with California Health & Wellness.
- Terminal illness (a life-threatening medical issue) – for as long as the illness lasts. Completion of covered services may exceed twelve (12) months from



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- the time the provider stops working with California Health & Wellness.
- Performance of a surgery or other medical procedure from a non-plan provider as long as it is covered, medically necessary and is authorized by California Health & Wellness as part of a documented course of treatment and has been recommended and documented by the provider – surgery or other medical procedure to take place within 180 days of the provider’s contract termination date or 180 days from the effective date of coverage of a new member.

For other conditions that may qualify, contact California Health & Wellness Member Services.

Call Member Services at 1-877-658-0305 (TTY 711) for help selecting a contracted provider to continue with your care or if you have any questions or problems in receiving covered services from a provider who is no longer part of California Health & Wellness.

California Health & Wellness is not required to provide continuity of care for services not covered by Medi-Cal, durable medical equipment, transportation, other ancillary services and carved-out service providers. To learn more about continuity of care and eligibility qualifications, and to hear about all available services, call Member Services.

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## Costs

### Member costs

California Health & Wellness serves people who qualify for Medi-Cal. In most cases, California Health & Wellness members do **not** have to pay for covered services, premiums or deductibles. Members enrolled in California Children’s Health Insurance Program (CCHIP) in Santa Clara, San Francisco and San Mateo counties and members in the Medi-Cal for Families Program may have a monthly premium and copayments. Except for emergency care, urgent care or sensitive care, you must get pre-approval from California Health & Wellness before you visit a provider outside the California Health & Wellness network. If you do not get pre-approval and you go to a provider outside of the network for care that is not emergency care, urgent care or sensitive care, you may have to pay for care from providers who are out of the network. For a list of covered services, go to “Benefits and services.” You can also find the Provider Directory on the California Health & Wellness website at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

## For members with long-term care and a share of cost

You may have to pay a share of cost each month for your long-term care services. The amount of your share of cost depends on your income and resources. Each month you will pay your own health care bills, including but not limited to Managed Long-Term Support Service (MLTSS) bills, until the amount that you have paid equals your share of cost. After that, your long-term care will be covered by California Health & Wellness for that month. You will not be covered by California Health & Wellness until you have paid your entire long-term care share of cost for the month.

## How a provider gets paid

California Health & Wellness pays providers in these ways:

- Capitation payments
  - California Health & Wellness pays some providers a set amount of money every month for each California Health & Wellness member. This is called a capitation payment. California Health & Wellness and providers work together to decide on the payment amount.
- FFS payments
  - Some providers give care to California Health & Wellness members and then send California Health & Wellness a bill for the services they provided. This is called an FFS payment. California Health & Wellness and providers work together to decide how much each service costs.
- California Health & Wellness also pays providers for meeting certain quality benchmarks.

To learn more about how California Health & Wellness pays providers, call 1-877-658-0305 (TTY 711).

## If you receive a bill from a health care provider

Covered services are health care services that California Health & Wellness is responsible to pay for. If you get a bill for support services fees, copayments, or registration fees for a covered service, do not pay the bill. Call member services right away at 1-877-658-0305 (TTY 711).



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

## Asking California Health & Wellness to pay you back for expenses

If you paid for services you already received, you may qualify to be reimbursed (paid back) if you meet **all** of the following conditions:

- The service you received is a covered service that California Health & Wellness is responsible to pay for. California Health & Wellness will not reimburse you for a service that is not covered by California Health & Wellness.
- You received the covered service after you became an eligible California Health & Wellness member.
- You ask to be paid back within one year from the date you received the covered service.
- You provide proof that you paid for the covered service, such as a detailed receipt from the provider.
- You received the covered service from a Medi-Cal enrolled provider in California Health & Wellness' network. You do not need to meet this condition if you received emergency services, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval.
- If the covered service normally requires pre-approval, you provide proof from the provider that shows a medical need for the covered service.

California Health & Wellness will tell you of its decision to reimburse you in a letter called a Notice of Action. If you meet all of the above conditions, the Medi-Cal-enrolled provider should pay you back for the full amount you paid. If the provider refuses to pay you back, California Health & Wellness will pay you back for the full amount you paid. We must reimburse you within 45 working days of receipt of the claim. If the provider is enrolled in Medi-Cal, but is not in the California Health & Wellness network and refuses to pay you back, California Health & Wellness will pay you back, but only up to the amount that FFS Medi-Cal would pay. California Health & Wellness will pay you back for the full out-of-pocket amount for emergency services, family planning services, or another service that Medi-Cal allows to be provided by out-of-network providers without pre-approval. If you do not meet one of the above conditions, California Health & Wellness will not pay you back.

California Health & Wellness will not pay you back if:

- You asked for and received services that are not covered by Medi-Cal, such



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- as cosmetic services.
- The service is not a covered service for California Health & Wellness.
  - You have an unmet Medi-Cal Share of Cost.
  - You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself.
  - If you have Medicare Part D, copayments for prescriptions covered by your Medicare Part D plan.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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# 3. How to get care

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## Getting health care services

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

You can begin to get health care services on your effective date of enrollment. Always carry your California Health & Wellness ID card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards you have with you. Never let anyone else use your BIC or California Health & Wellness ID card.

New members with Medi-Cal coverage only must choose a primary care provider (PCP) in the California Health & Wellness network. New members with Medi-Cal and comprehensive other health coverage do not have to choose a PCP. The California Health & Wellness network is a group of doctors, hospitals and other providers who work with California Health & Wellness. You must choose a PCP within 30 days from the time you become a member in California Health & Wellness. If you do not choose a PCP, California Health & Wellness will choose one for you.

You may choose the same PCP or different PCPs for all family members in California Health & Wellness, as long as the PCP is available.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the California Health & Wellness network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-877-658-0305 (TTY 711). You can also find the Provider Directory on the California Health & Wellness website at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

If you cannot get the care you need from a participating provider in the California Health & Wellness network, your PCP must ask California Health & Wellness for approval to send you to an out-of-network provider. This is called a referral. You do not need approval to go to an out-of-network provider to get sensitive services that are described under the heading “Sensitive care” later in this chapter.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

Read the rest of this chapter to learn more about PCPs, the Provider Directory and the provider network.

**Pharmacy benefits are now administered through the Fee-For-Service (FFS) Medi-Cal Rx program. To learn more, read the “Other Medi-Cal programs and services” section in Chapter 4.**

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## Primary care provider (PCP)

You must choose a PCP within 30 days of enrolling in California Health & Wellness. Depending on your age and sex, you may choose a general practitioner, OB/GYN, family practitioner, internist or pediatrician as your primary care provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA or certified nurse midwife, you may be assigned a doctor to oversee your care. If you are in both Medicare and Medi-Cal, or if you have comprehensive other health care insurance, you do not have to choose a PCP.

You can choose an Indian Health Care Provider (IHCP), Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) as your PCP. Depending on the type of provider, you may be able to choose one PCP for your entire family who are members of California Health & Wellness, as long as the PCP is available.

Note: American Indians may choose an IHCP as their PCP, even if the IHCP is not in the California Health & Wellness network.

If you do not choose a PCP within 30 days of enrollment, California Health & Wellness will assign you to a PCP. If you are assigned to a PCP and want to change, call 1-877-658-0305 (TTY 711). The change happens the first day of the next month.

Your PCP will:

- Get to know your health history and needs
- Keep your health records
- Give you the preventive and routine health care you need
- Refer (send) you to a specialist if you need one
- Arrange for hospital care if you need it

You can look in the Provider Directory to find a PCP in the California Health & Wellness network. The Provider Directory has a list of IHCPs, FQHCs and RHCs that work with California Health & Wellness.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

You can find the California Health & Wellness Provider Directory online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com). Or you can request a Provider Directory to be mailed to you by calling 1-877-658-0305 (TTY 711). You can also call to find out if the PCP you want is taking new patients.

## Choice of doctors and other providers

You know your health care needs best, so it is best if you choose your PCP.

It is best to stay with one PCP so they can get to know your health care needs. However, if you want to change to a new PCP, you can change anytime. You must choose a PCP who is in the California Health & Wellness provider network and is taking new patients.

Your new choice will become your PCP on the first day of the next month after you make the change.

To change your PCP, call 1-877-658-0305 (TTY 711).

California Health & Wellness may change your PCP if the PCP is not taking new patients, has left the California Health & Wellness network, does not give care to patients your age, or if there are quality concerns with the PCP that are pending resolution. California Health & Wellness or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If California Health & Wellness needs to change your PCP, California Health & Wellness will tell you in writing.

If your PCP changes, you will get a letter and new California Health & Wellness member ID card in the mail. It will have the name of your new PCP. Call member services if you have questions about getting a new ID card.

Some things to think about when picking a PCP:

- Does the PCP take care of children?
- Does the PCP work at a clinic I like to use?
- Is the PCP's office close to my home, work or children's school?
- Is the PCP's office near where I live and is it easy to get to the PCP's office?
- Do the doctors and staff speak my language?
- Does the PCP work with a hospital that I like?
- Does the PCP provide the services that I may need?



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- Do the PCP's office hours fit my schedule?

## Initial health assessment (IHA)

California Health & Wellness recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA appointment, tell the person who answers the phone that you are a member of California Health & Wellness. Give your California Health & Wellness ID number.

Take your BIC and California Health & Wellness ID card to your appointment. It is a good idea to take a list of your medications and questions with you to your visit. Be ready to talk with your PCP about your health care needs and concerns.

Be sure to call your PCP's office if you are going to be late or cannot go to your appointment.

If you have questions about IHA, call 1-877-658-0305 (TTY 711).

## Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. Children are able to receive much needed early preventive services like hearing and vision screenings, assessments of developmental process and many more services that are recommended by pediatricians' Bright Futures guidelines ([https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)). In addition to preventive care, routine care also includes care when you are sick. California Health & Wellness covers routine care from your PCP.

Your PCP will:

- Give you most of your routine care, including regular checkups, shots, treatment, prescriptions and medical advice
- Keep your health records
- Refer (send) you to specialists if needed
- Order X-rays, mammograms or lab work if you need them



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

When you need routine care, you will call your doctor for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call **911** or go to the nearest emergency room.

To learn more about health care and services your plan covers, and what it does not cover, read “Benefits and services” and “Child and youth well care” in this handbook.

**All California Health & Wellness providers can use aids and services to communicate with people with disabilities. They can also communicate with you in another language or format. Tell your provider or California Health & Wellness what you need.**

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## Provider network

The provider network is the group of doctors, hospitals and other providers that work with California Health & Wellness. You will get most of your covered services through the California Health & Wellness network.

Each Medical Group and PCP makes referrals to certain plan specialists and uses certain hospitals within their network. If there is a particular plan specialist or hospital that you want to use, check first to be sure that the specialists and hospitals are in the Medical Group and PCP’s network. The name and office telephone number of your PCP is printed on your Member ID card.

Some Medical Groups have formal referral circles, which mean that their providers will only refer patients to other providers belonging to the same medical group.

You may also have to use providers within your Primary Care Provider’s (PCP) Medical Group/IPA. If you would like to see a provider who is not within your PCP’s Medical Group/IPA, you may have to change your PCP. In addition, you may be limited to providers within your Primary Care Provider’s (PCP’s) and/or Medical Group’s network. This means that the PCP and/or Medical Group that you choose may determine the specialists and hospitals you can use. An IPA is an association of physicians, including PCPs and specialists, and other health care providers, including hospitals, that is contracted with the plan to provide services to members.

Note: American Indians may choose an IHCP as their PCP, even if the IHCP is not in the California Health & Wellness network.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

If your PCP, hospital or other provider has a moral objection to providing you with a covered service, such as family planning or abortion, call 1-877-658-0305 (TTY 711). For more about moral objections, read the “Moral objection” section later in this chapter.

If your provider has a moral objection, they can help you find another provider who will give you the services you need. California Health & Wellness can also help you find a provider who will perform the service.

### **In-network providers**

You will use providers in the California Health & Wellness network for most of your health care needs. You will get preventive and routine care from in-network providers. You will also use specialists, hospitals and other providers in the California Health & Wellness network.

To get a Provider Directory of in-network providers, call 1-877-658-0305 (TTY 711). You can also find the Provider Directory online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com). To get a copy of the Contract Drug List, call Medi-Cal Rx at 800-977-2273 (TTY 800-977-2273 and press 5 or 711). Or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

You must get pre-approval (prior authorization) from California Health & Wellness before you visit a provider outside the California Health & Wellness network, including inside the California Health & Wellness service area, except in the following situations:

- You need emergency services, in which case dial 911 or go to the nearest hospital
- You are outside the California Health & Wellness service area and need urgent care, in which case you can go to any urgent care facility
- You need family planning services, in which case you can go to any Medi-Cal provider without pre-approval
- You need mental health services, in which case you can go to either an in-network provider or a county mental health plan provider without pre-approval

If you are not in one of these situations, and you do not get pre-approval and get care from a provider outside of the network, you may have to pay for the care from providers who are out-of-network.

### **Out-of-network providers who are inside the service area**

Out-of-network providers are those that do not have an agreement to work with California Health & Wellness. Except for emergency care, you may have to pay for care



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from providers who are out of the network. If you need covered health care services, you may be able to get them out of the network at no cost to you as long as they are medically necessary and not available in the network.

California Health & Wellness may approve a referral to an out-of-network provider if the services you need are not available in-network or are located very far from your home. If we give you a referral to an out-of-network provider, we will pay for your care.

For urgent care inside the California Health & Wellness service area, you must visit a California Health & Wellness network urgent care provider. You do not need pre-approval to get urgent care from an in-network provider. If you do not get pre-approval, you may have to pay for the urgent care you get from out-of-network provider inside the California Health & Wellness service area. For more information on emergency care, urgent care and sensitive care services, go to those headings in this chapter.

Note: If you are an American Indian, you can get care at an IHCP outside of our provider network without a referral.

If you need help with out-of-network services, call 1-877-658-0305 (TTY 711).

#### Outside the service area

If you are outside of the California Health & Wellness service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call 1-877-658-0305 (TTY 711).

For emergency care, call **911** or go to the nearest emergency room. California Health & Wellness covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, California Health & Wellness will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency services, urgent care, or any health care services California Health & Wellness will **not** cover your care.

If you paid for emergency services requiring hospitalization in Canada or Mexico, you can ask California Health & Wellness to pay you back. California Health & Wellness will review your request.

If you are in another State, including US territories (American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the US Virgin Islands), you are covered for emergency care, but not all hospitals and doctors accept Medicaid (Medicaid is what Medi-Cal is called in other States). If you need emergency care outside of California, tell the hospital or emergency room doctor that you have Medi-Cal and are a California Health & Wellness member as soon as possible. Ask the hospital to make copies of



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your California Health & Wellness ID card. Tell the hospital and the doctors to bill California Health & Wellness. If you get a bill for services you received in another State, call California Health & Wellness immediately. We will work with the hospital and/or doctor to arrange for California Health & Wellness to pay for your care.

If you are outside of California and have an emergency need to fill outpatient prescription drugs, then please have the pharmacy call Medi-Cal Rx at 800-977-2273 for assistance.

Note: American Indians may get services at out-of-network IHCPs.

If you have questions about out-of-network or out-of-service-area care, call 1-877-658-0305 (TTY 711). If the office is closed and you want help from a representative, call 1-877-658-0305 (TTY 711).

If you need urgent care out of the California Health & Wellness service area, go to the nearest urgent care facility. If you are traveling outside the United States and need urgent care, California Health & Wellness will not cover your care. For more information on urgent care, go to the “Urgent care” heading later in this chapter.

## Doctors

You will choose your doctor to be your primary care provider (PCP) from the California Health & Wellness Provider Directory. The doctor you choose must be an in-network provider. To get a copy of the California Health & Wellness Provider Directory, call 1-877-658-0305 (TTY 711). Or find it online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

If you are choosing a new doctor, you should also call to make sure the PCP you want is taking new patients.

If you had a doctor before you were a member of California Health & Wellness, and that doctor is not part of the California Health & Wellness network, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call 1-877-658-0305 (TTY 711).

If you need a specialist, your PCP will refer you to a specialist in the California Health & Wellness network. Some specialists do not require a referral. For more information on referrals, go to the “Referrals” heading later in this chapter.

Remember, if you do not choose a PCP, California Health & Wellness will choose one for you, unless you have comprehensive other health coverage in addition to Medi-Cal. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, or if you have other health care insurance, you do not have to



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choose a PCP.

If you want to change your PCP, you must choose a PCP from the California Health & Wellness Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-877-658-0305 (TTY 711). You are able to make a PCP change by mail, fax, and/or the member portal.

## Hospitals

In an emergency, call **911** or go to the nearest hospital.

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital that your PCP uses and is in the California Health & Wellness provider network. The hospitals in the California Health & Wellness network are listed in the Provider Directory.

## Women's health specialists

You may go to a women's health specialist within California Health & Wellness network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call 1-877-658-0305 (TTY 711). You may also call the 24/7 Nurse Advice Line by calling the Member Services phone number at 1-877-658-0305 (TTY 711).

## Provider Directory

The California Health & Wellness Provider Directory lists providers that participate in the California Health & Wellness network. The network is the group of providers that work with California Health & Wellness.

The California Health & Wellness Provider Directory lists hospitals, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Federally Qualified Health Centers (FQHCs), outpatient mental health providers, managed long-term services and supports (MLTSS), Freestanding Birth Centers (FBCs), Indian Health Care Providers (IHCPs) and Rural Health Clinics (RHCs).

The Provider Directory has California Health & Wellness in-network provider names, specialties, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars. If you want information about a doctor's education, training, and board



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certification, please call 1-877-658-0305 (TTY 711).

You can find the online Provider Directory at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

If you need a printed Provider Directory, call 1-877-658-0305 (TTY 711).

**You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you by calling Medi-Cal Rx at 1-800-977-2273 (TTY 800-977-2273 and press 5 or 711).**

### Timely access to care

Your in-network provider must offer you an appointment within the time frames listed below.

Sometimes waiting longer for care is not a problem. Your provider may give you a longer wait time if it would not be harmful to your health. It must be noted in your record that a longer wait time will not be harmful to your health.

Appointment type	You should be able to get an appointment within:
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointments that do require pre-approval (prior authorization)	96 hours
Non-urgent (routine) primary care appointments	10 business days
Non-urgent (routine) specialist care appointments	15 business days
Non-urgent (routine) mental health provider (non-doctor) care appointments	10 business days
Non-urgent (routine) mental health provider (non-doctor) follow-up care appointments	10 business days of last appointment
Non-urgent (routine) appointments for ancillary (supporting) services for the diagnosis or treatment of injury, illness or other health condition	15 business days



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

Other wait time standards	You should be able to get connected within:
Member Services telephone wait times during normal business hours	10 minutes
Telephone wait times for Nurse Advice Line	30 minutes (connected to nurse)

### Travel time or distance to care

California Health & Wellness must follow travel time or distance standards for your care. Those standards help to make sure you can get care without having to travel too long or too far from where you live. Travel time or distance standards depend on the county you live in.

If California Health & Wellness is not able to provide care to you within these travel time or distance standards, DHCS may approve a different standard, called an alternative access standard. For California Health & Wellness' time or distance standards for where you live, visit [www.CAHealthWellness.com](http://www.CAHealthWellness.com). Or call 1-877-658-0305 (TTY 711).

If you need care from a provider and that provider is located far from where you live, call member services at 1-877-658-0305 (TTY 711). They can help you find care with a provider located closer to you. If California Health & Wellness cannot find care for you with a closer provider, you can ask California Health & Wellness to arrange transportation for you to go to your provider, even if that provider is located far from where you live. If you need help with pharmacy providers, please call Medi-Cal Rx at 800-977-2273 (TTY 800-977-2273 and press 5 or 711).

It is considered far if you cannot get to that provider within the California Health & Wellness' travel time or distance standards for your county, regardless of any alternative access standard California Health & Wellness may use for your ZIP Code.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Appointments

When you need health care:

- Call your PCP
- Have your California Health & Wellness ID number ready on the call
- Leave a message with your name and phone number if the office is closed
- Take your BIC and California Health & Wellness ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpreting services, before your appointment to have the services at the time of your visit, if needed
- Be on time for your appointment, arriving a few minutes early to sign in, fill out forms and answer any questions your PCP may have
- Call right away if you cannot keep your appointment or will be late
- Have your questions and medication information ready in case you need them

If you have an emergency, call **911** or go to the nearest emergency room.

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## Getting to your appointment

If you don't have a way to get to and from your appointments for covered services, we can help arrange transportation for you. This service, called medical transportation, is **not** for emergencies. If you are having an emergency, call **911**. Medical transportation is available for services and appointments that are not related to emergency services and may be available at no cost to you.

Go to the section "Transportation benefits for situations that are not emergencies" for more information.

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## Canceling and rescheduling

If you can't make your appointment, call your provider's office right away. Most doctors ask you to call 24 hours (1 business day) before your appointment if you have to cancel. If you miss repeated appointments, your doctor may not want to have you as a patient anymore.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Payment

You do **not** have to pay for covered services. In most cases, you will not get a bill from a provider. You must show your California Health & Wellness ID card and your Medi-Cal BIC when you get any health care services or prescriptions, so your provider knows who to bill. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call 1-877-658-0305 (TTY 711). If you get a bill for prescriptions, call Medi-Cal Rx at 800-977-2273 (TTY 800-977-2273 and press 5 or 711). Or visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>. Tell California Health & Wellness the amount charged, the date of service and the reason for the bill. You are **not** responsible to pay a provider for any amount owed by California Health & Wellness for any covered service. You must get pre-approval (prior authorization) from California Health & Wellness before you visit a provider outside the California Health & Wellness network, including inside the California Health & Wellness service area, except in the following situations:

- You need emergency services, in which case dial 911 or go to the nearest hospital
- You need family planning services or services related to testing for sexually transmitted infections, in which case you can go to any Medi-Cal provider without pre-approval
- You need mental health services, in which case you can go to either an in-network provider or a county mental health plan provider without pre-approval

If you do not get pre-approval, you may have to pay for care from providers who are not in the network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary, not available in the network and pre-approved by California Health & Wellness. For more information about emergency care, urgent care, and sensitive services, go to those headings in this chapter.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, call 1-877-658-0305 (TTY 711). If you pay the bill, you can file a claim form with California Health & Wellness. You will need to tell California Health & Wellness in writing why you had to pay for the item or service. California Health & Wellness will read your claim and decide if you can get money back. For questions or to ask for a claim form call 1-877-658-0305 (TTY 711).



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



If you receive services in the Veterans Affairs system or non-covered or unauthorized services received outside of California, you may be responsible for payment.

California Health & Wellness will not pay you back if:

- The services are not covered by Medi-Cal such as cosmetic services.
- You have an unmet Medi-Cal Share of Cost.
- You went to a doctor who does not take Medi-Cal and you signed a form that said you want to be seen anyway and you will pay for the services yourself.
- You asked to be paid back for co-pays for prescriptions covered by your Medicare Part D plan.

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## Referrals

Your PCP or another specialist will provide you a referral to visit a specialist within the time frame listed in the “Timely access to care” section of this handbook, if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP’s office can help you set up a time to go to the specialist.

Other services that might need a referral include in-office procedures, X-rays, lab work and some services from a specialist.

Your PCP may give you a form to take to the specialist. The specialist will fill out the form and send it back to your PCP. The specialist will treat you for as long as they think you need treatment.

Your PCP will start the referral process. Your PCP will know whether you need an authorization or whether you can make the appointment directly. If you have any questions about whether care from a specialist or from a hospital needs approval, you can call Member Services at 1-877-658-0305 (TTY 711). Routine referrals take up to 5 working days to process (“working days” are Monday through Friday) but may take up to 28 calendar days (14 days from the date of the original request plus an additional 14 days if an extension is requested) if more information is needed from your PCP. In some cases, your PCP may ask to rush your referral. Expedited (rush) referrals may not take more than 72 hours. Please call our plan if you do not get a response by these times.

If you have a health problem that needs special medical care for a long time, you may



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need a standing referral. This means you can go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the California Health & Wellness referral policy, call 1-877-658-0305 (TTY 711).

You do not need a referral for:

- PCP visits
- Obstetrics/Gynecology (OB/GYN) visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call Office of Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (12 years or older)
- Sexually transmitted infection services (12 years or older)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs and IHCPs)
- Initial mental health assessment
- Acupuncture (the first two services per month; additional appointments will need a referral)
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs and IHCs)
- Podiatry services
- Eligible dental services
- Routine perinatal care from a doctor that works with California Health & Wellness
- Certified nurse midwife services
- Initial behavior health assessment from a behavioral health provider that works with California Health & Wellness.

Minors can also get certain outpatient mental health services, sensitive services and substance use disorder services without parent's consent. For more information read "Minor consent services" and "Substance use disorder treatment services" in this handbook.

**Ready to quit smoking? Call English: 1-800-300-8086 or Spanish: 1-800-600-8191 to find out how. Or go to [www.kickitca.org](http://www.kickitca.org).**



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

## Pre-approval (prior authorization)

For some types of care, your PCP or specialist will need to ask California Health & Wellness for permission before you get the care. This is called asking for prior authorization, prior approval, or pre-approval. It means that California Health & Wellness must make sure that the care is medically necessary or needed.

Medically Necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness or injury. For Members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help relieve a physical or mental illness or condition.

The following services always need pre-approval (prior authorization), even if you get them from a provider in the California Health & Wellness network:

- Hospitalization, if not an emergency
- Services out of the California Health & Wellness service area, if not an emergency or urgent
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency. Emergency ambulance services do not require pre-approval.

Under Health and Safety Code Section 1367.01(h)(1), California Health & Wellness will decide routine pre-approvals (prior authorizations) within 5 working days of when California Health & Wellness gets the information reasonably needed to decide.

For requests in which a provider indicates or California Health & Wellness determines that following the standard timeframe could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, California Health & Wellness will make an expedited (fast) pre-approval (prior authorization) decision. California Health & Wellness will give you notice as quickly as your health condition requires and no later than 72 hours after getting the request for services.

Pre-approval (prior authorization) requests are reviewed by clinical or medical staff, such as doctors, nurses and pharmacists.

California Health & Wellness does **not** pay the reviewers to deny coverage or services. If California Health & Wellness does not approve the request, California Health &



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Wellness will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

California Health & Wellness will contact you if California Health & Wellness needs more information or more time to review your request.

You never need pre-approval (prior authorization) for emergency care, even if it is out of the network and out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval for certain sensitive care services. To learn more about sensitive care services, go to “Sensitive care” later in this chapter.

For questions about pre-approval (prior authorization), call 1-877-658-0305 (TTY 711).

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## Second opinions

You might want a second opinion about care your provider says you need or about your diagnosis or treatment plan. For example, you may want a second opinion if you are not sure you need a prescribed treatment or surgery, or you have tried to follow a treatment plan and it has not worked.

If you want to get a second opinion, we will refer you to a qualified network provider who can give you a second opinion. For help choosing a provider, call 1-877-658-0305 (TTY 711).

California Health & Wellness will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from California Health & Wellness to get a second opinion from a network provider. However, if you need a referral, your network provider can help you get a referral for a second opinion if you need one.

If there is no provider in the California Health & Wellness network to give you a second opinion, California Health & Wellness will pay for a second opinion from an out-of-network provider. California Health & Wellness will tell you within 5 business days if the provider you choose for a second opinion is approved. If you have a chronic, severe or serious illness, or face an immediate and serious threat to your health, including, but not limited to, loss of life, limb, or major body part or bodily function, California Health & Wellness will tell you in writing within 72 hours.

If California Health & Wellness denies your request for a second opinion, you may file a grievance. To learn more about grievances, go to the “Complaints” heading in the Chapter titled “Reporting and Solving Problems” in this handbook.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Sensitive care

### Minor consent services

If you are under age 18, you can receive some services without a parent or guardian's permission. These services are called minor consent services.

You may get the following services without your parent or guardian's permission:

- Sexual assault services, including outpatient mental health care
- Pregnancy
- Family planning and birth control
- Abortion services

If you are 12 years old or older, you may also get these services without your parent or guardian's permission:

- Outpatient mental health care for:
  - Sexual assault
  - Incest
  - Physical assault
  - Child abuse
  - When you have thoughts of hurting yourself or others
- HIV/AIDS prevention, testing, and treatment
- Sexually transmitted infections prevention, testing, and treatment
- Substance use disorder treatment
  - For more information go to "Substance use disorder treatment services" in this handbook.

For pregnancy testing, family planning services, birth control services, or services for sexually transmitted infections, the doctor or clinic does not have to be part of the California Health & Wellness network. You can choose any Medi-Cal provider and go to them for these services without a referral or pre-approval (prior authorization). For minor consent services that are not specialty mental health services, you can go to an in-network provider without a referral and without pre-approval. Your PCP does not have to refer you and you do not need to get pre-approval from California Health & Wellness to get minor consent services that are covered under this Member Handbook.

Minor consent services that are specialty mental health services are not covered under this Member Handbook. Specialty mental health services are covered by the county mental health plan for the county where you live.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

Minors can talk to a representative in private about their health concerns by calling the 24/7 Nurse Advice Line. Dial Member Services at 1-877-658-0305 (TTY 711) and choose the 24-hour Nurse Advice Line option in the menu.

California Health & Wellness will not send information about getting sensitive services to parents or guardians. Please refer to the “Notice of Privacy Practices” section for information about how to request for confidential communications related to sensitive services.

### **Adult sensitive care services**

As an adult (18 years or older), you may not want to go to your PCP for certain sensitive or private care. If so, you may choose any doctor or clinic for the following types of care:

- Family planning and birth control (including sterilization for adults 21 and older)
- Pregnancy testing and counseling
- HIV/AIDS prevention and testing
- Sexually transmitted infections prevention, testing and treatment
- Sexual assault care
- Outpatient abortion services

The doctor or clinic does not have to be part of the California Health & Wellness network. You can choose any Medi-Cal provider and go to them without a referral or pre-approval (prior authorization) for these services. Services from an out-of-network provider not related to sensitive care may not be covered. For help finding a doctor or clinic giving these services, or for help getting to these services (including transportation), you can call 1-877-658-0305 (TTY 711). You may also call the 24/7 Member Services phone number at 1-877-658-0305 (TTY 711).

California Health & Wellness will not send information about getting sensitive services to other household members. Please refer to the “Notice of Privacy Practices” section for information about how to request for confidential communications related to sensitive services.

### **Moral objection**

Some providers have a moral objection to some covered services. This means they have a right to **not** offer some covered services if they morally disagree with the services. If your provider has a moral objection, they will help you find another provider for the needed services. California Health & Wellness can also work with you to find a provider.



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Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

Some hospitals and other providers do not provide one or more of the following services that may be covered under your plan contract and that you or your family member might need:

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

You should obtain more information before you enroll. Call your prospective doctor, medical group, independent practice association, or clinic, or call California Health & Wellness at 1-877-658-0305 (TTY 711) to ensure that you can obtain the health care services that you need.

These services are available and California Health & Wellness must ensure you or your family member sees a provider or is admitted to a hospital that will perform the covered services. Call California Health & Wellness at 1-877-658-0305 (TTY 711) if you have questions or need help finding a provider.

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## Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Most urgent care appointments do not need pre-approval (prior authorization) and are available within 48 hours of your request for an appointment. If the urgent care services you need require a pre-approval, you will be offered an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call 1-877-658-0305 (TTY 711). Or you can call the Nurse Advice Line by dialing the Member Services phone number 1-877-658-0305 (TTY 711), to learn the level of care that is best for you.

If you need urgent care out of the area, go to the nearest urgent care facility.

Urgent care needs could be:

- Cold
- Sore throat
- Fever
- Ear pain



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



- Sprained muscle
- Maternity services

You must get urgent care services from an in-network provider when you are inside California Health & Wellness' service area. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside California Health & Wellness' service area. If you are outside the California Health & Wellness service area, but inside the United States, you do not need pre-approval to get urgent care. Go to the nearest urgent care facility. Medi-Cal does not cover urgent care services outside the United States. If you are traveling outside the United States and need urgent care, we will not cover your care.

If you need mental health urgent care, call your county mental health plan or Member Services at 1-877-658-0305 (TTY 711). You may call your county mental health plan or your California Health & Wellness Behavioral Health Organization any time, 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

Your urgent care provider might give you medication as part of your urgent care visit. If you get medications as part of your visit, California Health & Wellness will cover the medications as part of your covered urgent care. If your urgent care provider gives you a prescription to take to a pharmacy, the Medi-Cal Rx program will cover the medications. To learn more about Medi-Cal Rx, go to the "Prescription drugs covered by Medi-Cal Rx" heading in the section "Other Medi-Cal programs and services" in Chapter 4.

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## Emergency care

For emergency care, call **911** or go to the nearest emergency room (ER). For emergency care, you do **not** need pre-approval (prior authorization) from California Health & Wellness.

Inside the United States, including any U.S. Territories, you have the right to use any hospital or other setting for emergency care.

Outside the U.S., only emergency services requiring hospitalization in Canada and Mexico are covered. Emergency care and other care in other countries are not covered.

Emergency care is for life-threatening medical conditions. This care is for an illness or injury that a prudent (reasonable) layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right



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away, you would place your health (or your unborn baby's health) in serious danger, or you risk serious harm to your body functions, body organ or body part. Examples may include, but are not limited to:

- Active labor
- Broken bone
- Severe pain
- Chest pain
- Trouble breathing
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency conditions, such as severe depression or suicidal thoughts (may be covered by county mental health plans)

**Do not go to the ER for routine care or care that is not needed right away.** You should get routine care from your PCP, who knows you best. If you are not sure if your medical condition is an emergency, call your PCP. You may also call the 24/7 Nurse Advice Line by dialing the Member Services phone number 1-877-658-0305 (TTY 711).

If you need emergency care away from home, go to the nearest emergency room (ER), even if it is not in the California Health & Wellness network. If you go to an ER, ask them to call California Health & Wellness. You or the hospital to which you were admitted should call California Health & Wellness within 24 hours after you get emergency care. If you are traveling outside the U.S., other than to Canada or Mexico, and need emergency care, California Health & Wellness will **not** cover your care.

If you need emergency transportation, call **911**. You do not need to ask your PCP or California Health & Wellness first before you go to the ER.

If you need care in an out-of-network hospital after your emergency (post-stabilization care), the hospital will call California Health & Wellness.

**Remember:** Do not call **911** unless it is an emergency. Get emergency care only for an emergency, not for routine care or a minor illness like a cold or sore throat. If it is an emergency, call **911** or go to the nearest emergency room.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

**California Health & Wellness Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call California Health & Wellness' Nurse Advice Line at 1-877-658-0305 (TTY 711).**

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## Nurse Advice Line

California Health & Wellness Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call the Nurse Advice Line by calling the Member Services phone number at 1-877-658-0305 to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should visit a provider right away
- Get help with medical conditions such as diabetes or asthma, including advice about what kind of provider may be right for your condition

The Nurse Advice Line **cannot** help with clinic appointments or medication refills. Call your provider's office if you need help with these.

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## Advance directives

An advance health directive is a legal form. You can list on the form the health care you want in case you cannot talk or make decisions later on. You can list what care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

You can get an advance directive form at pharmacies, hospitals, law offices and doctors' offices. You may have to pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

You have the right to have your advance directive placed in your medical records. You have the right to change or cancel your advance directive at any time.

You have the right to learn about changes to advance directive laws. California Health & Wellness will tell you about changes to the state law no longer than 90 days after the change.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

You can call California Health & Wellness at 1-877-658-0305 (TTY 711) for more information.

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## Organ and tissue donation

You can help save lives by becoming an organ or tissue donor. If you are between 15 and 18 years old, you can become a donor with the written consent of your parent or guardian. You can change your mind about being an organ donor at any time. If you want to learn more about organ or tissue donation, talk to your PCP. You can also visit the United States Department of Health and Human Services website at [www.organdonor.gov](http://www.organdonor.gov).



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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# 4. Benefits and services

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## What your health plan covers

This chapter explains your covered services as a member of California Health & Wellness. Your covered services are free as long as they are medically necessary and provided by a network provider. You must ask us for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services, emergency care and some urgent care services. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask California Health & Wellness for pre-approval (prior authorization) for this. Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury. For Members under the age of 21, Medi-Cal services include care that is medically necessary to fix or help relieve a physical or mental illness or condition. For more details on your covered services, call 1-877-658-0305 (TTY 711).

Members under 21 years old get extra benefits and services. Read Chapter 5: Child and youth well care for more information.

Some of the basic health benefits California Health & Wellness offers are listed below. Benefits with a star ( \* ) may need pre-approval.



Call member services at 1-877-658-0305 (TTY 711).

California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at

[www.CAHealthWellness.com](http://www.CAHealthWellness.com).

- Acupuncture\*
- Acute (short-term treatment) home health therapies and services
- Adult immunizations (shots)
- Allergy testing and injections
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology\*
- Behavioral health treatments\*
- Biomarker testing
- Cardiac rehabilitation
- Chiropractic services\*
- Chemotherapy & Radiation therapy\*
- Circumcision of newborn (birth through 30 days)
- Cognitive health assessment
- Community health worker services
- Dental services - limited (performed by medical professional/PCP in a medical office)\*
- Dialysis/hemodialysis services
- Doula services
- Durable medical equipment (DME)\*
- Dyadic care services
- Emergency room visits
- Enteral and parenteral nutrition\*
- Family planning office visits and counseling (you can go to a non-participating provider)
- Family therapy
- Habilitative services and devices\*
- Hearing aids
- Home health care\*
- Hospice care\*
- Inpatient medical and surgical care\*
- Lab and radiology\*
- Long-term home health therapies and services\*
- Maternity and newborn care
- Major organ transplant\*
- Occupational therapy\*
- Orthotics/prostheses\*
- Ostomy and urological supplies
- Outpatient hospital services\*
- Outpatient mental health services\*
- Outpatient surgery\*
- Palliative care\*
- PCP visits
- Pediatric services\*
- Physical therapy\*
- Podiatry services\*
- Pulmonary rehabilitation
- Rapid Whole Genome Sequencing
- Rehabilitation services and devices\*
- Skilled nursing services
- Specialist visits
- Speech therapy\*
- Surgical services\*
- Telemedicine/Telehealth
- Transgender services\*
- Urgent care
- Vision services\*
- Women's health services

Definitions and descriptions of covered services can be found in Chapter 8, "Important numbers and words to know."



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**Medically necessary services are reasonable and necessary to protect your life, keep you from becoming seriously ill or disabled, or reduce severe pain from a diagnosed disease, illness or injury.**

**Medically necessary services include those services that are necessary for age-appropriate growth and development, or to attain, maintain, or regain functional capacity.**

**For Members under 21 years of age, a service is medically necessary if it is necessary to correct or ameliorate defects and physical and mental illnesses or conditions under the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. This includes care that is necessary to fix or help relieve a physical or mental illness or condition or maintain the member's condition to keep it from getting worse.**

**Medically necessary services do not include:**

- Treatments that are untested or still being tested
- Services or items not generally accepted as effective
- Services outside the normal course and length of treatment or services that don't have clinical guidelines
- Services for caregiver or provider convenience

California Health & Wellness will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not California Health & Wellness.

Medically necessary services include covered services that are reasonable and necessary to:

- Protect life;
- Prevent significant illness or significant disability;
- Alleviate severe pain;
- Achieve age-appropriate growth and development; and
- Attain, maintain, and regain functional capacity.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



For Members less than 21 years of age, medically necessary services include all covered services, identified above, and any other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions, as required by the federal Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

EPSDT provides a broad range of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21. The EPSDT benefit is more robust than the benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.

California Health & Wellness will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not California Health & Wellness.

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## Medi-Cal benefits covered by California Health & Wellness

### Outpatient (ambulatory) services

#### *Adult immunizations*

You can get adult immunizations (shots) from a network provider without pre-approval (prior authorization). California Health & Wellness covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), including shots you need when you travel.

You can also get some adult immunization (shots) services in a pharmacy through Medi-Cal Rx. To learn more about the Medi-Cal Rx program, read the Other Medi-Cal programs and services section in this chapter.

#### *Allergy care*

California Health & Wellness covers allergy testing and treatment, including allergy desensitization, hypo-sensitization or immunotherapy.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

### ***Anesthesiologist services***

California Health & Wellness covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by an anesthesiologist, who may require pre-approval (prior authorization).

### ***Chiropractic services***

California Health & Wellness covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services (limits do not apply to children under age 21). California Health & Wellness may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- Children under age 21
- Pregnant people through the end of the month that includes 60-days following the end of a pregnancy
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility
- All members when services are provided at county hospital outpatient departments, outpatient clinics, FQHCs or RHCs that are in the California Health & Wellness' network. Not all FQHCs, RHCs or county hospitals offer outpatient chiropractic services.

### ***Cognitive health assessments***

California Health & Wellness covers an annual brief cognitive health assessment for members who are 65 years of age or older, and are otherwise not eligible for a similar assessment as part of an annual wellness visit under the Medicare Program. A cognitive health assessment looks for signs of Alzheimer's disease or dementia.

### ***Community health worker services***

California Health & Wellness covers community health worker (CHW) services for individuals when recommended by a physician or other licensed practitioner to prevent disease, disability, and other health conditions or their progression; prolong life; and promote physical and mental health and efficiency. Services may include:

- Health education and training, including control and prevention of chronic or infectious diseases; behavioral, perinatal and oral health conditions; and injury



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

prevention

- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management

### ***Dialysis and hemodialysis services***

California Health & Wellness covers dialysis treatments. California Health & Wellness also covers hemodialysis (chronic dialysis) services if your doctor submits a request and California Health & Wellness approves it.

Medi-Cal coverage does not include:

- Comfort, convenience, or luxury equipment, supplies and features
- Non-medical items, such as generators or accessories to make home dialysis equipment portable for travel

### ***Doula services***

California Health & Wellness covers doula services to include personal support to pregnant individuals and families throughout pregnancy, labor, and the postpartum period.

### ***Dyadic care services***

California Health & Wellness covers dyadic care services for members and their caregivers that are medically necessary.

### ***Family Therapy***

California Health & Wellness covers family therapy when medically necessary and composed of at least two family members.

Examples of family therapy include but not limited to:

- Child-parent psychotherapy (ages 0 through 5)
- Parent child interactive therapy (ages 2 through 12)
- Cognitive-behavioral couple therapy (adults)

### ***Outpatient surgery***

California Health & Wellness covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient



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medical or dental procedures must have pre-approval (prior authorization).

### ***Physician services***

California Health & Wellness covers physician services that are medically necessary.

### ***Podiatry (foot) services***

California Health & Wellness covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative and electrical treatment of the human foot. This includes the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg controlling the functions of the foot.

### ***Treatment therapies***

California Health & Wellness covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

## **Maternity and newborn care**

California Health & Wellness covers these maternity and newborn care services:

- Breastfeeding education and aids
- Delivery and postpartum care
- Breast pumps and supplies
- Prenatal care
- Birthing center services
- Certified Nurse Midwife (CNM)
- Licensed Midwife (LM)
- Diagnosis of fetal genetic disorders and counseling
- Newborn care services

## **Telehealth services**

Telehealth is a way of getting services without being in the same physical location as your provider. Telehealth may involve having a live conversation with your provider. Or telehealth may involve sharing information with your provider without a live conversation. You can receive many services through telehealth. However, telehealth may not be available for all covered services. You can contact your provider to learn



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which types of services may be available through telehealth. It is important that both you and your provider agree that the use of telehealth for a particular service is appropriate for you. You have the right to in-person services and are not required to use telehealth even if your provider agrees that it is appropriate for you.

### **Mental health services**

#### ***Outpatient mental health services***

The California Health & Wellness covers a member for an initial mental health assessment without needing pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in the California Health & Wellness network without a referral.

Your PCP or mental health provider may make a referral for additional mental health screening to a specialist within the California Health & Wellness network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional or behavioral functioning, California Health & Wellness can provide mental health services for you. California Health & Wellness covers mental health services such as:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Development of cognitive skills to improve attention, memory and problem solving
- Outpatient services for the purposes of monitoring medication therapy
- Outpatient laboratory, medications that are not already covered under the Medi-Cal Rx Contract Drug List (<https://medi-calrx.dhcs.ca.gov/home/>), supplies and supplements
- Psychiatric consultation
- Family Therapy

For help finding more information on mental health services provided by California Health & Wellness, call 1-877-658-0305 (TTY 711).

If your PCP or mental health provider cannot provide you treatment for a mental health disorder available in the California Health & Wellness network and within the times listed above in the “Timely access to care” section, California Health & Wellness will cover and help you arrange out-of-network services.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to get an assessment and help you connect with the next step in the process.

To learn more, read “Other Medi-Cal programs and services” on page 76, “Specialty mental health services.”

### Emergency services

#### *Inpatient and outpatient services needed to treat a medical emergency*

California Health & Wellness covers all services that are needed to treat a medical emergency that happens in the U.S. (including territories such as Puerto Rico, U.S. Virgin Islands, etc.). California Health & Wellness also covers emergency care that requires hospitalization in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, a prudent layperson could expect it to result in:

- Serious risk to your health; **or**
- Serious harm to bodily functions; **or**
- Serious dysfunction of any bodily organ or part; **or**
- In the case of a pregnant person in active labor, meaning labor at a time when either of the following would occur:
  - There is not enough time to safely transfer you to another hospital before delivery.
  - The transfer may pose a threat to your health or safety or to that of your unborn child.

If a hospital emergency room gives you up to a 72-hour supply of an outpatient prescription drug as part of your treatment, the prescription drug will be covered as part of your covered Emergency Services. If a hospital emergency room provider gives you a prescription that you have to take to an outpatient pharmacy to be filled, Medi-Cal Rx will be responsible for the coverage of that prescription.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

***If a pharmacist at an outpatient pharmacy gives you an emergency supply of a medication, that emergency supply will be covered by Medi-Cal Rx and not California Health & Wellness. Have the pharmacy call Medi-Cal Rx at 800-977-2273 if they need help in giving you an emergency medication supply.***

### ***Emergency transportation services***

California Health & Wellness covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico. If you receive emergency ambulance services in Canada and Mexico and you are not hospitalized during that episode of care, your ambulance services will not be covered by California Health & Wellness.

### **Hospice and palliative care**

California Health & Wellness covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts. Adults age 21 years or older may not receive both hospice care and palliative care services at the same time.

#### ***Hospice care***

Hospice care is a benefit that services terminally ill members. Hospice care requires the member to have a life expectancy of 6 months or less. It is an intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Some drugs and biological services (some may be available through FFS Medi-Cal Rx)
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home



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- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

### ***Palliative care***

Palliative care is patient and family-centered care that improves quality of life by anticipating, preventing and treating suffering. Palliative care does not require the member to have a life expectancy of six months or less. Palliative care may be provided at the same time as curative care.

Palliative care includes:

- Advance care planning
- Palliative care assessment and consultation
- Plan of care including all authorized palliative and curative care
- Plan of care team including, but not limited to:
  - Doctor of medicine or osteopathy
  - Physician assistant
  - Registered nurse
  - Licensed vocational nurse or nurse practitioner
  - Social worker
  - Chaplain
- Care coordination
- Pain and symptom management
- Mental health and medical social services

Adults who are age 21 or older cannot receive both palliative care and hospice care at the same time. If you are getting palliative care and meet the eligibility for hospice care, you can ask to change to hospice care at any time.

## **Hospitalization**

### ***Anesthesiologist services***

California Health & Wellness covers medically necessary anesthesiologist services during covered hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical or dental procedures.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

### ***Inpatient hospital services***

California Health & Wellness covers medically necessary inpatient hospital care when you are admitted to the hospital.

### ***Rapid Whole Genome Sequencing***

Rapid Whole Genome Sequencing (rWGS) is a covered benefit for any Medi-Cal member who is one year of age or younger and is getting inpatient hospital services in an intensive care unit. It includes individual sequencing, trio sequencing for a parent or parents and their baby, and ultra-rapid sequencing. rWGS is a new way to diagnose conditions in time to affect ICU care of children one year of age or younger.

### ***Surgical services***

California Health & Wellness covers medically necessary surgeries performed in a hospital.

### **The Postpartum Care Extension Program**

The Postpartum Care Extension Program provides extended coverage for Medi-Cal members during both the pregnancy and after pregnancy.

The Postpartum Care Extension Program extends coverage by California Health & Wellness for up to 12 months after the end of the pregnancy regardless of income, citizenship, or immigration status and no additional action is needed.

### **Rehabilitative and habilitative (therapy) services and devices**

This benefit includes services and devices to help people with injuries, disabilities or chronic conditions to gain or recover mental and physical skills.



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We cover rehabilitative and habilitative services described in this section if all of the following requirements are met:

- The services are medically necessary
- The services are to address a health condition
- The services are to help you keep, learn, or improve skills and functioning for daily living
- You receive the services at an in-network facility, unless an in-network doctor determines that it is medically necessary for you to receive the services in another location, or an in-network facility is not available to treat your health condition.

The plan covers:

### ***Acupuncture***

California Health & Wellness covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services when provided by a physician, dentist, podiatrist or acupuncturist (limits do not apply to children under age 21). California Health & Wellness may pre-approve (prior authorize) additional services as medically necessary.

### ***Audiology (hearing)***

California Health & Wellness covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy and speech therapy services (limits do not apply to children under age 21). California Health & Wellness may pre-approve (prior authorize) additional services as medically necessary.

### ***Behavioral health treatments***

California Health & Wellness covers behavioral health treatment (BHT) services for members under 21 years of age through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. BHT includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual under 21 years old.



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BHT services teach skills using behavioral observation and reinforcement, or through prompting to teach each step of a targeted behavior. BHT services are based on reliable evidence and are not experimental. Examples of BHT services include behavioral interventions, cognitive behavioral intervention packages, comprehensive behavioral treatment and applied behavioral analysis.

BHT services must be medically necessary, prescribed by a licensed doctor or psychologist, approved by the plan, and provided in a way that follows the approved treatment plan.

### ***Cardiac rehabilitation***

California Health & Wellness covers inpatient and outpatient cardiac rehabilitative services.

### ***Durable medical equipment (DME)***

California Health & Wellness covers the purchase or rental of DME supplies, equipment and other services with a prescription from a doctor, physician assistants, nurse practitioners, and clinical nurse specialists. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.

Generally, California Health & Wellness does not cover the following:

- Comfort, convenience or luxury equipment, features and supplies, except for retail-grade breast pumps as described under “Breast pumps and supplies” under the heading “Maternity and newborn care in this chapter
- Items not intended for maintaining normal activities of daily living, such as exercise equipment (including devices intended to provide additional support for recreational or sports activities)
- Hygiene equipment, except when medically necessary for a Member under age 21
- Nonmedical items, such as sauna baths or elevators
- Modifications to your home or car
- Devices for testing blood or other body substances (however diabetes blood glucose monitors, continuous glucose monitors, test strips and lancets are covered by Medi-Cal Rx)
- Electronic monitors of the heart or lungs except infant apnea monitors
- Repair or replacement of equipment due to loss, theft, or misuse, except



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- when medically necessary for a member under age 21
- Other items not generally used primarily for health care

However, in some cases, these items may be approved with Prior Authorization (Pre-Approval) submitted by your doctor.

### ***Enteral and parenteral nutrition***

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. Enteral nutrition formulas and parenteral nutrition products may be covered through Medi-Cal Rx, when medically necessary. California Health & Wellness may cover enteral and parenteral pumps and tubing, when medically necessary.

### ***Hearing aids***

California Health & Wellness covers hearing aids if you are tested for hearing loss, the hearing aids are medically necessary, and have a prescription from your doctor. Coverage is limited to the lowest cost aid that meets your medical needs. California Health & Wellness will cover one hearing aid unless an aid for each ear is needed for results significantly better than you can get with one aid.

Hearing aids for Members under age 21

State law requires children who need hearing aid to be referred to the California Children's Services (CCS) program to determine if the child is eligible for CCS. If the child is eligible for CCS, CCS will cover the costs for medically necessary hearing aids. If the child is not eligible for CCS, we will cover medically necessary hearing aids as part of Medi-Cal coverage.

Hearing aids for Members age 21 and older

Under Medi-Cal, we cover the following for each covered hearing aid:

- Ear molds needed for fitting
- One standard battery package
- Visits to make sure the aid is working right
- Visits for cleaning and fitting your hearing aid
- Repair of your hearing aid

Under Medi-Cal, we will cover a replacement hearing aid if:

- Your hearing loss is such that your current hearing aid is not able to correct it



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- Your hearing aid is lost, stolen, or broken and cannot be fixed and it was not your fault. You must give us a note that tells us how this happened.

For adults age 21 and older, Medi-Cal does not include:

- Replacement hearing aid batteries

### ***Home health services***

California Health & Wellness covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

Home health services are limited to services that Medi-Cal covers such as:

- Part-time skilled nursing care
- Part-time home health aide
- Skilled physical, occupational and speech therapy
- Medical social services
- Medical supplies

### ***Medical supplies, equipment and appliances***

California Health & Wellness covers medical supplies that are prescribed by doctor, physician assistants, nurse practitioners, and clinical nurse specialists. Some medical supplies are covered through FFS Medi-Cal Rx and not California Health & Wellness.

Medi-Cal coverage does not include the following:

- Common household items including, but not limited to:
  - Adhesive tape (all types)
  - Rubbing alcohol
  - Cosmetics
  - Cotton balls and swabs
  - Dusting powders
  - Tissue wipes
  - Witch hazel
- Common household remedies including, but not limited to:
  - White petrolatum
  - Dry skin oils and lotions
  - Talc and talc combination products
  - Oxidizing agents such as hydrogen peroxide
  - Carbamide peroxide and sodium perborate



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- Non-prescription shampoos
- Topical preparations that contain benzoic and salicylic acid ointment, salicylic acid cream, ointment or liquid and zinc oxide paste
- Other items not generally used primarily for health care and which are regularly and primarily used by persons who do not have a specific medical need for them.

### ***Occupational therapy***

California Health & Wellness covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic and speech therapy services (limits do not apply to children under age 21). California Health & Wellness may pre-approve (prior authorize) additional services as medically necessary.

### ***Orthotics/prostheses***

California Health & Wellness covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. This includes implanted hearing devices, breast prosthesis/mastectomy bras, compression burn garments and prosthetics to restore function or replace a body part, or to support a weakened or deformed body part.

### ***Ostomy and urological supplies***

California Health & Wellness covers ostomy bags, urinary catheters, draining bags, irrigation supplies and adhesives. This does not include supplies that are for comfort, convenience or luxury equipment or features.

### ***Physical therapy***

California Health & Wellness covers medically necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

### ***Pulmonary rehabilitation***

California Health & Wellness covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.



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### ***Skilled nursing facility services***

California Health & Wellness covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

### ***Speech therapy***

California Health & Wellness covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy services (limits do not apply to children under age 21). California Health & Wellness may pre-approve (prior authorize) additional services as medically necessary.

### **Transgender services**

California Health & Wellness covers transgender services (gender-affirming services) as a benefit when they are medically necessary or when the services meet the criteria for reconstructive surgery.

### **Clinical trials**

California Health & Wellness covers routine patient care costs for patients accepted into Phase I, Phase II, Phase III or Phase IV clinical trials if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study meets all requirements under Health and Safety Code 1370.6(d)(1). Medi-Cal Rx, a Medi-Cal FFS program, covers most outpatient prescription drugs. Read the “Outpatient prescription drugs” section later in this chapter for more information.

### **Laboratory and radiology services**

California Health & Wellness covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures, such as CT scans, MRI and PET scans, are covered based on medical necessity.

### **Preventive and wellness services and chronic disease management**

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Family planning services



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- American Academy of Pediatrics Bright Futures recommendations ([https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf))
- Asthma prevention services
- Preventive services for women recommended by the American College of Obstetricians and Gynecologists
- Help to quit smoking, also called smoking cessation services
- United States Preventive Services Task Force Grade A and B recommended preventive services

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include all methods of birth control approved by the FDA. California Health & Wellness' PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may also choose a Medi-Cal doctor or clinic not connected with California Health & Wellness without having to get pre-approval (prior authorization) from California Health & Wellness. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call 1-877-658-0305 (TTY 711).

Read Chapter 5: Child and youth well care for preventive care information for youth 20 years old and younger.

### **Diabetes Prevention Program**

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes and designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. Members who meet criteria may qualify for a second year. The program provides education and group support. Techniques include, but are not limited to:

- Providing a peer coach
- Teaching self-monitoring and problem solving
- Providing encouragement and feedback
- Providing informational materials to support goals
- Tracking routine weigh-ins to help accomplish goals

Members must meet program eligibility requirements to join DPP. Call California Health & Wellness to learn more about the program and eligibility.



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## Reconstructive services

California Health & Wellness covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, disease, or breast reconstruction after a mastectomy. Some limitations and exceptions may apply.

## Substance use disorder screening services

The plan covers:

- Alcohol misuse screenings and illicit-drug screenings
- Services for adults (age 18 and older) who have alcohol or other substance use disorder conditions are offered to you at no cost. The covered services for alcohol misuse are:
  - One expanded screening for risky alcohol use per year (a screening tool that asks you for more information about your alcohol use)
  - Three 15-minute intervention sessions per year to talk about risky alcohol use
- The plan also covers inpatient treatment for acute drug or alcohol overdose when medically necessary.

Go to “Substance use disorder treatment services” later in this chapter for treatment coverage through the county.

## Vision benefits

The plan covers:

- Routine eye exam once every 24 months; additional or more frequent eye exams are covered if medically necessary for members, such as those with diabetes.
- Eyeglasses (frames and lenses) once every 24 months; when you have a valid prescription.
- Replacement eyeglasses within 24 months if you have a change in prescription or your eyeglasses are lost, stolen, or broken (and cannot be fixed), and it was not your fault. You must give us a note that tells us how your eyeglasses were lost, stolen, or broken.
- Low vision devices for those with vision impairment that is not correctable by



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standard glasses, contact lenses, medicine, or surgery that interferes with a person's ability to perform everyday activities (i.e., age-related macular degeneration).

- **Medically necessary Contact Lenses**  
Contact lens testing and contact lenses may be covered if the use of eyeglasses is not possible due to eye disease or condition (i.e., missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus.

### **Transportation benefits for situations that are not emergencies**

You are entitled to medical transportation if you have medical needs that do not allow you to use a car, bus or taxi to your appointments. Medical transportation can be provided for covered services and Medi-Cal covered pharmacy appointments. If you need medical transportation, you can request this by speaking to your doctor, dentist, podiatrist, or mental health or substance use disorder provider. Your provider will decide the correct type of transportation to meet your needs. If they find that you need medical transportation, they will prescribe it by completing a form and submitting it to California Health & Wellness. Once approved, the approval is good for 12 months depending on the medical need. Additionally, there are no limits for how many rides you can get. Your doctor will need to reassess your medical need for medical transportation and re-approve every 12 months.

Medical transportation is an ambulance, litter van, wheelchair van or air transport. California Health & Wellness allows the lowest cost medical transportation for your medical needs when you need a ride to your appointment. That means, for example, if you can physically or medically be transported by a wheelchair van, California Health & Wellness will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

Medical transportation must be used when:

- It is physically or medically needed as determined with a written Physician Certification Statement (PCS) form by a doctor or other provider because you are not able to physically or medically able to use a bus, taxi, car or van to get to your appointment.
- You need help from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by California Health & Wellness with a written PCS



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form by a doctor.

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, please call California Health & Wellness at 1-877-658-0305 (TTY 711) at least 48 hours (Monday-Friday) before your appointment. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

**Limits of medical transportation:** California Health & Wellness provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. Medical transportation will not be provided if the service is not covered by Medi-Cal. If the appointment type is covered by Medi-Cal but not through the health plan, California Health & Wellness will help you schedule your transportation. A list of covered services is in this Member Handbook. Transportation is not covered outside of the network or service area unless pre-authorized by California Health & Wellness. For more information or to ask for medical transportation, please call California Health & Wellness at 1-877-658-0305 (TTY 711).

**Cost to member:** There is no cost when transportation is arranged by California Health & Wellness.

### ***How to get non-medical transportation***

Your benefits include getting a ride to your appointments when the appointment is for a Medi-Cal covered service and you do not have any access to transportation. You can get a ride, at no cost to you, when you have tried all other ways to get transportation and are:

- Traveling to and from an appointment for a Medi-Cal service authorized by your provider; or
- Picking up prescriptions and medical supplies

California Health & Wellness allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. California Health & Wellness will cover the lowest cost of non-medical transportation type that meets your needs. Sometimes, California Health & Wellness can give reimbursement for rides in a private vehicle that you arrange. This must be approved by California Health & Wellness before you get the ride, and you must tell us why you cannot get a ride other ways, like the bus. You can tell us by calling us. You cannot drive yourself and be reimbursed.

Mileage reimbursement requires all of the following:

- The driver's license of the driver
- The vehicle registration of the driver
- Proof of car insurance for the driver

California Health & Wellness at 1-877-658-0305 (TTY 711) at least 24 hours (Monday-Friday) before your appointment or call as soon as you can when you have an urgent



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appointment. Please have your member ID card ready when you call.

Note: American Indians may contact their local Indian Health Clinic to request non-medical transportation.

**Limits of non-medical transportation:** California Health & Wellness provides the lowest cost non-medical transportation that meets your needs to the closest provider from your home where an appointment is available. Members cannot drive themselves or be reimbursed directly. For more information, please call California Health & Wellness at 1-877-658-0305 (TTY 711).

**Non-medical transportation does not apply if:**

- An ambulance, litter van, wheelchair van, or other form of medical transportation is medically needed to get to a Medi-Cal covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- You are in a wheelchair and are unable to move in and out of the vehicle without help from the driver.
- The service is not covered by Medi-Cal.

**Cost to member:** There is no cost when non-medical transportation is arranged by California Health & Wellness.

**Travel expenses:** In certain instances, California Health & Wellness may cover travel expenses such as meals, hotel stays, and other related expenses if you have to travel for doctor's appointments that are not available near your home. This can also be covered for an accompanying attendant and a major organ transplant donor, if applicable. You need to request pre-approval (prior authorization) for these services by contacting California Health & Wellness at 1-877-658-0305 (TTY 711).

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## Other California Health & Wellness covered benefits and programs

### Long-term care services and supports

California Health & Wellness covers these long-term care benefits for members who qualify:

- Long-term care facility services as approved by California Health & Wellness



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



- Skilled nursing facility services as approved by California Health & Wellness

If you qualify for long-term care services, California Health & Wellness will make sure you are placed in a health care facility that provides the level of care most appropriate to your medical needs.

If you have questions about long-term care services, call 1-877-658-0305 (TTY 711).

### **Basic care management**

California Health & Wellness will help coordinate and manage your health care needs and services at no cost to you. California Health & Wellness will coordinate your health care services to help ensure that you receive all medically necessary services, including prescription drugs, and behavioral health care services, even if those services are covered by another program and not California Health & Wellness. This includes care coordination across settings, such as if you need hospitalization and are discharged to your home or a skilled nursing facility.

If you have questions or concerns about your health or the health of your child, call 1-877-658-0305 (TTY 711).

### **Enhanced Care Management**

California Health & Wellness covers Enhanced Care Management (ECM) services for members with highly complex needs. ECM is a benefit that provides extra services to help you get the care you need to stay healthy. It coordinates the care you get from different doctors. ECM helps coordinate primary care, acute care, behavioral health, developmental, oral health, community-based long-term services and supports (LTSS), and referrals to available community resources.

If you qualify, you may be contacted about ECM services. You can also call California Health & Wellness to find out if and when you can receive ECM. Or talk to your health care provider who can find out if you qualify for ECM and when and how you can receive it.

#### ***Covered ECM services***

If you qualify for ECM, you will have your own care team, including a Lead Care Manager. This person will talk to you and your doctors, specialists, pharmacists, case managers, social services providers and others to make sure everyone works together to get you the care you need. A Lead Care Manager can also help you find and apply for other services in your community. ECM includes:



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- Outreach and engagement
- Comprehensive assessment and care management
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family support services
- Coordination and referral to community and social supports

To find out if ECM may be right for you, talk to your California Health & Wellness representative or health care provider.

### ***Cost to member***

There is no cost to the member for ECM services.

### ***Community Supports***

Community Supports may be available under your Individualized Care Plan. Community Supports are medically appropriate and cost-effective alternative services or settings to those covered under the Medi-Cal State Plan. These services are optional for Members to receive. If you qualify, these services may help you live more independently. They do not replace benefits that you already get under Medi-Cal.

Community Supports (CS) are services provided by California Advancing and Innovating Medi-Cal (CalAIM), through the Department of Health Care Services (DHCS) to help improve the health of Medi-Cal members across the state.

California Health & Wellness will partner with CS providers who are community-based organizations with experience working directly in the community who understands the needs of members. The key goal is to allow members to receive care in locations where they feel most comfortable and keep them in their home or community. There are 14 CS services that are optional to members and will be available at different times, as described in the tables below.

To learn more about CS or to access these services, you may call California Health & Wellness at 877-658-0305 (TTY: 711), Monday-Friday, 8 a.m. to 5 p.m. or call the State's Medi-Cal Health Care Options at 800-430-4263 (TTY 800-430-7077).

You may also ask your doctor or clinic about the services.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

**Services to Address Homelessness and Housing:**

<b>Community Supports</b>	<b>Description and Eligibility</b>
Housing Deposits	<p><b>Funding for one-time services necessary to establish a household</b>, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy.</p> <p>Services are available in all counties.</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Receive Housing Transition/Navigation services.</li> <li>• Are prioritized for housing assistance through the local homeless Coordinated Entry System or similar system.</li> <li>• Are currently experiencing homelessness.</li> </ul>
Housing Transition Navigation Services	<p><b>Assistance with obtaining housing.</b> This may include assistance with searching for housing or completing housing applications, as well as developing an individual housing support plan.</p> <p>Services are available in all counties.</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Are prioritized for housing assistance through the local homeless Coordinated Entry System or similar system.</li> <li>• Are currently experiencing homelessness.</li> <li>• Are at-risk of homelessness.</li> </ul>
Housing Tenancy and Sustaining Services	<p>Assistance with <b>maintaining stable tenancy once housing is secured.</b> This may include interventions for behaviors that may jeopardize housing, such as late rental payment and services, to develop financial literacy.</p> <p>Services are available in all counties.</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Receive Housing Transition/Navigation Services.</li> <li>• Are prioritized for housing assistance through the local homeless Coordinated Entry System or similar system.</li> <li>• Are currently experiencing homelessness.</li> <li>• Are at-risk of homelessness.</li> </ul>



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**Recuperative Services:**

Community Supports	Description and Eligibility
<p>Recuperative Care (medical respite)</p>	<p><b>Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover</b> from injury or illness.</p> <p>Services available in select counties (contact member services for programs in your county).</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Are at-risk of hospitalization or are post-hospitalization.</li> <li>• Live alone with no formal support.</li> <li>• Face housing insecurity or have housing that would jeopardize their health and safety without modification.</li> </ul>
<p>Respite</p>	<p><b>Short-term relief provided to caregivers</b> of beneficiaries who require intermittent temporary supervision.</p> <p>Services available in select counties (contact member services for programs in your county).</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Live in the community are compromised in their Activities of Daily Living.</li> <li>• Dependent on a caregiver to provide most of their support.</li> <li>• Require caregiver relief to avoid institutional placement.</li> </ul>
<p>Short-Term Post Hospitalization Housing</p>	<p><b>Setting in which beneficiaries can continue receiving care</b> for medical psychiatric, or substance use disorder needs immediately <b>after exiting a hospital</b>.</p> <p>Services available in select counties (contact member services for programs in your county).</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Are exiting recuperative care.</li> <li>• Are exiting an inpatient hospital stay.</li> <li>• Meet the HUD definition of homeless.</li> </ul>



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

Community Supports	Description and Eligibility
Sobering Centers	<p><b>Alternative destinations for beneficiaries who are found to be intoxicated</b> and would otherwise be transported to an emergency department or jail.</p> <p>Services available in select counties (contact member services for programs in your county).</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Are aged 18 and older who are intoxicated.</li> <li>• Are transported to the emergency department or a jail.</li> <li>• Present to an emergency department and are appropriate for a Sobering Center.</li> </ul>

#### Services for Long-Term Well-Being in Home-Like Settings:

Community Supports	Description
Asthma Remediation	<p><b>Physical modifications</b> to a beneficiary's home to mitigate environmental asthma triggers.</p> <p>Services are available in all counties.</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Have poorly controlled asthma in the past 12 months (as determined by an emergency department visit or hospitalization or two sick or urgent care visits)</li> <li>• Have a score of 19 or lower on the asthma control test.</li> </ul>
Day Habilitation	<p><b>Programs provided to assist beneficiaries with developing skills necessary to reside in home-like settings</b>, often provided by peer mentor-type caregivers. These programs can include training on use of public transportation or preparing meals.</p> <p>Services available in select counties (contact member services for programs in your county).</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Are experiencing homelessness.</li> </ul>



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Community Supports	Description
	<ul style="list-style-type: none"> <li>• Have exited homelessness and entered housing in the last 24 months.</li> <li>• Are at-risk of homelessness or institutionalization whose housing stability could be improved.</li> </ul>
Environmental Accessibility Adaptation	<p><b>Physical adaptations to a home to ensure the health and safety of the beneficiary</b> or allow the individual to function independently in the home. These may include ramps and grab bars.</p> <p>Services are available in all counties.</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Are at-risk for institutionalization in a nursing facility.</li> </ul>
Meals/Medically Tailored Meals	<p><b>Meals delivered to the home that are tailored to meet beneficiaries, unique dietary needs</b>, including following discharge from a hospital.</p> <p>Services are available in all counties.</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Have chronic conditions.</li> <li>• Are discharged from the hospital or skilled nursing facility.</li> <li>• Are high risk of hospitalization or nursing facility placement.</li> <li>• Have extensive care coordination needs.</li> <li>• Are assessed by a registered dietitian or certified nutrition professional.</li> </ul>
Nursing Facility Transition/Diversification to Assisted Living Facility	<p><b>Services provided to assist beneficiaries transitioning from nursing facility care to community settings</b> or prevent beneficiaries from being admitted to nursing facilities.</p> <p>Services available in select counties (contact member services for programs in your county).</p> <p><b>You may be able to get services if you:</b></p> <p>For Nursing Facility Transition</p> <ul style="list-style-type: none"> <li>• Have resided 60+ days in a nursing facility.</li> </ul>



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Community Supports	Description
	<ul style="list-style-type: none"> <li>• Are willing to live in an assisted living setting as an alternative to a nursing facility.</li> <li>• Can reside safely in an assisted living facility with support.</li> </ul> <p>For Nursing Facility Diversion</p> <ul style="list-style-type: none"> <li>• Are interested in remaining in the community.</li> <li>• Are willing and able to reside safely in an assisted living facility with support.</li> <li>• Are currently receiving necessary nursing facility or meet the minimum criteria to receive nursing facility services.</li> </ul>
<p>Community Transition Services/Nursing Facility Transition to Home</p>	<p><b>Services provided to assist beneficiaries transitioning from nursing facility care to home settings</b> in which they are responsible for living expenses.</p> <p>Services available in select counties (contact member services for programs in your county).</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Are currently receiving medically necessary nursing facility level of care.</li> <li>• Have lived 60+ days in a nursing home and/or Medical Respite setting.</li> <li>• Are interested in moving back to the community.</li> <li>• Are able to reside safely in the community with support services.</li> </ul>
<p>Personal Care and Homemaker Services</p>	<p><b>Services provided to assist beneficiaries with daily living activities</b>, such as bathing, dressing, housecleaning, and grocery shopping.</p> <p>Services available in select counties (contact member services for programs in your county).</p> <p><b>You may be able to get services if you:</b></p> <ul style="list-style-type: none"> <li>• Are at-risk for hospitalization or institutionalization in a nursing facility.</li> </ul>



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Community Supports	Description
	<ul style="list-style-type: none"> <li>• Are a person with functional deficits and no other support system.</li> <li>• Are approved for In-Home Supportive Services.</li> </ul>

If you need help or would like to find out what Community Supports may be available for you, call 1-877-658-0305 (TTY 711) or call your health care provider.

## Major Organ Transplant

### *Transplants for children under age 21*

State law requires children who need transplants to be referred to the California Children’s Services (CCS) program to decide if the child is eligible for CCS. If the child is eligible for CCS, CCS will cover the costs for the transplant and related services. If the child is not eligible for CCS, then California Health & Wellness will refer the child to a qualified transplant center for evaluation. If the transplant center confirms the transplant would be needed and safe, California Health & Wellness will cover the transplant and related services.

### *Transplants for adults age 21 and older*

If your doctor decides you may need a major organ transplant, California Health & Wellness will refer you to a qualified transplant center for an evaluation. If the transplant center confirms a transplant is needed and safe for your medical condition, California Health & Wellness will cover the transplant and other related services.

The following major organ transplants covered by California Health & Wellness include but are not limited to:

- Bone marrow
- Heart
- Heart/Lung
- Kidney
- Kidney/Pancreas
- Liver
- Liver/Small bowel
- Lung
- Pancreas
- Small bowel



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## Tobacco Cessation Program

The Kick It California tobacco cessation program is available to California Health & Wellness members. The program offers free telephone counseling, self-help materials and online help in six languages (English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese). Specialized services are available to teens, pregnant women, and tobacco chewers to help members quit smoking or vaping and stay tobacco-free. Texting programs, mobile apps and a live chat feature are also available. California Health & Wellness members can enroll in the telephonic tobacco cessation program, without prior authorization for members of any age regardless if they opt to use tobacco cessation medications, by calling Kick It California at 800-300-8086, or online at [www.kickitca.org](http://www.kickitca.org). Telephonic coaching is available Monday through Friday from 7:00 a.m. to 9:00 p.m., and Saturday from 9:00 a.m. to 5:00 p.m. California Health & Wellness will cover tobacco cessation counseling for at least two separate quit attempts per year, without prior authorization, and with no mandatory break between quit attempts. Members may request a referral to group counseling by calling the Health Education Department at 800-804-6074.

Non-pregnant adult members are eligible for a 90-day regimen of any FDA approved tobacco cessation medication. This includes over-the-counter medications with a prescription from the provider. At least one FDA-approved medication will be made available without prior authorization.

Health education interventions and resources are available to California Health & Wellness members at no cost through self-referral or a referral from their primary care physician (PCP). Members may request educational resources on health topics such as, but not limited to, nutrition, HIV/STD prevention, family planning, exercise, perinatal, asthma, substance abuse and much more. Members may obtain more information by contacting the Health Education Information Line at 800-804-6074.

## Early Start/Early Intervention

- The Early Start Program is for infants and toddlers from birth to 3 years who need early intervention services and have problems that may result in developmental delays, or who show signs of developmental delay. Some risk conditions are:
  - Asphyxia
  - Central nervous system infection



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- Prematurity
- For more information about Early Start/Early Intervention or a referral to the Regional Center for Early Start/Early Intervention, talk to your doctor or to our plan.

## Local Education Agency (LEA) assessment services

- The LEA provides certain health care assessment services through school programs. The LEA is your local public school. Children age 3 through 21 may get services without a referral from their PCP. The PCP should coordinate needed medical services with the LEA. LEA services may include:
  - Physical and Mental Health evaluations
  - Education and psychosocial assessments
  - Health and nutrition education
  - Developmental assessments
  - Physical and Occupational Therapy
  - Speech Therapy and audiology (hearing tests)
  - Counseling
  - Nursing services
  - School health aide services
  - Medical transportation

## Members with developmental disabilities

### REGIONAL CENTERS

- Regional Centers were created to meet the needs of people who are developmentally disabled. Disabling conditions include: intellectual disability, epilepsy, autism, cerebral palsy, Down's Syndrome, speech and language delays. Regional Centers help their clients and families to find housing, day programs for adults, transportation, health care and social activities. Most of their services are free to eligible clients. If you have a family member who was diagnosed with a disabling condition before the age of 18, your PCP will connect you with the local Regional Center.



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## Other Medi-Cal programs and services

### Other services you can get through Fee-For-Service (FFS) Medi-Cal or other Medi-Cal programs

Sometimes California Health & Wellness does not cover services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. California Health & Wellness will coordinate with other programs to ensure that you receive all medically necessary services, even if those services are covered by another program and not California Health & Wellness. This section lists some of these services. To learn more, call 1-877-658-0305 (TTY 711).

### Outpatient prescription drugs

#### *Prescription drugs covered by Medi-Cal Rx*

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, a Medi-Cal FFS program. Some drugs given by a provider in an office or clinic may be covered by California Health & Wellness. Your provider can prescribe you drugs that are on the Medi-Cal Rx Contract Drugs List.

Sometimes, a drug is needed and is not on the Contract Drug List. These drugs will need to be approved before they can be filled at the pharmacy. Medi-Cal Rx will review and decide these requests within 24 hours.

- A pharmacist at your outpatient pharmacy may give you a 72-hour emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medication supply given by an outpatient pharmacy.
- Medi-Cal Rx may say no to a non-emergency request. If they say no, they will send you a letter to tell you why. They will tell you what your choices are. Go to the “Complaints” section in Chapter 6 Reporting and solving problems for more information.

To find out if a drug is on the Contract Drug List or to get a copy of the Contract Drug List, call Medi-Cal Rx at 800-977-2273 (TTY 800-977-2273 and press 5 or 711), visit the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.



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### **Pharmacies**

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with Medi-Cal Rx. You can find a list of pharmacies that work with Medi-Cal Rx in the Medi-Cal Rx Pharmacy Directory at <https://medi-calrx.dhcs.ca.gov/home/>. You can also find a pharmacy near you or a pharmacy that can mail your prescription to you by calling Medi-Cal Rx at 800-977-2273 (TTY 800-977-2273 and press 5 or 711).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your Medi-Cal Benefits Identification Card (BIC). Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

Members may also receive transportation services from California Health & Wellness to get to pharmacies. To learn more about transportation services, read “Transportation benefits for situations that are not emergencies” in this handbook.

### **Specialty mental health services**

Some mental health services are provided by county mental health plans instead of California Health & Wellness. These include specialty mental health services (SMHS) for Medi-Cal members who meet criteria for SMHS. SMHS may include these outpatient, residential and inpatient services:

#### ***Outpatient services:***

- Mental health services
- Medication support services
- Day treatment intensive services
- Day rehabilitation services
- Crisis intervention services
- Crisis stabilization services
- Targeted case management services
- Therapeutic behavioral services (covered for members under 21 years old)
- Intensive care coordination (ICC) (covered for members under 21 years old)
- Intensive home-based services (IHBS) (covered for members under 21 years old)
- Therapeutic foster care (TFC) (covered for members under 21 years old)



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**Residential services:**

- Adult residential treatment services
- Crisis residential treatment services

**Inpatient services:**

- Acute psychiatric inpatient hospital services
- Psychiatric inpatient hospital professional services
- Psychiatric health facility services

To learn more about specialty mental health services, the county mental health plan provides, you can call your county mental health plan. To find all counties' toll-free telephone numbers online, visit [dhcs.ca.gov/individuals/Pages/MHPContactList.aspx](https://dhcs.ca.gov/individuals/Pages/MHPContactList.aspx). If California Health & Wellness determines that you will need services from the county mental health plan, California Health & Wellness will help you connect with the county mental health plan services.

**Substance use disorder treatment services**

The county provides substance use disorder services to Medi-Cal members who meet criteria for these services. Members who are identified for substance use disorder treatment services are referred to their county department for treatment. To find all counties' telephone numbers online, visit [https://dhcs.ca.gov/individuals/Pages/SUD\\_County\\_Access\\_Lines.aspx](https://dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx).

Except as shown under the “Medi-Cal benefits” subsection, all other alcohol and substance use disorder treatment services and outpatient heroin detoxification services are not covered by California Health & Wellness. Members requiring these services will be referred to a Voluntary Inpatient Detox (VID) Provider or their county alcohol and substance use disorder treatment program for treatment. California Health & Wellness will continue to work with your PCP to cover primary care and other services unrelated to the alcohol and substance abuse disorder treatment and will coordinate services with the treatment program(s), as necessary.

**Dental services**

Medi-Cal Dental Program is the same as Fee-for-Service (FFS) Medi-Cal for your dental services. Before you get dental services, you must show your BIC to the dental provider



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and make sure the provider takes FFS Dental.

Medi-Cal Dental covers some dental services, including:

- Diagnostic and preventive dental hygiene (such as examinations, X-rays and teeth cleanings)
- Emergency services for pain control
- Tooth extractions
- Fillings
- Root canal treatments (anterior/posterior)
- Crowns (prefabricated/laboratory)
- Scaling and root planing
- Complete and partial dentures
- Orthodontics for children who qualify
- Topical fluoride

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at <https://www.dental.dhcs.ca.gov> or <https://smilecalifornia.org/>.

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

CCS is a Medi-Cal program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If California Health & Wellness or your PCP believes your child has a CCS-eligible condition, they will be referred to the CCS county program to be assessed for eligibility.

County CCS program staff will decide if your child qualifies for CCS services. California Health & Wellness does not decide CCS eligibility. If your child qualifies to get this type of care, CCS providers will treat him or her for the CCS-eligible condition. California Health & Wellness will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.



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California Health & Wellness does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

CCS does not cover all health conditions. CCS covers most health conditions that physically disable or that need to be treated with medicines, surgery or rehabilitation (rehab). CCS covers children with health conditions such as:

- Congenital heart disease
- Cancers
- Tumors
- Hemophilia
- Sickle cell anemia
- Thyroid problems
- Diabetes
- Serious chronic kidney problems
- Liver disease
- Intestinal disease
- Cleft lip/palate
- Spina bifida
- Hearing loss
- Cataracts
- Cerebral palsy
- Seizures under certain circumstances
- Rheumatoid arthritis
- Muscular dystrophy
- AIDS
- Severe head, brain or spinal cord injuries
- Severe burns
- Severely crooked teeth

Medi-Cal pays for CCS services. If your child is not eligible for CCS program services, they will keep getting medically necessary care from California Health & Wellness.

To learn more about CCS, you can visit the CCS web page at <https://www.dhcs.ca.gov/services/ccs>. Or call 1-877-658-0305 (TTY 711).

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## Services that you cannot get through California Health & Wellness or Medi-Cal

There are some services that neither California Health & Wellness nor Medi-Cal will cover, including, but not limited to:

- In vitro fertilization (IVF), including but not limited to infertility studies or procedures to diagnose or treat infertility
- Fertility preservation



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- Experimental services
- Home modifications
- Vehicle modifications
- Cosmetic surgery
- California Children’s Services (CCS)
- All services excluded from Medi-Cal under state and/or federal law
- Circumcision for members age 31 days and older, unless medically necessary
- Mental Health services or counseling for couples or families for relationship problems
- Custodial care
- Infertility
- Vaccines not recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC)
- Personal comfort items (such as phones, television and guest tray) when in the hospital
- Treatment for major alcohol problems. If you need services for major alcohol problems, you may be referred to the county alcohol and drug program.
- Vision Services:
  - Eyeglasses used for protective, cosmetic, or job-related purposes
  - Eyeglasses prescribed for other than the correction of refractive errors or binocular vision problems
  - Progressive lenses
  - Multifocal contact lenses
  - Vision therapy or visual training
- Prescription eyeglasses for a person who has and is able to wear contact lenses

California Health & Wellness may cover a non-benefit if medical necessity is established. Your provider must submit a Prior Authorization to California Health & Wellness with the reasons why the non-benefit is medically needed.

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## Evaluation of new and existing technologies

New technologies include procedures, drugs, biological product, or devices that have been newly developed to treat specific illnesses or conditions, or are new ways of using current technologies.

California Health & Wellness keeps up with the change in technologies and treatments. To help decide if a new treatment or care should be added to your benefit plan, we review:

- The latest medical and scientific writings
- Recommendations by practicing doctors or nationally recognized medical associations
- Reports and publications of government agencies.

This work is done to be sure you have access to safe and effective care.



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# 5. Child and youth well care

Child and youth members under 21 years old can get special health services as soon as they are enrolled. This makes sure they get the right preventive, dental, mental health and developmental and specialty services. This chapter explains these services.

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## Pediatric services (Children under age 21)

Members under 21 years old are covered for needed care. The following list includes medically necessary services to treat or ameliorate defects and physical or mental diagnoses. Covered services include but are not limited to the list below:

- Well-child visits and teen check-ups (Important visits children need)
- Immunizations (shots)
- Behavioral health assessment and treatment
- Mental health evaluation and treatment, including individual, group and family psychotherapy (specialty mental health services are covered by the county)
- Lab tests, including blood lead poisoning screening
- Health and preventive education
- Vision services
- Dental services (covered under Medi-Cal Dental)
- Hearing services (covered by CCS for children who qualify. California Health & Wellness will cover services for children who do not qualify for CCS)

These services are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. EPSDT services that are recommended by pediatricians' Bright Futures guidelines ([https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)) to help you or your child stay healthy are covered at no cost to you.



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## Well-child health check-ups and preventive care

Preventive care includes regular health check-ups, screenings to help your doctor find problems early, and counseling services to detect illnesses, diseases, or medical conditions before they cause problems. Regular check-ups help you or your child's doctor look for any problems. Problems can include medical, dental, vision, hearing, mental health, and any substance use (drug) disorders. California Health & Wellness covers check-ups to screen for problems (including blood lead level assessment) any time there is a need for them, even if it is not during your or your child's regular check-up.

Preventive care also includes shots you or your child need. California Health & Wellness must make sure that all enrolled children get needed shots at the time of any health care visit. Preventive care services and screenings are available at no cost and without pre-approval (prior authorization).

Your child should get check-ups at these ages:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from 3 to 20 years old

Well-child health check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate shots (California follows the American Academy of Pediatrics Bright Futures Periodicity schedule  
[https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf))
- Lab tests, including blood lead poisoning screening
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment

When a physical problem or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically



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necessary and California Health & Wellness is responsible for paying for the care, then California Health & Wellness covers the care at no cost to you. These services include:

- Doctor, nurse practitioner and hospital care
- Shots to keep you healthy
- Physical, speech/language and occupational therapies
- Home health services, which could be medical equipment, supplies and appliances
- Treatment for vision problems, including eyeglasses
- Treatment for hearing problems, including hearing aids when they are not covered by CCS
- Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
- Case management and health education
- Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease to improve function or create a normal appearance

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### **Blood lead poisoning screening**

All children enrolled in California Health & Wellness should get blood lead poisoning screening at 12 and 24 months or between the ages of 36 and 72 months if they were not tested earlier.

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### **Help getting child and youth well care services**

California Health & Wellness will help members under 21 years old and their families get the services they need. A California Health & Wellness care coordinator can:

- Tell you about available services
- Help find network providers or out-of-network providers, when needed
- Help make appointments
- Arrange medical transportation so children can get to their appointments
- Help coordinate care for services that are available through FFS Medi-Cal, such as:



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

- Treatment and rehabilitative services for mental health and substance use disorders
- Treatment for dental issues, including orthodontics

## Other services you can get through Fee-For-Service (FFS) Medi-Cal or other programs

### Dental check-ups

Keep your baby's gums clean by gently wiping the gums with a washcloth every day. At about four to six months, "teething" will begin as the baby teeth start to come in. You should make an appointment for your child's first dental visit as soon as their first tooth comes in or by their first birthday, whichever comes first.

The following Medi-Cal dental services are free or low-cost services for:

#### Babies ages 1 to 4

- Baby's first dental visit
- Baby's first dental exam
- Dental exams (every 6 months; every 3 months from birth to age 3)
- X-rays
- Teeth cleaning (every 6 months)
- Fluoride varnish (every 6 months)
- Fillings
- Tooth removal
- Emergency services
- Outpatient services
- \*Sedation (if medically necessary)

#### Kids ages 5-12

- Dental exams (every 6 months)
- X-rays
- Fluoride varnish (every 6 months)
- Teeth cleaning (every 6 months)
- Molar sealants
- Fillings
- Root canals
- Emergency services
- Outpatient services
- \*Sedation (if medically necessary)

#### Kids ages 13-20

- Dental exams (every 6 months)
- X-rays
- Fluoride varnish (every 6 months)
- Teeth cleaning (every 6 months)
- Orthodontics (braces) for those who qualify



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

- Fillings
- Crowns
- Root canals
- Tooth removal
- Emergency services
- Outpatient services
- \*Sedation (if medically necessary)

\*Sedation and general anesthesia should be considered when it is documented why local anesthesia is not appropriate or contraindicated, and the dental treatment is pre-approved or does not need pre-approval (prior authorization).

Contraindications include, but are not limited to:

- Physical, behavioral, developmental or emotional condition that prohibits the patient from responding to the provider's attempts to perform treatment
- Extensive restorative or surgical procedures
- An uncooperative child
- An acute infection at an injection site
- Failure of a local anesthetic to control pain

If you have questions or want to learn more about dental services, call the Medi-Cal Dental Program at 1-800-322-6384 (TTY 1-800-735-2922 or 711). You may also visit the Medi-Cal Dental Program website at <https://smilecalifornia.org/>.

### **Additional preventive education referral services**

If you are worried that your child is having a hard time taking part and learning at school, talk to your child's Primary Care Doctor, teachers or administrators at the school. In addition to your medical benefits covered by California Health & Wellness, there are services that the school must provide to help your child learn and not fall behind.

Examples of services that may be provided to help your child learn include:

- Speech and Language Services
- Psychological Services
- Physical Therapy
- Occupational Therapy
- Assistive Technology
- Social Work Services
- Counseling Services
- School Nurse Services
- Transportation to and from school



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

## 6 | Reporting and solving problems

These services are provided by and paid for by the California Department of Education. Together with your child's doctors and teachers, you can make a custom plan that will best help your child.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

# 6. Reporting and solving problems

There are two ways to report and solve problems:

- A **complaint** (or **grievance**) is when you have a problem with California Health & Wellness or a provider, or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with California Health & Wellness' decision to change your services or to not cover them

You have the right to file grievances and appeals with California Health & Wellness to tell us about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact California Health & Wellness first to let us know about your problem. Call us between Monday – Friday, 8 a.m. – 5 p.m. at 1-877-658-0305 (TTY 711). Tell us about your problem.

If your grievance or appeal is still not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) and ask them to review your complaint or conduct an Independent Medical Review. You can call the DMHC at 1-888-466-2219 (TTY 1-877-688-9891 or 711) or visit the DMHC website for more information: <https://www.dmhc.ca.gov>.

The California Department of Health Care Services (DHCS) Medi-Cal Managed Care Ombudsman can also help. They can help if you have problems joining, changing or leaving a health plan. They can also help if you moved and are having trouble getting your Medi-Cal transferred to your new county. You can call the Ombudsman Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-888-452-8609.

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call 1-877-658-0305 (TTY 711).

To report incorrect information about your additional health insurance, please call Medi-



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



Call Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-800-541-5555.

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### Complaints

A complaint (or grievance) is when you have a problem or are unhappy with the services you are receiving from California Health & Wellness or a provider. There is no time limit to file a complaint. You can file a complaint with California Health & Wellness at any time by phone, in writing or online.

- **By phone:** Call California Health & Wellness at 1-877-658-0305 (TTY 711) between Monday – Friday, 8 a.m. – 5 p.m. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call California Health & Wellness at 1-877-658-0305 (TTY 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

California Health & Wellness  
Appeals and Grievance Coordinator  
Post Office Box 10348  
Van Nuys, California 91410-0348

Your doctor's office will have complaint forms available.

- **Online:** Visit the California Health & Wellness website. Go to [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-877-658-0305 (TTY 711).

Within 5 calendar days of getting your complaint, we will send you a letter telling you we got it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call California Health & Wellness about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not get a letter.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review and provide you with a decision within 72 hours. To ask for an expedited review, call us at 1-877-658-0305 (TTY 711). Within 72 hours of receiving your complaint, we will make a decision about how we will handle your complaint and whether we will expedite your complaint. If we determine that we will not expedite your complaint, we will let you know that we will resolve your complaint within 30 days. You may contact the DMHC directly for any reason, including if you believe your concern qualifies for expedited review, or California Health & Wellness does not respond to you within the 72-hour period.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the California Health & Wellness grievance process or eligible for Independent Medical Review. Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling 800-977-2273 (TTY 800-977-2273 and press 5 or 711) or going to <https://medi-calrx.dhcs.ca.gov/home/>. However, complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review. DMHC's toll-free telephone number is 1-888-466-2219 and the TTY line is 1-877-688-9891. You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: <https://www.dmhc.ca.gov/>.

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## Appeals

An appeal is different from a complaint. An appeal is a request for us to review and change a decision we made about your service(s). If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service(s), and you do not agree with our decision, you can ask us for an appeal. Your PCP or other provider can also ask us for an appeal for you with your written permission.

You must ask for an appeal within 60 days from the date on the NOA you got from us. If we decided to reduce, suspend, or stop a service(s) you are getting now, you can continue getting that service(s) while you wait for your appeal to be decided. This is called Aid Paid Pending. To receive Aid Paid Pending, you must ask us for an appeal within 10 days from the date on the NOA or before the date we said your service(s) will stop, whichever is later. When you request an appeal under these circumstances, the service(s) will continue.

You can file an appeal by phone, in writing or online:



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

- **By phone:** Call California Health & Wellness at 1-877-658-0305 (TTY 711) between Monday – Friday, 8 a.m. – 5 p.m. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call California Health & Wellness at 1-877-658-0305 (TTY 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

California Health & Wellness  
Appeals and Grievance Coordinator  
Post Office Box 10348  
Van Nuys, California 91410-0348

Your doctor's office will have appeal forms available.

- **Online:** Visit the California Health & Wellness website. Go to [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

If you need help asking for an appeal or with Aid Paid Pending, we can help you. We can give you free language services. Call 1-877-658-0305 (TTY 711).

Within 5 days of getting your appeal, we will send you a letter telling you we got it. Within 30 days, we will tell you our appeal decision and send you a Notice of Appeal Resolution (NAR) letter. If we do not provide you with our appeal decision within 30 days, you can request a State Hearing and an IMR with the DMHC. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has final say.

If you or your doctor wants us to make a fast decision because the time it takes to decide your appeal would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-877-658-0305 (TTY 711). We will make a decision within 72 hours of receiving your appeal.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## What to do if you do not agree with an appeal decision

If you requested an appeal and got a NAR letter telling you we did not change our decision, or you never got a NAR letter and it has been past 30 days, you can:

- Ask for a **State Hearing** from the California Department of Social Services (CDSS), and a judge will review your case.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have California Health & Wellness' decision reviewed or ask for an **Independent Medical Review (IMR)** from the DMHC. During DMHC's IMR, an outside doctor who is not part of California Health & Wellness will review your case. DMHC's toll-free telephone number is 1-888-466-2219 and the TTY line is 1-877-688-9891. You can find the Independent Medical Review/Complaint form and instructions online at the DMHC's website: <https://www.dmhc.ca.gov>.

You will not have to pay for a State Hearing or an IMR.

You are entitled to both a State Hearing and an IMR. But if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

The sections below have more information on how to ask for a State Hearing and an IMR.

Complaints and appeals related to Medi-Cal Rx pharmacy benefits are not handled by California Health & Wellness. You can submit complaints and appeals about Medi-Cal Rx pharmacy benefits by calling 800-977-2273 (TTY 800-977-2273 and press 5 or 711). However, complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review.

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. **Medi-Cal Rx pharmacy benefit decisions are not subject to the IMR process with the DMHC.**



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Complaints and Independent Medical Reviews (IMR) with the Department of Managed Health Care

An IMR is when an outside doctor who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with California Health & Wellness. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision, but you only have 120 days to request a State Hearing so if you want an IMR and a State hearing file your complaint as soon as you can. Remember, if you ask for a State Hearing first, and the hearing has already happened, you cannot ask for an IMR. In this case, the State Hearing has the final say.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health concern is urgent, such as those involving a serious threat to your health.

If your complaint to DMHC does not qualify for an IMR, DMHC will still review your complaint to make sure California Health & Wellness made the correct decision when you appealed its denial of services. California Health & Wellness has to comply with DMHC's IMR and review decisions.

Here is how to ask for an IMR.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-877-658-0305 (TTY 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

and speech impaired. The department's internet website <https://www.dmh.ca.gov/> has complaint forms, IMR application forms and instructions online.

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### State Hearings

A State Hearing is a meeting with people from the California Department of Social Services (CDSS). A judge will help to resolve your problem or tell you that we made the correct decision. You have the right to ask for a State Hearing if you have already asked for an appeal with us and you are still not happy with our decision, or if you did not get a decision on your appeal after 30 days.

You must ask for a State Hearing within 120 days from the date on our NAR letter. However, if we gave you Aid Paid Pending during your appeal, and you want it to continue until there is a decision on your State Hearing, you must ask for a State Hearing within 10 days of our NAR letter, or before the date we said your service(s) will stop, whichever is later. If you need help making sure Aid Paid Pending will continue until there is a final decision on your State Hearing, contact California Health & Wellness between Monday – Friday, 8 a.m. – 5 p.m. by calling 1-877-658-0305. If you cannot hear or speak well, please call TTY 711. Your PCP can ask for a State Hearing for you with your written permission.

Sometimes you can ask for a State Hearing without completing our appeal process.

For example, you can request a State Hearing without having to complete our appeal process, if we did not notify you correctly or on time about your service(s). This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- We did not make a NOA letter available to you in your preferred language.
- We made a mistake that affects any of your rights.
- We did not give you a NOA letter.
- We made a mistake in our NAR letter.
- We did not decide your appeal within 30 days. We decided your case was urgent, but did not respond to your appeal within 72 hours.

You can ask for a State Hearing by phone or mail.

- **By phone:** Call the CDSS Public Response Unit at 1-800-952-5253 (TTY 1-800-952-8349 or 711).



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

- **By mail:** Fill out the form provided with your appeals resolution notice.  
Send it to:

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

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-877-658-0305 (TTY 711).

At the hearing, you will give your side. We will give our side. It could take up to 90 days for the judge to decide your case. California Health & Wellness must follow what the judge decides.

If you want the CDSS to make a fast decision because the time it takes to have a State Hearing would put your life, health or ability to function fully in danger, you or your PCP can contact the CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than 3 business days after it gets your complete case file from California Health & Wellness.

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## Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it by calling the confidential toll-free number 1-800-822-6222 or submitting a complaint online at <https://www.dhcs.ca.gov/>.

Provider fraud, waste and abuse includes:

- Falsifying medical records
- Prescribing more medication than is medically necessary
- Giving more health care services than medically necessary
- Billing for services that were not given
- Billing for professional services when the professional did not perform the service
- Offering free or discounted items and services to members in an effort to influence which provider is selected by the member
- Changing member's primary care physician without the knowledge of the member



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



Fraud, waste and abuse by a person who gets benefits includes, but is not limited to:

- Lending, selling or giving a health plan ID card or Medi-Cal Benefits Identification Card (BIC) to someone else
- Getting similar or the same treatments or medicines from more than one provider
- Going to an emergency room when it is not an emergency
- Using someone else's Social Security number or health plan ID number
- Taking medical and non-medical transportation rides for non-healthcare related services, for services not covered by Medi-Cal, or when you do not have a medical appointment or prescriptions to pick up.

To report fraud, waste and abuse, write down the name, address and ID number of the person who committed the fraud, waste or abuse. Give as much information as you can about the person, such as the phone number or the specialty if it is a provider. Give the dates of the events and a summary of exactly what happened.

Send your report to:

Special Investigations Unit  
7700 Forsyth Blvd.  
5th Floor, Room 519  
Clayton, MO 63105

Email: [Special\\_investigations\\_unit@centene.com](mailto:Special_investigations_unit@centene.com)

1-866-685-8664



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



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# 7. Rights and responsibilities

As a member of California Health & Wellness, you have certain rights and responsibilities. This chapter explains these rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of California Health & Wellness.

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## Your rights

These are your rights as a member of California Health & Wellness:

- To be treated with respect and dignity, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the plan and its services, including covered services, practitioners, and member rights and responsibilities.
- To receive fully translated written member information in your preferred language, including all grievance and appeals notices.
- To make recommendations about California Health & Wellness' member rights and responsibilities policy.
- To be able to choose a primary care provider within California Health & Wellness' network.
- To have timely access to network providers.
- To participate in decision making with providers regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care you got.
- To know the medical reason for California Health & Wellness' decision to deny, delay, terminate or change a request for medical care.
- To get care coordination.
- To ask for an appeal of decisions to deny, defer or limit services or benefits.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

- To get no-cost interpreting services for your language.
- To get free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To ask for a State Hearing if a service or benefit is denied and you have already filed an appeal with California Health & Wellness and are still not happy with the decision, or if you did not get a decision on your appeal after 30 days, including information on the circumstances under which an expedited hearing is possible.
- To disenroll from California Health & Wellness and change to another health plan in the county upon request.
- To access minor consent services.
- To get no-cost written member information in other formats (such as braille, large-size print, audio and accessible electronic formats) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To truthfully discuss information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand, regardless of cost or coverage.
- To have access to and get a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by California Health & Wellness, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Clinics, midwifery services, Rural Health Centers, sexually transmitted infection services and emergency services outside California Health & Wellness' network pursuant to the federal law.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Your responsibilities

California Health & Wellness members have these responsibilities:

- **Act courteously and respectfully.** You are responsible for treating your doctor and all Providers and staff with courtesy and respect. You are responsible for being on time for your visits or calling your doctor's office at least 24 hours before the visit to cancel or reschedule.
- **Give up-to-date, accurate and complete information.** You are responsible for giving correct information and as much information as you can to all of your providers, and to California Health & Wellness. You are responsible for getting regular check-ups and telling your doctor about health problems before they become serious.
- **Follow your doctor's advice and take part in your care.** You are responsible for talking over your health care needs with your doctor, developing and agreeing on goals, doing your best to understand your health problems, and following the treatment plans and instructions you both agree on.
- **Use the Emergency Room only in an emergency.** You are responsible for using the emergency room in cases of an emergency or as directed by your doctor. Emergency care is a service that you reasonably believe is necessary to stop or relieve sudden serious illnesses or symptoms, and injury or conditions requiring immediate diagnosis and treatment.
- **Report wrong-doing.** You are responsible for reporting health care fraud or wrong-doing to California Health & Wellness. You can do this without giving your name by calling the California Health & Wellness Fraud and Abuse Hotline toll-free at 1-866-685-8664. The Fraud and Abuse Hotline operates 24 hours a day, seven days a week. All calls are strictly confidential.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Notice of non-discrimination

Discrimination is against the law. California Health & Wellness follows State and Federal civil rights laws. California Health & Wellness does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

California Health & Wellness provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats and other formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact California Health & Wellness between Monday – Friday, 8 a.m. – 5 p.m. by calling 1-877-658-0305. Or, if you cannot hear or speak well, please call TTY 711 to use the California Relay Service.

## How to file a grievance

If you believe that California Health & Wellness has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with California Health & Wellness Member Services. You can file a grievance in writing, in person, or electronically:

- **By phone:** Contact between Monday – Friday, 8 a.m. – 5 p.m. by calling 1-877-658-0305. Or, if you cannot hear or speak well, please call TTY 711 to use the California Relay Service.
- **In writing:** Fill out a complaint form or write a letter and send it to:  
California Health & Wellness Plan Civil Rights Coordinator



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

1740 Creekside Oaks Drive, Suite 200  
Sacramento, California

- **In person:** Visit your doctor's office or California Health & Wellness and say you want to file a grievance.
- **Electronically:** Visit California Health & Wellness' website at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

### Office of Civil Rights – California Department of Health Care Services

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing or electronically:

- **By phone:** Call 916-440-7370. If you cannot speak or hear well, please call 711 (Telecommunications Relay Service).
- **In writing:** Fill out a complaint form or send a letter to:  
Deputy Director, Office of Civil Rights  
Department of Health Care Services  
Office of Civil Rights  
P.O. Box 997413, MS 0009  
Sacramento, CA 95899-7413

Complaint forms are available at

[https://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](https://www.dhcs.ca.gov/Pages/Language_Access.aspx).

- **Electronically:** Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov).

### Office of Civil Rights – U.S. Department of Health and Human Services

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S.

Department of Health and Human Services, Office for Civil Rights by phone, in writing or electronically:

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, please call TTY 1-800-537-7697 or 711 to use the California Relay Service.
- **In writing:** Fill out a complaint form or send a letter to:  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

Washington, D.C. 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/cp>.

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## Ways to get involved as a member

California Health & Wellness wants to hear from you. Each year, California Health & Wellness has meetings to talk about what is working well and how California Health & Wellness can improve. Members are invited to attend. Come to a meeting!

### Community Advisory Committee

California Health & Wellness has a group called the Community Advisory Committee. This group is made up of consumers, California Health & Wellness members, and community agencies. You can join this group if you would like. The group talks about how to improve California Health & Wellness policies and is responsible for:

- Input on California Health & Wellness' quality improvement and health education efforts
- Input on California Health & Wellness' cultural and linguistic services program
- Identification of barriers to care due to culture, discrimination, language, or disability

If you would like to be a part of this group, call 1-877-658-0305 (TTY 711).

### Public Policy Committee

California Health & Wellness has a group called the Public Policy Committee. This group is made up of health plan members and providers. Joining this group is voluntary. The group talks about how to improve California Health & Wellness policies and is responsible for:

- Giving advice to the California Health & Wellness Board of Directors on policy issues that affect the health plan and our members.

If you would like to be a part of this group, call 1-877-658-0305 (TTY 711).



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**You can also call Member Services if you have any questions about these groups.**



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## Notice of privacy practices

A statement describing California Health & Wellness policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request.

Members who may consent to receive sensitive services are not required to obtain any other member's authorization to receive sensitive services or to submit a claim for sensitive services. California Health & Wellness will direct communications regarding sensitive services to a member's alternate designated mailing address, email address, or telephone number or, in the absence of a designation, in the name of the member at the address or telephone number on file. California Health & Wellness will not disclose medical information related to sensitive services to any other member without written authorization from the member receiving care. California Health & Wellness will accommodate requests for confidential communication in the form and format requested, if it is readily producible in the requested form and format, or at alternative locations. A member's request for confidential communications related to sensitive services will be valid until the member revokes the request or submits a new request for confidential communications.

**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.***

### **Covered Entities Duties:**

California Health & Wellness (referred to as "we" or "the Plan") is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). California Health & Wellness is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI. PHI is information about you, including demographic information that can reasonably be used to identify you and that relates to your past, present or future physical or mental health or condition, the provision of health care to you or the payment for that care.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All



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other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

California Health & Wellness reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. California Health & Wellness will promptly revise and distribute this Notice whenever there is a material change to the following:

- Uses or disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice

We will make any revised Notices available on our website and in our Member Handbook.

### **Internal Protections of Oral, Written and Electronic PHI:**

California Health & Wellness protects your PHI. We have privacy and security processes to help.

These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

### **Permissible Uses and Disclosures of Your PHI:**

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** - We may use or disclose your PHI to a physician or other health care provider providing treatment to you, to coordinate your treatment among



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providers, or to assist us in making prior authorization decisions related to your benefits.

- **Payment** - We may use and disclose your PHI to make benefit payments for the health care services provided to you. We may disclose your PHI to another health plan, to a health care provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:
  - processing claims
  - determining eligibility or coverage for claims
  - issuing premium billings
  - reviewing services for medical necessity
  - performing utilization review of claims
- **Health Care Operations** - We may use and disclose your PHI to perform our health care operations. These activities may include:
  - providing customer services
  - responding to complaints and appeals
  - providing case management and care coordination
  - conducting medical review of claims and other quality assessment
  - improvement activities

In our health care operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its health care operations. This includes the following:

- quality assessment and improvement activities
  - reviewing the competence or qualifications of health care professionals
  - case management and care coordination
  - detecting or preventing health care fraud and abuse
- **Group Health Plan/Plan Sponsor Disclosures** – We may disclose your protected health information to a sponsor of the group health plan, such as



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an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

### **Other Permitted or Required Disclosures of Your PHI:**

- **Fundraising Activities** – We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **Underwriting Purposes** – We may use or disclosure your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- **Appointment Reminders/Treatment Alternatives** - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- **As Required by Law** - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities** - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclosure your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.
- **Victims of Abuse and Neglect** - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law authorized by law to receive such reports if



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we have a reasonable belief of abuse, neglect or domestic violence.

- **Judicial and Administrative Proceedings** - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
  - an order of a court
  - administrative tribunal
  - subpoena
  - summons
  - warrant
  - discovery request
  - similar legal request
- **Law Enforcement** - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
  - court order
  - court-ordered warrant
  - subpoena
  - summons issued by a judicial officer
  - grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.

- **Coroners, Medical Examiners and Funeral Directors** - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** - We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
  - cadaveric organs
  - eyes



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- **Threats to Health and Safety** - We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
  - to authorized federal officials for national security and intelligence activities
  - the Department of State for medical suitability determinations
  - for protective services of the President or other authorized persons
- **Workers' Compensation** - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.
- **Emergency Situations** - We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person's involvement in your care.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with health care, to protect your health or safety, or the health or safety of others, or for the safety and security of the correctional institution.
- **Research** - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.



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**Uses and Disclosures of Your PHI That Require Your Written Authorization**

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

**Sale of PHI** – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

**Marketing** – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

**Psychotherapy Notes** – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or health care operation functions.

**Individuals Rights**

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

The State of California nondiscrimination requirements (as described in benefit coverage documents), California Health & Wellness complies with applicable federal civil rights laws and do not discriminate, exclude people or treat them differently on the basis of race, color, national origin, ancestry, religion, marital status, gender, gender identity, gender affirming care, sexual orientation, age, disability, or sex.

- **Right to Revoke an Authorization** - You may revoke your authorization at any time; the revocation of your authorization must be in writing. The revocation will be effective immediately, except to the extent that we have already taken actions in reliance of the authorization and before we received your written revocation.
- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or health care operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom



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the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.

- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered. A confidential communications request shall be implemented by the health insurer within seven 7 calendar days of the receipt of an electronic transmission or telephonic request or within 14 calendar days of receipt by first-class mail. Refer to the customer service phone number on the back of your member identification card or the plan's website for instructions on how to request confidential communication.
- **Right to Access and Receive a Copy of your PHI** - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend your PHI** - You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



- **Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
- **Right to File a Complaint** - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice. For Medi-Cal member complaints, members may also contact the California Department of Health Care Services listed in the next section.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368- 1019, (TTY: 1-866-788-4989) or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

**WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.**

- **Right to Receive a Copy of this Notice** - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

**Contact Information**

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

**California Health & Wellness**

**Privacy Office**

Attn: Privacy Official

P.O. Box 9103

Van Nuys, CA 91409

**Telephone: 1-800-522-0088**

Fax: 1-818-676-8314

Email: [Privacy@healthnet.com](mailto:Privacy@healthnet.com)



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).



For Medi-Cal members only, if you believe that we have not protected your privacy and wish to complain, you may file a complaint by calling or writing:

**Privacy Officer**

c/o Office of Legal Services

California Department of Health Care  
Services

1501 Capitol Avenue, MS 0010

P.O. Box 997413

Sacramento, CA 95899-7413

Phone: 1-916-445-4646 or 1-866-866-0602 (TTY: 1-877-735-2929)

E-mail: [DHCSPrivacyofficer@dhcs.ca.gov](mailto:DHCSPrivacyofficer@dhcs.ca.gov)

**FINANCIAL INFORMATION PRIVACY NOTICE**

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

We are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available, and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

**Information We Collect:** We collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from consumer reports.

**Disclosure of Information:** We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or



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permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, such as other insurers;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

**Confidentiality and Security:** We maintain physical, electronic and procedural safeguards, in accordance with applicable state and federal standards, to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

### Questions about this Notice:

If you have any questions about this notice:

**Please call the toll-free phone number on the back of your ID card or contact California Health & Wellness.**

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## Notice about laws

Many laws apply to this Member Handbook. These laws may affect your rights and responsibilities even if the laws are not included or explained in this handbook. The main laws that apply to this handbook are state and federal laws about the Medi-Cal program. Other federal and state laws may apply too.

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## Notice about Medi-Cal as a payer of last resort, other health coverage and tort recovery

The Medi-Cal program complies with state and federal laws and regulations relating to



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the legal liability of third parties for health care services to members. California Health & Wellness will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

Medi-Cal members may have other health coverage (OHC), also referred to as private health insurance. As a condition of Medi-Cal eligibility, you must apply for and/or retain any available OHC when there is no cost to you.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. If you do not report OHC promptly, you may have to repay DHCS for any benefits paid erroneously. Submit your OHC online at <http://dhcs.ca.gov/OHC>. If you do not have access to the internet, OHC can be reported to your health plan, or by calling 1-800-541-5555 (TTY 1-800-430-7077 or 711; inside California), or 1-916-636-1980 (outside California). DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. For example, if you are injured in a car accident or at work, auto or workers' compensation insurance may have to pay first, or reimburse Medi-Cal.

If you are injured, and another party is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

- Personal Injury Program at <http://dhcs.ca.gov/PI>
- Workers Compensation Recovery Program at <http://dhcs.ca.gov/WC>

To learn more, call 1-916-445-9891.

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## Notice about estate recovery

The Medi-Cal program must seek repayment from estates of certain deceased members for Medi-Cal benefits received on or after their 55<sup>th</sup> birthday. Repayment includes fee-for-service and managed care premiums and capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was in inpatient in a nursing facility or was receiving home and community-based services. Repayment cannot exceed the value of a member's probated estate.

To learn more, go to the DHCS estate recovery website at <http://dhcs.ca.gov/er> or call 1-916-650-0590.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Notice of Action

California Health & Wellness will send you a Notice of Action (NOA) letter any time California Health & Wellness denies, delays, terminates or modifies a request for health care services. If you disagree with the plan's decision, you can always file an appeal with California Health & Wellness. Go to the Appeals section above for important information on filing your appeal. When California Health & Wellness sends you a NOA it will inform you of all rights you have if you disagree with a decision we made.

### ***Contents in Notices***

If California Health & Wellness bases denials, delays, terminations, or changes in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action California Health & Wellness intends to take.
- A clear and concise explanation of the reasons for California Health & Wellness' decision.
- How California Health & Wellness came to their decision. This should include the criteria California Health & Wellness used.
- The medical reasons for the decision. California Health & Wellness must clearly state how the member's condition does not meet the criteria or guidelines.

### ***Translations***

California Health & Wellness is required to fully translate and provide written member information in common preferred languages, including all grievance and appeals notices.

The fully translated notice must include the medical reason for California Health & Wellness' decision to reduce, suspend, or stop a request for health care services.

If your preferred language is not available, the MCP is required to offer verbal assistance in your preferred language so that you can understand the information you receive.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Third Party Liability

California Health & Wellness will not make any claim for recovery of the value of Covered Services provided to a member when such recovery would result from an action involving the tort Liability of a third party or casualty liability insurance, including workers' compensation awards and uninsured motorist coverage. However, California Health & Wellness will notify the DHCS of such potential cases, and will help the DHCS in pursuing the State's right to reimbursement of such recoveries. Members are obligated to assist California Health & Wellness and the DHCS in this regard.

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## Independent contractors

The relationship between California Health & Wellness and each participating provider is an independent contractor relationship. Participating providers are not employees or agents of California Health & Wellness and neither California Health & Wellness, nor any employee of California Health & Wellness, is an employee or agent of a participating provider. In no case will California Health & Wellness be liable for the negligence, wrongful act, or omission of any participating provider or other health care provider.

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## Health care plan fraud

Health care plan fraud is defined as a deception or misrepresentation by a provider, member, employer or any person acting on their behalf. It is a felony that can be prosecuted. Any person who willfully and knowingly engages in an activity intended to defraud the health care plan by filing a claim that contains a false or deceptive statement is guilty of insurance fraud.

If you are concerned about any of the charges that appear on a bill or Explanation of Benefits form, or if you know of or suspect any illegal activity, call our plan's toll-free Fraud and Abuse Hotline at 1-866-685-8664. The Fraud and Abuse Hotline operates 24 hours a day, seven days a week. All calls are strictly confidential.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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## Circumstances beyond California Health & Wellness' control

To the extent that a natural disaster, war, riot, civil insurrection, epidemic, complete or partial destruction of facilities, atomic explosion or other release of nuclear energy, disability of significant medical group personnel, or other similar events not within the control of California Health & Wellness, results in California Health & Wellness' facilities or personnel not being available to provide or arrange for services or benefits under this Member Handbook, California Health & Wellness' obligation to provide such services or benefits shall be limited to the requirement that California Health & Wellness make a good-faith effort to provide or arrange for the provision of such services or benefits within the current availability of its facilities or personnel.



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# 8. Important numbers and words to know

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## Important phone numbers

- California Health & Wellness Member Services 1-877-658-0305 (TTY 711)
- Medi-Cal Rx at 800-977-2273 (TTY 800-977-2273 and press 5 or 711)
- **Disability Services**
  - Website: <https://www.ada.gov/>
  - California Relay Service (CRS): TTY: 711
  - Sprint: 1-888-877-5379 (Voice)
  - MCI: 1-800-735-2922 (Voice)
  - Americans Disabilities Act (ADA) Information: 1-800-514-0301 (Voice); 1-800-514-0383 (TDD)
- **California Children's Services (CCS) program:**
  - Website: <https://www.dhcs.ca.gov/services/ccs>
  - Alpine County: 1-530-694-2146
  - Amador County: 1-209-223-6630
  - Butte County: 1-530-895-6546
  - Calaveras County: 1-209-754-6460
  - Colusa County: 1-530-458-0380
  - El Dorado County: 1-530-621-6128
  - Glenn County: 1-530-934-6588
  - Imperial County: 1-442-265-1455



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- Inyo County: 1-760-873-7868
- Mariposa County: 1-209-966-3689
- Mono County: 1-760-924-1841
- Nevada County: 1-530-265-1450
- Placer County: 1-530-886-3630
- Plumas County: 1-530-283-6330
- Sierra County: 1-530-993-6700
- Sutter County: 1-530-822-7215
- Tehama County: 1-530-527-6824
- Tuolumne County: 1-209-533-7404
- Yuba County: 1-530-749-6340
- **Child Health and Disability Prevention (CHDP) program:**
  - Website: <https://www.dhcs.ca.gov/services/chdp>
  - Alpine County: 1-530-694-2146
  - Amador County: 1-209-223-6669
  - Butte County: 1-530-538-6222
  - Calaveras County: 1-209-754-6460
  - Colusa County: 1-530-458-0380
  - El Dorado County: 1-530-621-6110
  - Glenn County: 1-530-934-6588
  - Imperial County: 1-442-265-1455
  - Inyo County: 1-760-878-0241
  - Mariposa County: 1-209-966-3689
  - Mono County: 1-760-924-1830
  - Nevada County: 1-530-265-1462
  - Placer County: 1-530-886-3620
  - Plumas County: 1-530-283-6330



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- Sierra County: 1-530-993-6700
- Sutter County: 1-530-822-7215
- Tehama County: 1-530-527-6824
- Tuolumne County: 1-209-533-7414
- Yuba County: 1-530-749-6366
- **California State Services**
  - DHCS Ombudsman Office: 1-888-452-8609  
(website: <https://www.dhcs.ca.gov/services/MH/Pages/MH-Ombudsman.aspx>)
  - Department of Social Services: 1-800-952-5253, (TDD: 1-800-952-8349)  
(website: <https://www.cdss.ca.gov/county-offices>)
  - Department of Managed Health Care (DMHC): 1-888-466-2219  
(1-888-HMO-2219) (website: <http://dmhc.ca.gov/>)
- **DHCS Office of Family Planning**
  - **Phone:** 1-916-650-0414
- **Social Security Administration**
  - Supplemental Security Income (SSI): 1-800-772-1213,  
(TTY: 1-800-325-0778)  
Website: <https://www.ssa.gov/>
- **COUNTY OFFICES**
  - Website: <http://www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx>
  - Mental Health website:  
<https://www.dhcs.ca.gov/individuals/Pages/MHPContaktList.aspx>
- **Alpine County**
  - Department of Human Services: 1-530-694-2235 ext 231  
Mental Health Services: 1-800-318-8212
- **Amador County**
  - Department of Social Services: 1-209-223-6550  
Mental Health Services: 1-888-310-6555



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### **Butte County**

- Department of Employment and Social Services: 1-877-410-8803  
Mental Health Services: 1-800-334-6622

### **Calaveras County**

- Health and Human Services Agency: 1-209-754-6448  
Mental Health Services: 1-800-499-3030

### **Colusa County**

- Department of Social Services: 1-530-458-0250  
Mental Health Services: 1-888-793-6580

### **El Dorado County**

- Department of Social Services: 1-530-642-7300 (Placerville Office)  
1-530-573-3200 (South Lake Tahoe Office)  
Mental Health Services: 1-800-929-1955

### **Glenn County**

- Health & Human Services Agency: 1-530-934-6514  
Mental Health Services: 1-800-507-3530

### **Imperial County**

- Department of Social Services: 1-760-337-6800  
Mental Health Services: 1-800-817-5292

### **Inyo County**

- Department of Social Services: 1-760-872-1394  
Mental Health Services: 1-800-841-5011

### **Mariposa County**

- Department of Human Services: 1-209-966-2000,  
1-800-549-6741 (Toll Free)  
Mental Health Services: 1-800-549-6741

### **Mono County**

- Department of Social Services: 1-760-924-1770 (South county office);  
1-760-932-5600 (North county office)  
Mental Health Services: 1-800-687-1101



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### **Nevada County**

- Health & Human Services Agency: 1-530-265-1340;  
1-888-809-1340 (Toll Free)  
Mental Health Services: 1-888-801-1437

### **Placer County**

- Health & Human Services: 1-888-385-5160 (Toll Free);  
1-916-784-6000  
Mental Health Services: 1-888-886-5401

### **Plumas County**

- Department of Social Services: 1-530-283-6350  
Mental Health Services: 1-800-757-7898

### **Sierra County**

- Social Services: 1-530-993-6720  
Mental Health Services: 1-888-840-8418

### **Tehama County**

- Department of Social Services: 1-530-527-1911  
Mental Health Services: 1-800-240-3208

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## **Words to know**

**Active labor:** The period of time when a woman is in the three stages of giving birth and either cannot be safely transferred in time to another hospital before delivery or a transfer may harm the health and safety of the woman or unborn child.

**Acute:** A medical condition that is sudden requires fast medical attention and does not last a long time.

**American Indian:** An individual, defined at title 25 of the U.S.C. sections 1603(13), 1603(28), 1679(a) or who has been determined eligible, as an Indian, pursuant to 42 C.F.R. 136.12 or Title V of the Indian Health Care Improvement Act, to receive health care services from Indian Health Care Providers (Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization–I/T/U) or through referral under Contract Health Services.



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**Appeal:** A member's request for California Health & Wellness to review and change a decision made about coverage for a requested service.

**Benefits:** Health care services and drugs covered under this health plan.

**California Children's Services (CCS):** A Medi-Cal program that provides services for children up to age 21 with certain diseases and health problems.

**California Health and Disability Prevention (CHDP):** A public health program that reimburses public and private health care providers for early health assessments to detect or prevent disease and disabilities in children and youth. The program helps children and youth access regular health care. Your PCP can provide CHDP services.

**Case manager:** Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

**Certified Nurse Midwife (CNM):** An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.

**Chiropractor:** A provider who treats the spine by means of manual manipulation.

**Chronic condition:** A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

**Clinic:** A facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Care Provider (IHCP) or other primary care facility.

**Community-based adult services (CBAS):** Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

**Complaint:** A member's verbal or written expression of dissatisfaction about a service covered by Medi-Cal, California Health & Wellness, county mental health plan, or a Medi-Cal provider.

**Continuity of care:** The ability of a plan member to keep getting Medi-Cal services from their existing out-of-network provider for up to 12 months, if the provider and California Health & Wellness agree.

**Contract Drugs List (CDL):** The approved drug list for Medi-Cal Rx from which your provider may order covered drugs you need.



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**Coordination of Benefits (COB):** The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

**Copayment:** A payment you make, generally at the time of service, in addition to the insurer's payment.

**Coverage (covered services):** Medi-Cal services for which California Health & Wellness is responsible for payment. Covered services are subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this Evidence of Coverage (EOC) and any amendments.

**DHCS:** The California Department of Health Care Services. This is the State office that oversees the Medi-Cal program.

**Disenroll:** To stop using this health plan because you no longer qualify or change to a new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

**DMHC:** The California Department of Managed Health Care. This is the State office that oversees managed care health plans.

**Durable medical equipment (DME):** Equipment that is medically necessary and ordered by your doctor or other provider. California Health & Wellness decides whether to rent or buy DME. Rental costs must not be more than the cost to buy.

**Early and periodic screening, diagnostic, and treatment (EPSDT):** EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early as well as any treatment to take care of or help the conditions that may be found in the check-ups.

**Emergency medical condition:** A medical or mental condition with such severe symptoms, such as active labor (go to definition above) or severe pain, that someone with a prudent layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger
- Cause impairment to a body function
- Cause a body part or organ to not work right



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**Emergency room care:** An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists. Medically necessary services needed to make you clinically stable within the capabilities of the facility.

**Emergency medical transportation:** Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.

**Enrollee:** A person who is a member of a health plan and gets services through the plan.

**Established patient:** A patient who has an existing relationship with a provider and has seen that provider within a specified amount of time established by the Plan.

**Excluded services:** Services that are not covered by the California Medi-Cal Program.

**Experimental treatment:** Drugs, equipment, procedures or services that are in a testing phase with laboratory and/or animal studies prior to testing in humans. Experimental services are not undergoing a clinical investigation.

**Family planning services:** Services to prevent or delay pregnancy.

**Federally Qualified Health Center (FQHC):** A health center in an area that does not have many health care providers. You can get primary and preventive care at an FQHC.

**Fee-For-Service (FFS) Medi-Cal:** Sometimes your Medi-Cal plan does not cover services but you can still get them through Medi-Cal FFS, such as many pharmacy services through FFS Medi-Cal Rx.

**Follow-up care:** Regular doctor care to check a patient's progress after a hospitalization or during a course of treatment.

**Fraud:** An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

**Freestanding Birth Centers (FBCs):** Health facilities where childbirth is planned to occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

**Grievance:** A member's verbal or written expression of dissatisfaction about California Health & Wellness, a provider, or the services provided. A complaint filed with California Health & Wellness about a network provider is an example of a grievance.



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**Habilitation services and devices:** Health care services that help you keep, learn or improve skills and functioning for daily living.

**Health Care Options (HCO):** The program that can enroll or disenroll you from the health plan.

**Health care providers:** Doctors and specialists such as surgeons, doctors who treat cancer or doctors who treat special parts of the body, and who work with California Health & Wellness or are in the California Health & Wellness network. California Health & Wellness network providers must have a license to practice in California and give you a service California Health & Wellness covers.

You usually need a referral from your PCP to go to a specialist. Your PCP must get pre-approval from California Health & Wellness before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, OB/GYN care or sensitive services.

**Health insurance:** Insurance coverage that pays for medical and surgical expenses by repaying the insured for expenses from illness or injury or paying the care provider directly.

**Home health care:** Skilled nursing care and other services given at home.

**Home health care providers:** Providers who give you skilled nursing care and other services at home.

**Hospice:** Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness. Hospice care is available when the member has a life expectancy of 6 months or less.

**Hospital:** A place where you get inpatient and outpatient care from doctors and nurses.

**Hospital outpatient care:** Medical or surgical care performed at a hospital without admission as an inpatient.

**Hospitalization:** Admission to a hospital for treatment as an inpatient.

**Indian Health Care Provider (IHCP):** A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Organization or Urban Indian Organization (I/T/U) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. section 1603).

**Inpatient care:** When you have to stay the night in a hospital or other place for the medical care you need.



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**Investigational treatment:** A treatment drug, biological product or device that has successfully completed phase one of a clinical investigation approved by the FDA but that has not been approved for general use by the FDA and remains under investigation in an FDA approved clinical investigation.

**Long-term care:** Care in a facility for longer than the month of admission.

**Managed care plan:** A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. California Health & Wellness is a managed care plan.

**Medi-Cal Rx:** An FFS Medi-Cal pharmacy benefit service known as “Medi-Cal Rx” that provides pharmacy benefits and services, including prescription drugs and some medical supplies to all Medi-Cal beneficiaries.

**Medical home:** A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

**Medical transportation:** Transportation when you cannot get to a covered medical appointment and/or to pick up prescriptions by car, bus, train or taxi and your provider prescribes it for you. California Health & Wellness pays for the lowest cost transportation for your medical needs when you need a ride to your appointment.

**Medically necessary (or medical necessity):** Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal medically necessary services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

**Medicare:** The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

**Member:** Any eligible Medi-Cal member enrolled with California Health & Wellness who is entitled to get covered services.

**Mental health services provider:** Licensed individuals who provide mental health and behavioral health services to patients.



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**Midwifery services:** Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

**Network:** A group of doctors, clinics, hospitals and other providers contracted with California Health & Wellness to provide care.

**Network provider (or in-network provider):** Go to “Participating provider.”

**Non-covered service:** A service that California Health & Wellness does not cover.

**Non-medical transportation:** Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider and when picking up prescriptions and medical supplies.

**Non-participating provider:** A provider not in the California Health & Wellness network.

**Other health coverage (OHC):** Other health coverage (OHC) refers to private health insurance and service payers other than Medi-Cal. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

**Orthotic device:** A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

**Out-of-area services:** Services while a member is anywhere outside of the service area.

**Out-of-network provider:** A provider who is not part of the California Health & Wellness network.

**Outpatient care:** When you do not have to stay the night in a hospital or other place for the medical care you need.

**Outpatient mental health services:** Outpatient services for members with mild to moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring medication therapy
- Psychiatric consultation
- Outpatient laboratory, supplies and supplements



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**Palliative care:** Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness. Palliative care does not require the member to have a life expectancy of 6 months or less.

**Participating hospital:** A licensed hospital that has a contract with California Health & Wellness to provide services to members at the time a member gets care. The covered services that some participating hospitals may offer to members are limited by California Health & Wellness' utilization review and quality assurance policies or California Health & Wellness' contract with the hospital.

**Participating provider (or participating doctor):** A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with California Health & Wellness to offer covered services to members at the time a member gets care.

**Physician services:** Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

**Plan:** Go to “Managed care plan.”

**Post-stabilization services:** Covered services related to an emergency medical condition that are provided after a member is stabilized to maintain the stabilized condition. Post-stabilization care services are covered and paid for. Out-of-network hospitals may need pre-approval.

**Pre-approval (or prior authorization):** Your PCP or other providers must get approval from California Health & Wellness before you get certain services. California Health & Wellness will only approve the services you need. California Health & Wellness will not approve services by non-participating providers if California Health & Wellness believes you can get comparable or more appropriate services through California Health & Wellness providers. A referral is not an approval. You must get approval from California Health & Wellness.

**Prescription drug coverage:** Coverage for medications prescribed by a provider.

**Prescription drugs:** A drug that legally requires an order from a licensed provider to be dispensed.

**Primary care:** Go to “Routine care.”

**Primary care provider (PCP):** The licensed provider you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:



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- You have an emergency
- You need OB/GYN care
- You need sensitive services
- You need family planning services/birth control

Your PCP can be a:

- General practitioner
- Internist
- Pediatrician
- Family practitioner
- OB/GYN
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Rural Health Clinic (RHC)
- Nurse practitioner
- Physician assistant
- Clinic

**Prior authorization (pre-approval):** Your PCP or other providers must get approval from California Health & Wellness before you get certain services. California Health & Wellness will only approve the services you need. California Health & Wellness will not approve services by non-participating providers if California Health & Wellness believes you can get comparable or more appropriate services through California Health & Wellness providers. A referral is not an approval. You must get approval from California Health & Wellness.

**Prosthetic device:** An artificial device attached to the body to replace a missing body part.

**Provider Directory:** A list of providers in the California Health & Wellness network.

**Psychiatric emergency medical condition:** A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

**Public health services:** Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.



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**Qualified provider:** Doctor qualified in the area of practice appropriate to treat your condition.

**Reconstructive surgery:** Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors or disease.

**Referral:** When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval (prior authorization).

**Rehabilitative and habilitative therapy services and devices:** Services and devices to help people with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

**Routine care:** Medically necessary services and preventive care, well child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

**Rural Health Clinic (RHC):** A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

**Sensitive services:** Services related to mental or behavioral health, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder, gender affirming care and intimate partner violence.

**Serious illness:** A disease or condition that must be treated and could result in death.

**Service area:** The geographic area California Health & Wellness serves. This includes the counties of Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba.

**Skilled nursing care:** Covered services provided by licensed nurses, technicians and/or therapists during a stay in a skilled nursing facility or in a member's home.

**Skilled nursing facility:** A place that gives 24-hour-a-day nursing care that only trained health professionals may give.

**Specialist (or specialty doctor):** A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones; an allergist treats allergies; and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to go to a specialist.



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**Specialty mental health services:** Services for members who have mental health services needs that are a higher level of impairment than mild to moderate.

**Terminal illness:** A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

**Tort recovery:** When benefits are provided or will be provided to a Medi-Cal member because of an injury for which another party is liable, DHCS recovers the reasonable value of benefits provided to the member for that injury.

**Triage (or screening):** The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

**Urgent care (or urgent services):** Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider, if in-network providers are temporarily not available or accessible.



Call member services at 1-877-658-0305 (TTY 711). California Health & Wellness is here Monday – Friday, 8 a.m. – 5 p.m. The call is toll free. Or call the California Relay Line at 711. Visit online at [www.CAHealthWellness.com](http://www.CAHealthWellness.com).

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