

Your Health
Our Mission



Member Handbook



What you need to know about your benefits

PHC California Combined Evidence of Coverage (EOC) and Disclosure Form

2026

Los Angeles County

Other languages and formats

Other languages

You can get this Member Handbook and other plan materials in other languages for free. PHC California provides written translations from qualified translators. Call 1-800-263-0067 (TTY 711). The call is free. Read this Member Handbook to learn more about health care language assistance services such as interpreter and translation services.

Other formats

You can get this information in other formats such as braille, 20-point font large print, audio format, and accessible electronic formats at no cost to you. Call 1-800-263-0067 (TTY 711). The call is free.

Interpreter services

PHC California provides oral interpretation services, as well as sign language, from a qualified interpreter, on a 24-



Call Member Services at 1-800-263-0067 (TTY 711).

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hour basis, at 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 for free. Help is available 24 hours a day, 7 days a week. For help in your language, or to get this handbook in a different language, call 1-800-263-0067 (TTY 711). The call is free.

ATTENTION: If you need help in your language, call 1-800-263-0067 (TTY: 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-263-0067 (TTY: 711). These services are free of charge.

1-800-263-0067 الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-263-0067
تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي (TTY: 711). الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير
1-800-263-0067 اتصل بـ
هذه الخدمات مجانية. (TTY: 711).



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ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-263-0067 (TTY: 711): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Չանգահարեք 1-800-263-0067 (TTY: 711): Այդ ծառայություններն անվճար են:

请注意：如果您需要以您的母语提供帮助，请致电 1-800-263-0067 (TTY: 711)。另外还提供针对残疾人士的帮助和服务，例如文盲和需要较大字体阅读，也是方便取用的。请致电 1-800-263-0067 (TTY: 711)。这些服务都是免费的。

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-263-0067 (TTY: 711). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-263-0067 (TTY: 711). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-263-0067 (TTY: 711) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। 1-800-263-0067 (TTY: 711) पर कॉल करें। ये सेवाएं निःशुल्क हैं।



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CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-263-0067 (TTY: 711). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-263-0067 (TTY: 711). Cov kev pab cuam no yog pab dawb xwb.

注意日本語での対応が必要な場合は 1-800-263-0067 (TTY: 711)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-263-0067 (TTY: 711)へお電話ください。これらのサービスは無料で提供しています。

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-263-0067 (TTY: 711) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-263-0067 (TTY: 711) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.



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ປະກາດ:

ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ 1-800-263-0067 (TTY: 711).

ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມິໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ 1-800-263-0067 (TTY: 711).

ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiexm longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-263-0067 (TTY: 711). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-263-0067 (TTY: 711). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ចំណាំ: បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ 1-800-263-0067 (TTY: 711)។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ 1-800-263-0067 (TTY: 711)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។



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1-800-263-0067 توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با تماس بگیرید. کمک‌ها و خدمات (TTY: 711) 263-0067 مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و 1-800-263-0067 چاپ با حروف بزرگ، نیز موجود است. با تماس بگیرید. این خدمات رایگان ارائه می‌شوند (TTY: 711)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-263-0067 (линия ТТУ: 711). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-263-0067 (линия ТТУ: 711). Такие услуги предоставляются бесплатно.

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-263-0067 (TTY: 711). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-263-0067 (TTY: 711). Estos servicios son gratuitos.



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ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-263-0067 (TTY: 711). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-263-0067 (TTY: 711). Libre ang mga serbisyonang ito.

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-263-0067 (TTY: 711) นอกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-263-0067 (TTY: 711) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-263-0067 (TTY: 711). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-263-0067 (TTY: 711). Ці послуги безкоштовні.



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CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-263-0067 (TTY: 711). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-263-0067 (TTY: 711). Các dịch vụ này đều miễn phí.



Call Member Services at 1-800-263-0067 (TTY 711).

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Welcome to PHC California!

Thank you for joining PHC California. PHC California is a health plan for people who have Medi-Cal and a prior AIDS or AIDS-defining illness diagnosis. PHC California works with the State of California to help you get the health care you need.

Member Handbook

This Member Handbook tells you about your coverage under PHC California. Please read it carefully and completely. It will help you understand your benefits, the services available to you, and how to get the care you need. It also explains your rights and responsibilities as a member of PHC California. 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. **This EOC and Disclosure Form constitutes only a summary of the health plan. The health plan contract must be consulted to determine the exact terms and conditions of coverage.** To learn more, call PHC California at 1-800-263-0067 (TTY 711).

In this Member Handbook, PHC California is sometimes referred to as “we” or “us.” Members are sometimes called “you.” Some capitalized words have special meaning in this Member Handbook.

To ask for a copy of the contract between PHC California and the California Department of Health Care Services (DHCS), call 1-800-263-0067 (TTY 711). You may ask for another copy of the Member Handbook for free. You can also find the Member Handbook on the PHC California website at www.phc-ca.org/members/pubs. You can also ask for a



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free copy of PHC California's non-proprietary clinical and administrative policies and procedures. They are also on the PHC California website www.phc-ca.org/compliance.

Contact us

PHC California is here to help. If you have questions, call 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

You can also visit online at any time at www.phc-ca.org.

Thank you,

PHC California

P.O. Box 46160

Los Angeles, CA 90046



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1. Getting started as a member

How to get help

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

Member Services

PHC California Member Services is here to help you. PHC California can:

- Answer questions about your health plan and PHC California 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 speak limited English.
- Help you get information in other languages and formats.
- Schedule non-emergency transportation.
- Help you get information on making an advance directive.

If you need help, call 1-800-263-0067 (TTY 711). PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free. PHC California must make sure you wait less than 10 minutes when calling.

You can also visit Member Services online at any time at www.phc-ca.org.

Who can become a member

Every state may have a Medicaid program. In California, Medicaid is called **Medi-Cal**.



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You qualify for PHC California because you qualify for Medi-Cal, have a prior AIDS or AIDS-defining illness diagnosis in your medical record, and live in Los Angeles County. For information about Medi-Cal in Los Angeles County, call the Department of Public Social Services (DPSS) at 1-866-613-3777. You might also qualify for Medi-Cal through Social Security because you are getting SSI or SSP.

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711), or go to <http://www.healthcareoptions.dhcs.ca.gov>.

For questions about Social Security, call the Social Security Administration at 1-800-772-1213, or go to <https://www.ssa.gov/locator>.

Transitional Medi-Cal

You may be able to get Transitional Medi-Cal if you started earning more money and you no longer qualify for Medi-Cal.

You can ask questions about qualifying for Transitional Medi-Cal at your local county 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).

Identification (ID) cards

As a member of PHC California, you will get our PHC California Identification (ID) card. You must show your PHC California ID card **and** your Medi-Cal Benefits Identification Card (BIC) when you get health care services or prescriptions. Your Medi-Cal BIC card is the benefits identification card sent to you by the State of California. You should always carry all health cards with you. Your Medi-Cal BIC and PHC California Identification (ID) cards look like these:



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Medi-Cal BIC



Sample PHC California Member ID Card



If you do not get your PHC California ID card within a few weeks after your enrollment date, or if your PHC California ID card is damaged, lost, or stolen, call Member Services right away. PHC California will send you a new card for free. Call 1-800-263-0067 (TTY or 711). If you do not have a Medi-Cal BIC card or if your card is damaged, lost, or stolen, call the local county office. To find your local county office, go to <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.



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2. About your health plan

Health plan overview

PHC California is a health plan for people who have Medi-Cal in Los Angeles County and have a prior AIDS or AIDS-defining illness in their medical record. PHC California works with the State of California to help you get the health care you need.

Talk with one of the PHC California Member Services representatives to learn more about the health plan and how to make it work for you. Call 1-800-263-0067 (TTY 711). You may also email us at php@positivehealthcare.org.

When your coverage starts and ends

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

Your Medi-Cal coverage will need renewing every year. If your local county office cannot renew your Medi-Cal coverage electronically, the county will send you a pre-populated Medi-Cal renewal form. Complete this form and return it to your local county office. You can return your information in person, by phone, by mail, online, or by other electronic means available in your county.

You can end your PHC California 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 go to www.healthcareoptions.dhcs.ca.gov.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

PHC California is a health plan for Medi-Cal members in Los Angeles County. Find your local county office at <http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.

PHC California Medi-Cal coverage may end if any of the following is true:

- You move out of Los Angeles County.
- You no longer have Medi-Cal.
- You become eligible for a waiver program that requires you to be enrolled in Fee-for-Service (FFS) Medi-Cal.
- You are in jail or prison.

If you lose your PHC California Medi-Cal coverage, you may still qualify for FFS Medi-Cal coverage. If you are not sure if you are still covered by PHC California, call 1-800-263-0067 (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 can also stay with or disenroll (drop) from PHC California while getting health care services from these locations. To learn more about enrollment and disenrollment, call 1-800-263-0067 (TTY 711).

PHC California must provide care coordination for you, including in- and out-of-network case management. If you ask to get services from an IHCP, PHC California must help you find an in- or out-of-network IHCP of your choice. To learn more, read “Provider network” in Chapter 3 of this handbook.

How your plan works

PHC California is a managed care health plan contracted with DHCS. PHC California



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

works with doctors, hospitals, and other providers in the PHC California service area to provide health care to our members. As a member of PHC California, you may qualify for some services provided through FFS Medi-Cal. These include outpatient prescriptions, non-prescription drugs, and some medical supplies through Medi-Cal Rx.

Member services will tell you how PHC California works, how to get the care you need, how to schedule provider appointments during office hours, how to request free interpreting and translation services or written information in alternative formats, and how to find out if you qualify for transportation services.

To learn more, call 1-800-263-0067 (TTY 711). You can also find Member Services information online at www.phc-ca.org.

Changing health plans

You can leave PHC California and join another health plan in your county of residence at any time, if another health plan is available. To choose a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711). You can call between 8 a.m. and 6 p.m. Monday through Friday, or go to <https://www.healthcareoptions.dhcs.ca.gov>.

It takes up to 30 days or more to process your request to leave PHC California and enroll in another plan in your county. 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 PHC California sooner, you can call Health Care Options to ask for an expedited (fast) disenrollment.

Members who can request expedited disenrollment include, but are not limited to, children getting 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 can ask to leave PHC California by contacting your local county office. Find your local county office at:

<http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx>.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077 or 711).

Continuity of care

Continuity of care for an out-of-network provider

As a member of PHC California, you will get your health care from providers in PHC California's network. To find out if a health care provider is in the PHC California's network, go to the PHC California website at www.phc-ca.org/provider-find. Providers not listed in the directory may not be in the PHC California network.

In some cases, you might be able to get care from providers who are not in the PHC California network. If you were required to change your health plan or to switch from FFS Medi-Cal to managed care, or you had a provider who was in network but is now outside the network, you might be able to keep your provider even if they are not in the PHC California network. This is called continuity of care.

If you need to get care from a provider who is outside the network, call PHC California to ask for continuity of care. You may be able to get continuity of care for up to 12 months or more if all of these are true:

- You have an ongoing relationship with the out-of-network provider before enrollment in PHC California.
- You went to the out-of-network provider for a non-emergency visit at least once during the 12 months before your enrollment with PHC California.
- The out-of-network provider is willing to work with PHC California and agrees to PHC California's contract requirements and payment for services.
- The out-of-network provider meets PHC California's professional standards.
- The out-of-network provider is enrolled and participating in the Medi-Cal program.

To learn more, call Member Services at 1-800-263-0067 (TTY 711).

If your providers do not join the PHC California network by the end of 12 months, do not agree to PHC California payment rates, or do not meet quality of care requirements,



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

you will need to change to providers in the PHC California network. To discuss your choices, call Member Services at 1-800-263-0067 (TTY 711).

PHC California is not required to provide continuity of care for an out-of-network provider for certain ancillary (supporting) services such as radiology, laboratory, dialysis centers, or transportation. You will get these services with a provider in PHC California’s network.

To learn more about continuity of care and if you qualify, call Member Services.

Completion of covered services from an out-of-network provider

As a member of PHC California, you will get covered services from providers in PHC California’s network. If you are being treated for certain health conditions at the time you enrolled with PHC California or at the time your provider left PHC California’s network, you might also still be able to get Medi-Cal services from an out-of-network provider.

You might be able to continue care with an out-of-network provider for a specific time period if you need covered services for these health conditions:

Health condition	Time period
Acute conditions (a medical issue that needs fast attention).	For as long as your acute condition lasts.
Serious chronic physical and behavioral conditions (a serious health care issue you have had for a long time).	For up to 12 months from the coverage start or the date the provider’s contract ends with PHC California.
Pregnancy and postpartum (after birth) care.	During your pregnancy and up to 12 months after the end of pregnancy.



Call Member Services at 1-800-263-0067 (TTY 711).
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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Health condition	Time period
Maternal mental health services.	For up to 12 months from the diagnosis or from the end of your pregnancy, whichever is later.
Care of a newborn child between birth and 36 months old.	For up to 12 months from the start date of the coverage or the date the provider's contract ends with PHC California.
Terminal illness (a life-threatening medical issue).	For as long as your illness lasts. You may still get services for more than 12 months from the date you enrolled with PHC California or the time the provider stops working with PHC California.
Performance of a surgery or other medical procedure from an out-of-network provider as long as it is covered, medically necessary, and authorized by PHC California as part of a documented course of treatment and recommended and documented by the provider.	The surgery or other medical procedure must take place within 180 days of the provider's contract termination date or 180 days from the effective date of your enrollment with PHC California.

For other conditions that might qualify, call PHC California Member Services.

If an out-of-network provider is not willing to keep providing services or does not agree to PHC California's contract requirements, payment, or other terms for providing care, you will not be able to get continued care from the provider. You may be able to keep getting services from a different provider in PHC California's network.

For help choosing a contracted provider to continue with your care or if you have questions or problems getting covered services from a provider who is no longer in PHC



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

California's network, call Member Services at 1-800-2693-0067 (TTY 711).

PHC California is not required to provide continuity of care for services Medi-Cal does not cover or that are not covered under PHC California's contract with DHCS. To learn more about continuity of care, eligibility, and available services, call Member Services.

Costs

Member costs

PHC California serves people who qualify for Medi-Cal. In most cases, PHC California members do not have to pay for covered services, premiums, or deductibles.

If you are an American Indian, you do not have to pay enrollment fees, premiums, deductibles, co-pays, cost sharing, or other similar charges. PHC California must not charge any American Indian member who gets an item or service directly from an IHCP or through a referral to an IHCP or reduce payments due to an IHCP by the amount of any enrollment fee, premium, deductible, copayment, cost sharing, or similar charge.

Except for emergency care, urgent care that is outside the PHC California service area, or sensitive care, you must get pre-approval (prior authorization) from PHC California before you visit a provider outside the PHC California network. If you do not get pre-approval (prior authorization) and you go to a provider outside the network for care that is not emergency care, out-of-area urgent care, or sensitive care, you might have to pay for care you got from that provider. For a list of covered services, read Chapter 4, "Benefits and services" in this handbook. You can also find the Provider Directory on the PHC California website at www.phc-ca.org/provider-find.

For members with long-term care and a Monthly Resident Cost

You might have to pay a Monthly Resident Cost (share of cost) each month for your long-term care services. The amount of your Monthly Resident Cost depends on your income. Each month, you will pay your own health care bills, including but not limited, to long-term care bills, until the amount you have paid equals your Monthly Resident



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Cost. After that, PHC California will cover your long-term care for that month. You will not be covered by PHC California until you have paid your entire long-term care Monthly Resident Cost for the month.

How a provider gets paid

PHC California pays providers in these ways:

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

To learn more about how PHC California pays providers, call 1-800-263-0067 (TTY 711).

If you get a bill from a health care provider

Covered services are health care services that PHC California must pay. If you get a bill for any Medi-Cal-covered services, do not pay the bill. Call Member Services right away at 1-800-263-0067 (TTY 711). PHC California will help you figure out if the bill is correct.

If you get a bill from a pharmacy for a prescription drug, supplies, or supplements, call Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can use option 7 or call 711. You can also go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Asking PHC California to pay you back for expenses

If you paid for services that you already got, you might qualify to be reimbursed (paid back) if you meet **all** of these conditions:

- The service you got is a covered service that PHC California is responsible for paying. PHC California will not reimburse you for a service that PHC California



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

does not cover.

- You got the covered service while you were an eligible PHC California member.
- You ask to be paid back within one year from the date you got the covered service.
- You show proof that you, or someone on your behalf, paid for the covered service, such as a detailed receipt from the provider.
- You got the covered service from a Medi-Cal enrolled provider in PHC California's network. You do not need to meet this condition if you got emergency care, family planning services, or another service that Medi-Cal allows out-of-network providers to perform without pre-approval (prior authorization).
- If the covered service normally requires pre-approval (prior authorization), you need to give proof from the provider that shows a medical need for the covered service.

PHC California will tell you if they will reimburse you in a letter called a Notice of Action (NOA). 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, PHC California will pay you back for the full amount you paid.

If the provider is enrolled in Medi-Cal but is not in the PHC California network and refuses to pay you back, PHC California will pay you back, but only up to the amount that FFS Medi-Cal would pay. PHC California 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 (prior authorization). If you do not meet one of the above conditions, PHC California will not pay you back.

PHC California will not pay you back if:

- You asked for and got services that are not covered by Medi-Cal, such as cosmetic services.
- The service is not a covered service for PHC California.
- You have an unmet Medi-Cal Monthly Resident 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.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- You have Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

3. How to get care

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 start getting health care services on your effective date of enrollment in PHC California. Always carry with you your PHC California Identification (ID) card, Medi-Cal Benefits Identification Card (BIC), and any other health insurance cards. Never let anyone else use your BIC card or PHC California ID card.

New members with only Medi-Cal coverage must choose a primary care provider (PCP) in the PHC California network. New members with both Medi-Cal and comprehensive other health coverage do not have to choose a PCP.

The PHC California Medi-Cal network is a group of doctors, hospitals, and other providers who work with PHC California. If you have only Medi-Cal coverage, you must choose a PCP within 30 days from the time you become a member of PHC California. If you do not choose a PCP, PHC California will choose one for you.

You can choose the same PCP or different PCPs for all family members in PHC California, as long as the PCP is available.

If you have a doctor you want to keep, or you want to find a new PCP, go to the Provider Directory for a list of all PCPs and other providers in the PHC California network. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call 1-800-263-0067 (TTY 711). You can also find the Provider Directory on the PHC California website at www.phc-ca.org/provider-find.

If you cannot get the care you need from a participating provider in the PHC California network, your PCP or specialist in PHC California's network must ask PHC California for approval to send you to an out-of-network provider. This is called a referral. You do not



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

need a referral to go to an out-of-network provider to get sensitive care services listed under the heading “Sensitive care” later in this chapter.

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

The Medi-Cal Rx program administers outpatient prescription drug coverage. To learn more, read “Other Medi-Cal programs and services” in Chapter 4 of this handbook.

Primary care provider (PCP)

Your primary care provider (PCP) is the licensed provider you go to for most of your health care. Your PCP also helps you get other types of care you need. You must choose a PCP within 30 days of enrolling in PHC California. Each PCP in the plan’s network is an HIV/AIDS specialist.

A nurse practitioner (NP) or physician assistant (PA) can also act as your PCP. If you choose an NP or PA, you can be assigned a doctor to oversee your care. If you are in both Medicare and Medi-Cal, or if you also have other comprehensive health care insurance, you do not have to choose a PCP.

You can choose an Indian Health Care Provider (IHCP) or Federally Qualified Health Center (FQHC) as your PCP. Depending on the type of provider, you might be able to choose one PCP for yourself and your other family members who are members of PHC California, as long as the PCP is available.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the PHC California network.

If you do not choose a PCP within 30 days of enrollment, PHC California will assign you to a PCP. If you are assigned to a PCP and want to change, call 1-800-263-0067 (TTY 711). The change happens the first day of the next month.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

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 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 PHC California network. The Provider Directory has a list of IHCPs, FQHCs, and RHCs that work with PHC California.

You can find the PHC California Provider Directory online at www.phc-ca.org/provider-find, or you can request a Provider Directory to be mailed to you by calling 1-800-263-0067 (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 PHC California 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 1-800-263-0067 (TTY 711).

PHC California can change your PCP if the PCP is not taking new patients, has left the PHC California network, does not give care to patients your age, or if there are quality concerns with the PCP that are not resolved. PHC California or your PCP might 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 PHC California needs to change your PCP, PHC California will tell you in writing.

If your PCP changes, you will get a letter and new PHC California 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.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Some things to think about when picking a PCP:

- Does the PCP work at a clinic I like to use?
- Is the PCP's office close to my home, work, or my 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 I like?
- Does the PCP provide the services I need?
- Do the PCP's office hours fit my schedule?
- Does the PCP work with specialists I use?

Initial Health Appointment (IHA)

PHC California recommends that, as a new member, you visit your new PCP within 120 days for your first health appointment, called an Initial Health Appointment (IHA). The purpose of the first health appointment is to help your PCP learn your health care history and needs. Your PCP might ask you 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 can help you.

When you call to schedule your first health appointment, tell the person who answers the phone that you are a member of PHC California. Give your PHC California ID number.

Take your Medi-Cal BIC card, PHC California ID card and any other health insurance cards to your appointment. It is a good idea to take a list of your medicine 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 your first health appointment, call 1-800-263-0067 (TTY 711).

Routine care

Routine care is regular health care. It includes preventive care, also called wellness or



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular check-ups, screenings, immunizations, health education, and counseling.

Routine care also includes care when you are sick. PHC California covers routine care from your PCP.

Your PCP will:

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

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

To learn more about health care and services PHC California covers and what it does not cover, read Chapter 4, "Benefits and services" in this handbook.

All PHC California in-network 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 PHC California what you need.

Provider network

The Medi-Cal provider network is the group of doctors, hospitals, and other providers that work with PHC California to provide Medi-Cal covered services to Medi-Cal members.

PHC California is a managed care health plan. You must get most of your covered services through PHC California from our in-network providers. You can go to an out-of-



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

network provider without a referral or pre-approval for emergency care or for family planning services. You can also go to an out-of-network provider for out-of-area urgent care when you are in an area that we do not serve. You must have a referral or pre-approval for all other out-of-network services, or they will not be covered.

Note: American Indians can choose an IHCP as their PCP, even if the IHCP is not in the PHC California network.

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 1-800-263-0067 (TTY 711). For more about moral objections, read “Moral objection” later in this chapter.

If your provider has a moral objection to giving you covered health care services, they can help you find another provider who will give you the services you need. PHC California can also help you find a provider who will perform the service.

In-network providers

You will use providers in the PHC California 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 PHC California network.

To get a Provider Directory of in-network providers, call 1-800-263-0067 (TTY 711). You can also find the Provider Directory online at www.phc-ca.org/provider-find. To get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY| 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

You must get pre-approval (prior authorization) from PHC California before you visit an out-of-network provider except when:

- If you need emergency care, call 911 or go to the nearest emergency room or hospital.
- If you are outside the PHC California service area and need urgent care, go to any urgent care facility.
- If you need family planning services, go to any Medi-Cal provider without pre-approval (prior authorization).



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

If you are not in one of the cases listed above and you do not get pre-approval (prior authorization) before getting care from a provider outside the network, you might be responsible for paying for any care you got from out-of-network providers.

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

Out-of-network providers are providers that do not have an agreement to work with PHC California. Except for emergency care, and care pre-approved by PHC California, you might have to pay for any care you get from out-of-network providers in your service area.

If you need medically necessary health care services that are not available in the network, you might be able to get them from an out-of-network provider for free. PHC California 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. For PHC California's time or distance standards for where you live, go to www.phc-ca.org/members/medical/aas. If we give you a referral to an out-of-network provider, we will pay for your care.

For urgent care inside the PHC California service area, you must go to a PHC California in-network urgent care provider. You do not need pre-approval (prior authorization) to get urgent care from an in-network provider. You do need to get pre-approval (prior authorization) to get urgent care from an out-of-network provider inside the PHC California service area.

If you get urgent care from an out-of-network provider inside PHC California service area, you might have to pay for that care. You can read more about emergency care, urgent care, and sensitive care services 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. An out-of-network IHCP can also refer American Indian members to an in-network provider without first requiring a referral from an in-network PCP.

If you need help with out-of-network services, call 1-800-263-0067 (TTY 711).



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Outside the service area

If you are outside of the PHC California service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call 1-800-263-0067 (TTY 711). PHC California's service area is Los Angeles County.

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

If you paid for emergency care requiring hospitalization in Canada or Mexico, you can ask PHC California to pay you back. PHC California will review your request. To learn more about being paid back, read Chapter 2, "About your health plan" in this handbook.

If you are in another state or are in a United States Territory such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands, you are covered for emergency care. Not all hospitals and doctors accept Medicaid. (Medi-Cal is what Medicaid is called in California only.) If you need emergency care outside of California, tell the hospital or emergency room doctor as soon as possible that you have Medi-Cal and are a member of PHC California.

Ask the hospital to make copies of your PHC California ID card. Tell the hospital and the doctors to bill PHC California. If you get a bill for services you got in another state, call PHC California right away. We will work with the hospital and/or doctor to arrange for PHC California to pay for your care.

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

If you are outside of California and have an emergency need to fill outpatient prescription drugs, have the pharmacy call Medi-Cal Rx at 1-800-977-2273.

If you have questions about out-of-network or out-of-service-area care, call 1-800-263-0067 (TTY 711). If the office is closed and you want help from a PHC California representative, call the Nurse Advice Line at 1-800-797-1717.

If you need urgent care out of the PHC California service area, go to the nearest urgent



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

care facility. If you are traveling outside the United States and need urgent care, PHC California will not cover your care. For more on urgent care, read “Urgent care” later in this chapter.

Members who have both Medicare and Medi-Cal

If you have both Medicare and Medi-Cal, also called dual-eligible, you should use providers who are part of your Medicare Advantage plan’s provider network if you are enrolled in a Medicare Advantage plan. See your Medicare Advantage plan’s Evidence of Coverage (EOC) for covered services and how to get care. To find a provider who is part of your Medicare Advantage plan’s network, refer to your plan’s provider directory.

If you are not enrolled in a Medicare Advantage plan and have Original Medicare (fee-for-service), you should use providers who accept Medicare.

Doctors

You will choose a doctor or other provider from the PHC California Provider Directory as your PCP. The PCP you choose must be an in-network provider. To get a copy of the PHC California Provider Directory, call 1-800-263-0067 (TTY 711). Or find it online at www.phc-ca.org/provider-find.

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

If you had a doctor before you were a member of PHC California, and that doctor is not part of the PHC California network, you might 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 Chapter 2, “About your health plan” in this handbook. To learn more, call 1-800-263-0067 (TTY 711).

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

Remember, if you do not choose a PCP, PHC California will choose one for you, unless you have other comprehensive 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-



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Cal, or if you have other health care insurance, you do not have to choose a PCP from PHC California.

If you want to change your PCP, you must choose a PCP from the PHC California Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-800-263-0067 (TTY 711). You may also email us at php@positivehealthcare.org.

Hospitals

In an emergency, call **911** or go to the nearest emergency room or 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 PHC California provider network. The Provider Directory lists the hospitals in the PHC California network.

Women's health specialists

You can go to a women's health specialist in PHC California's network for covered care necessary to provide women's preventative and routine care services. You do not need a referral or authorization from your PCP to get these services. For help finding a women's health specialist, you can call 1-800-263-0067 (TTY 711). You can also call the 24/7 Nurse Advice Line at 1-800-797-1717. You can also email us at php@positivehealthcare.org.

For family planning services, your provider does not have to be in the PHC California provider network. You can choose any Medi-Cal provider and go to them without a referral or pre-approval (prior authorization). For help finding a Medi-Cal provider outside the PHC California provider network, call 1-800-263-0067 (TTY 711).

Provider Directory

The PHC California Provider Directory lists providers in the PHC California network. The network is the group of providers that work with PHC California.

The PHC California Provider Directory lists hospitals, PCPs, specialists, nurse practitioners, physician assistants, family planning providers, FQHCs, outpatient mental health providers, and long-term services and supports (LTSS) providers.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

The Provider Directory has PHC California in-network provider names, specialties, addresses, phone numbers, business hours, languages spoken, and whether the provider is taking new patients. The Provider Directory also shows whether a provider has informed PHC California that they offer gender affirming services. It also gives the physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

To learn more about a doctor’s education, professional qualifications, residency completion, training, and board certification, call 1-800-263-0067 (TTY 711).

You can find the online Provider Directory at www.phc-ca.org/provider-find.

If you need a printed Provider Directory, call 1-800-263-0067 (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 1-800-977-2273) and press 7 or 711.

Timely access to care

Your in-network provider must provide timely access to care based on your health care needs. At minimum, they must offer you an appointment listed in the time frames shown in the table below. PHC California must authorize a referral for care to an out-of-network provider if the services you need are not available in-network within these timely access standards.

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



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Appointment type	You should be able to get an appointment within:
Non-urgent (routine) specialist care appointments including psychiatrist	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

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)

Sometimes waiting longer for an appointment is not a problem. Your provider might 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. You can choose to wait for a later appointment or call PHC California to go to another provider of your choice. Your provider and PHC California will respect your wish.

Your doctor may recommend a specific schedule for preventive services, follow-up care for ongoing conditions, or standing referrals to specialists, depending on your needs.

Tell us if you need interpreter services, including sign language, when you call PHC California or when you get covered services. Interpreter services are available for free. We highly discourage the use of minors or family members as interpreters. To learn more about interpreter services we offer, call 1-800-263-0067.

If you need interpreter services, including sign language, at a Medi-Cal Rx pharmacy, call



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Medi-Cal Rx Customer Service at 1-800-977-2273, 24 hours a day, 7 days a week. TTY users can call 711, Monday through Friday, 8 a.m. to 5 p.m.

Travel time or distance to care

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

If PHC California is not able to provide care to you within these travel time or distance standards, DHCS may allow a different standard, called an alternative access standard. For PHC California's time or distance standards for where you live, visit www.phc-ca.org/members/medical/aas. Or call 1-800-263-0067 (TTY 711).

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

If you need care from a provider located far from where you live, call Member Services at 1-800-263-0067 (TTY 711). They can help you find care with a provider located closer to you. If PHC California cannot find care for you from a closer provider, you can ask PHC California 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, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711.

Appointments

When you need health care:

- Call your PCP.
- Have your PHC California ID number ready on the call.
- Leave a message with your name and phone number if the office is closed.
- Take your Medi-Cal BIC card and PHC California ID card to your appointment.
- Ask for transportation to your appointment, if needed.



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- Ask for needed language assistance or interpreting services before your appointment to have the services at the time of your visit.
- Be on time for your appointment, arrive 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.

If you have an emergency, call **911** or go to the nearest emergency room or hospital. If you need help deciding how urgently you need care and your PCP is not available to speak with you, call the PHC California Nurse Advice Line at 1-800-797-1717.

Getting to your appointment

If you do not have a way to get to and from your appointments for covered services, PHC California can help arrange transportation for you. Depending on your situation, you may qualify for either Medical Transportation or Non-Medical Transportation. These transportation services are not for emergencies and are available for free.

If you are having an emergency, call **911**. Transportation is available for services and appointments not related to emergency care.

To learn more, read “Transportation benefits for situations that are not emergencies” in Chapter 4 of this handbook.

Canceling and rescheduling

If you cannot get to your appointment, call your provider’s office right away. Most providers require you to call 24 hours (1 business day) before your appointment if you have to cancel. If you miss repeated appointments, your provider might stop providing care to you and you will have to find a new provider.

Payment

You do **not** have to pay for covered services unless you have a Monthly Resident Cost



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

for long-term care. To learn more, read “For members with long-term care and a Monthly Resident Cost” in Chapter 2 of this handbook. In most cases, you will not get a bill from a provider. You must show your PHC California ID card and your Medi-Cal BIC card when you get health care services or prescriptions, so your provider knows who to bill. You can 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 1-800-263-0067 (TTY 711). If you get a bill for prescriptions, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

Tell PHC California the amount you are being charged, the date of service, and the reason for the bill. PHC California will help you figure out if the bill was for a covered service or not. You do not need to pay providers for any amount owed by PHC California for any covered service. If you get care from an out-of-network provider and you did not get pre-approval (prior authorization) from PHC California, you might have to pay for the care you got.

You must get pre-approval (prior authorization) from PHC California before you visit an out-of-network provider except when:

- You need emergency care, in which case call **911** or go to the nearest emergency room or 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 (prior authorization).

If you need to get medically necessary care from an out-of-network provider because it is not available in the PHC California network, you will not have to pay as long as the care is a Medi-Cal-covered service and you got pre-approval (prior authorization) from PHC California for it. To learn more 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 you do not think you have to pay, call 1-800-263-0067 (TTY 711). If you pay the bill, tell PHC California why you had to pay for the item or service. Send PHC California a copy of the bill. PHC California will look into



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

your claim and decide if you can get money back.

For questions, call 1-800-263-0067 (TTY 711). You can also email us at php@positivehealthcare.org.

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

PHC California will not pay you back if:

- The services are not covered by Medi-Cal such as cosmetic services.
- You have an unmet Medi-Cal Monthly Resident 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 ask to be paid back for Medicare Part D co-pays for prescriptions covered by your Medicare Part D plan.

Referrals

If you need a specialist for your care, your PCP or another specialist will give you a referral to one. A specialist is a provider who focuses on one type of health care service. The doctor who refers you will work with you to choose a specialist. To help make sure you can go to a specialist in a timely way, DHCS sets time frames for members to get appointments. These time frames are listed in “Timely access to care” earlier in this chapter. Your PCP’s office can help you set up an appointment with a specialist.

Other services that might need a referral include in-office procedures, X-rays, lab work, and diagnostic imaging.

Your PCP might 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.

If you have a health problem that needs special medical care for a long time, you might need a standing referral. Having a standing referral means you can go to the same specialist more than once without getting a referral each time.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

If you have trouble getting a standing referral or want a copy of the PHC California referral policy, call 1-800-263-0067 (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 the Office of Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling
- Sexually transmitted infection services
- Chiropractic services (a referral may be required when provided by out-of-network FQHCs, RHCs, and IHCPs)
- Initial mental health assessment
- Routine eye exams

California Cancer Equity Act referrals

Effective treatment of complex cancers depends on many factors. These include getting the right diagnosis and getting timely treatment from cancer experts. If you are diagnosed with a complex cancer, the new California Cancer Care Equity Act allows you to ask for a referral from your doctor to get cancer treatment from an in-network National Cancer Institute (NCI)-designated cancer center, NCI Community Oncology Research Program (NCORP)-affiliated site, or a qualifying academic cancer center.

If PHC California does not have an in-network NCI-designated cancer center, PHC California will allow you to ask for a referral to get cancer treatment from one of these out-of-network centers in California, if the out-of-network center and PHC California agree on payment, unless you choose a different cancer treatment provider.

If you have been diagnosed with cancer, contact PHC California to find out if you qualify for services from one of these cancer centers.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Ready to quit smoking? To learn about services in English, call 1-800-300-8086. For Spanish, call 1-800-600-8191.

To learn more, go to www.kickitca.org.

Pre-approval (prior authorization)

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

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

- Hospitalization, if not an emergency
- Services out of the PHC California service area, if not an emergency or urgent care
- Outpatient surgery
- Long-term care or skilled nursing services at a nursing facility (including adult Subacute Care Facilities contracted with the Department of Health Care Services Subacute Care Unit) or intermediate care facilities (including Intermediate Care Facility for the Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), ICF/DD-Nursing (ICF/DD-N))
- Specialized treatments, imaging, testing, and procedures
- Medical transportation services when it is not an emergency

Emergency ambulance services do not require pre-approval (prior authorization).

PHC California has five business days from when PHC California gets the information reasonably needed to decide (approve or deny) pre-approval (prior authorization) requests. When a pre-approval (prior authorization) request is made by a provider and



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

PHC California finds that following the standard time frame could seriously endanger your life or health or ability to attain, maintain, or regain maximum function, PHC California will make a pre-approval (prior authorization) decision in no longer than 72 hours. This means that after getting the request for pre-approval (prior authorization), PHC California will give you notice as quickly as your health condition requires and no later than 72 hours or five days after the request for services. Clinical or medical staff such as doctors, nurses, and pharmacists review pre-approval (prior authorization) requests.

PHC California does not influence the reviewers' decision to deny or approve coverage or services in any way. If PHC California does not approve the request, PHC California will send you a Notice of Action (NOA) letter. The NOA will tell you how to file an appeal if you do not agree with the decision.

PHC California will contact you if PHC California 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 PHC California network or out of your service area. This includes labor and delivery if you are pregnant. You do not need pre-approval (prior authorization) for certain sensitive care services. To learn more about sensitive care services, read "Sensitive care" later in this chapter.

For questions about pre-approval (prior authorization), call 1-800-263-0067 (TTY 711).

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 might want a second opinion if you want to make sure your diagnosis is correct, 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. PHC California will pay for a second opinion if you or your in-network provider asks for it, and you get the second opinion from an in-network provider. You do not need pre-approval (prior authorization) from PHC California to get a second opinion from an in-network provider. If you want to get a second opinion, we will refer you to a qualified in-



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PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

network provider who can give you one.

To ask for a second opinion and get help choosing a provider, call 1-800-263-0067 (TTY 711). Your in-network provider can also help you get a referral for a second opinion if you want one.

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

If PHC California denies your request for a second opinion, you can file a grievance. To learn more about grievances, read "Complaints" in Chapter 5 of this handbook.

Sensitive care

Adult sensitive care services

If you are an adult who is 18 years or older, you do not have to go to your PCP for certain sensitive or private care. You can choose any doctor or clinic for these types of care:

- Family planning and birth control. For adults 21 years and older, these services include sterilization.
- Pregnancy testing and counseling and other pregnancy-related services
- Sexually transmitted infections prevention, testing, and treatment
- Sexual assault care
- Outpatient abortion services

For sensitive care, the doctor or clinic does not have to be in the PHC California network. You can choose to go to any Medi-Cal provider for these services without a referral or pre-approval (prior authorization) from PHC California. If you got care not listed here as sensitive care from an out-of-network provider, you might have to pay for it.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

If you need help finding a doctor or clinic for these services, or help getting to these services (including transportation), call 1-800-263-0067 (TTY 711). Or call the 24/7 Nurse Advice Line at 1-800-797-1717.

PHC California will not give information on your sensitive care services to your PHC California plan policyholder or primary subscriber, or to any PHC California enrollees, without your written permission. You can get private information about your medical services in a certain form or format, if available, and have it sent to you at another location. To learn more about how to request confidential communications related to sensitive services, read “Notice of privacy practices” in Chapter 6 of this handbook.

Moral objection

Some providers have a moral objection to some covered services. They have a right to **not** offer some covered services if they morally disagree with the services. These services are still available to you from another provider. If your provider has a moral objection, they will help you find another provider for the needed services. PHC California can also help you find a provider.

Some hospitals and providers do not provide one or more of these services even if they are covered by Medi-Cal:

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

To make sure you choose a provider who can give you the care you and your family needs, call the doctor, medical group, independent practice association, or clinic you want. Ask if the provider can and will provide the services you need. Or call PHC California at 1-800-263-0067 (TTY 711).

These services are available to you. PHC California will make sure you and your family members can use providers (doctors, hospitals, and clinics) who will give you the care you need. If you have questions or need help finding a provider, call PHC California at 1-800-263-0067 (TTY 711).



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

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). If you ask for an urgent care appointment, you will get an appointment within 48 hours. If the urgent care services you need require a pre-approval (prior authorization), you will get an appointment within 96 hours of your request.

For urgent care, call your PCP. If you cannot reach your PCP, call 1-800-263-0067 (TTY 711). Or you can call the Nurse Advice Line at 1-800-797-1717, to learn the level of care that is best for you. The Nurse Advice Line is available 24 hours a day, seven days a week.

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
- Sprained muscle
- Maternity services

When you are inside PHC California's service area and need urgent care, you must get the urgent care services from an in-network provider. You do not need pre-approval (prior authorization) for urgent care from in-network providers inside PHC California's service area. If you need help finding an in-network urgent care provider, call 1-800-263-0067, (TTY 711) or go to www.phc-ca.org/provider-find.

If you are outside the PHC California service area, but inside the United States, you do not need pre-approval (prior authorization) to get urgent care outside the service area. Go to the nearest urgent care facility.

Medi-Cal does not cover urgent care services outside the United States. If you are



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

traveling outside the United States and need urgent care, we will not cover your care.

If you need urgent mental health care or substance use disorder services, call your county mental health or substance use disorder program, or Member Services at 1-800-263-0067 (TTY 711). Call your county mental health or substance use disorder program or PHC California's Nurse Advice Line any time, 24 hours a day, 7 days a week at 1-800-797-1717 (TTY 711). To find all counties' toll-free telephone numbers online, go to: <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

If you get medicines as part of your covered urgent care visit while you are there, PHC California will cover them as part of your covered visit. If your urgent care provider gives you a prescription that you need to take to a pharmacy, Medi-Cal Rx will decide if it is covered. To learn more about Medi-Cal Rx, read "Prescription drugs covered by Medi-Cal Rx" in Chapter 4 of this handbook.

Emergency care

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

Inside the United States (including territories such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands), you have the right to use any hospital or other setting for emergency care.

If you are outside the United States, only emergency care 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 do not get care right away, you would place your health (or your unborn baby's health) in serious danger. This includes risking serious harm to your bodily functions, body organs, or body parts. Examples may include, but are not limited to:



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- 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

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. You do not need to ask your PCP or PHC California before you go to the ER. However, if you are not sure if your medical condition is an emergency, call your PCP. You can also call the 24/7 Nurse Advice Line at 1-800-797-1717.

If you need emergency care outside the PHC California service area, go to the nearest ER even if it is not in the PHC California network. If you go to an ER, ask them to call PHC California. You or the hospital that admitted you should call PHC California within 24 hours after you get emergency care. If you are traveling outside the United States other than to Canada or Mexico and need emergency care, PHC California will **not** cover your care.

If you need emergency transportation, call **911**.

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

If you or someone you know is in crisis, please contact the **988** Suicide and Crisis Lifeline. **Call or text 988** or **chat online at 988lifeline.org/chat**. The **988** Suicide and Crisis Lifeline offers free and confidential support for anyone in crisis. That includes people who are in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis.

Remember: Do not call **911** unless you reasonably believe you have a medical



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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 or hospital.

PHC California Nurse Advice Line gives you free medical information and advice 24 hours a day, every day of the year. Call 1-800-797-1717 (TTY 711).

Nurse Advice Line

PHC California Nurse Advice Line can give you free medical information and advice 24 hours a day, every day of the year. Call 1-800-797-1717 (TTY 711) to:

- Talk to a nurse who will answer medical questions, give care advice, and help you decide if you should go to 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 medicine refills. Call your provider's office if you need help with these.

PHC California's Nurse Advice Line has interpreting services available for free, if you need them.

Advance health care directives

An advance health care directive, or advance 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. You can also list what health care you do **not** want. You can name someone, such as a spouse, to make decisions for your health care if you cannot.

PHC California includes an advance directive form called *Five Wishes* with your new member welcome packet. If you do not have the form, please call 1-800-263-0067 (TTY



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711) to ask for one. You can also email php@positivehealthcare.org. You can get an advance directive form at pharmacies, hospitals, law offices, and doctors' offices. You might 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. PHC California will tell you about changes to the state law no longer than 90 days after the change.

To learn more, you can call PHC California at 1-800-263-0067 (TTY 711).

Organ and tissue donation

You can help save lives by becoming an organ or tissue donor. 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.



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

4. Benefits and services

What benefits and services your health plan covers

This chapter explains benefits and services covered by PHC California. Your covered services are free as long as they are medically necessary and provided by a PHC California in-network provider. You must ask PHC California for pre-approval (prior authorization) if the care is out-of-network except for certain sensitive services, emergency care and urgent care outside of PHC California's service area. Your health plan might cover medically necessary services from an out-of-network provider, but you must ask PHC California 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 reduce severe pain from a diagnosed disease, illness, or injury. For more on your covered services, call 1-800-263-0067 (TTY 711).

Some of the basic health benefits and services PHC California offers are listed below. Benefits and services with a star (*) need pre-approval (prior authorization).



Call Member Services at 1-800-263-0067 (TTY 711).

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- Acupuncture
- Acute (short-term treatment) home health therapies and services*
- Allergy testing and injections*
- Ambulance services for an emergency
- Anesthesiologist services
- Asthma prevention
- Audiology
- Basic care management services
- Biomarker testing
- Cardiac rehabilitation
- Chiropractic services
- Chemotherapy & radiation therapy*
- Cognitive health assessments
- Community Health Worker (CHW) services
- Community Supports*
- Complex Care Management (CCM) services
- Dental services - limited (performed by medical professional/primary care provider (PCP) in a medical office)
- Dialysis/hemodialysis services*
- Doula services
- Durable medical equipment (DME)*
- Dyadic services
- Emergency room visits
- Enhanced Care Management (ECM) services*
- Enteral and parenteral nutrition
- Family planning services (you can go to an out-of-network provider)
- Gender-affirming care
- Habilitative services and devices*
- Health and Wellness benefit - gym membership or over-the-counter pharmacy merchandise
- Hearing aids*
- Home health care*
- Hospice care*
- Inpatient medical and surgical care*
- Intermediate care facility services for developmentally disabled services
- Lab and radiology
- Long-term home health therapies and services*
- Long-term services and supports*
- Maternity and newborn care
- Mental health treatment
- Occupational therapy*
- Organ and bone marrow transplant*
- Orthotics/prostheses*
- Ostomy and urological supplies
- Outpatient hospital services*
- Outpatient mental health services
- Outpatient surgery*
- Palliative care
- PCP visits
- Physical therapy*
- Podiatry services
- Pulmonary rehabilitation



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- Rehabilitation services and devices*
- Skilled nursing services, including subacute services*
- Specialist visits
- Speech therapy*
- Surgical services*
- Telemedicine/Telehealth
- Transgender services*
- Transitional care services
- Urgent care
- Vision services
- Women's health services

Definitions and descriptions of covered services are in Chapter 7, "Important numbers and words to know" in this handbook.

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.

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 do not have clinical guidelines**
- **Services for caregiver or provider convenience**

PHC California coordinates with other programs to be sure you get all medically necessary services, even if those services are covered by another program and not PHC California.

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

- Protect life,



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

PHC California will coordinate with other programs to make sure you get all medically necessary services, even if another program covers those services and PHC California does not. Read “Other Medi-Cal programs and services” later in this chapter.

Medi-Cal benefits covered by PHC California

Outpatient (ambulatory) services

Adult immunizations (shots)

You can get adult immunizations (shots) from an in-network provider without pre-approval (prior authorization) when they are a preventive service. PHC California covers immunizations (shots) recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) as preventive services, including immunizations (shots) you need when you travel.

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

Allergy care

PHC California covers allergy testing and treatment, including allergy desensitization, hypo-sensitization, or immunotherapy.

Anesthesiologist services

PHC California covers anesthesia services that are medically necessary when you get outpatient care. This may include anesthesia for dental procedures when provided by an



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anesthesiologist who may require pre-approval (prior authorization).

Chiropractic services

PHC California covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to a maximum of two services per month, or combination of two services per month from the following services: acupuncture, audiology, occupational therapy, and speech therapy. PHC California may pre-approve other services as medically necessary.

These members qualify for chiropractic services:

- Pregnant people through the end of the month that includes 60-days after 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, or Federally Qualified Health Center (FQHCs) in the PHC California network. Not all FQHCs or county hospitals offer outpatient chiropractic services.

Cognitive health assessments

PHC California covers a yearly cognitive health assessment for members 65 years or older who do not otherwise qualify for a similar assessment as part of a yearly wellness visit under the Medicare program. A cognitive health assessment looks for signs of Alzheimer's disease or dementia.

Community health worker services

PHC California covers CHW services for individuals when recommended by a doctor 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. CHW services have no service location limits and members can receive services in settings, such as the emergency room. Services may include:

- Health education and individual support or advocacy, including control and



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prevention of chronic or infectious diseases; behavioral, perinatal, and oral health conditions; and violence or injury prevention

- Health promotion and coaching, including goal setting and creating action plans to address disease prevention and management
- Health navigation including providing information, training, and support to help get health care and community resources
- Screening and assessment services that do not require a license, and help connect a member to services to improve their health

CHW violence prevention services are available to members who meet any of the following circumstances as determined by a licensed practitioner:

- The member has been violently injured as a result of community violence.
- The member is at significant risk of experiencing violent injury as a result of community violence.
- The member has experienced chronic exposure to community violence.

CHW violence prevention services are specific to community violence (e.g., gang violence). CHW services can be provided to members for interpersonal/domestic violence through the other pathways with training/experience specific to those needs.

Dialysis and hemodialysis services

PHC California covers dialysis treatments. PHC California also covers hemodialysis (chronic dialysis) services if your doctor submits a request and PHC California 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



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Doula services

PHC California covers doula services provided by in-network doula providers during a member's pregnancy; during labor and delivery, including stillbirth, miscarriage, and abortion; and within one year of the end of a member's pregnancy. Medi-Cal does not cover all doula services. Doula services do not include determination of medical conditions, providing medical advice, or any type of clinical assessment, exam, or procedure. The following Medi-Cal services are not part of the doula benefit:

- Behavioral health services
- Belly binding after cesarean section by a clinician
- Clinical case coordination
- Childbirth education group classes
- Comprehensive health education, including orientation, assessment, and planning (Comprehensive Perinatal Services program services)
- Health care services related to pregnancy, birth, and the postpartum period
- Hypnotherapy (non-specialty mental health service (NSMHS))
- Lactation consulting, group classes, and supplies
- Medically Necessary Community Supports services
- Nutrition services (assessment, counseling, and care plan development)
- Transportation

If a member needs or wants doula or pregnancy-related services that are **not** covered, the member or doula can request care. Call the member's PCP or PHC California Member Services.

Doula providers are birth workers who provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum persons before, during, and after childbirth, including support during, stillbirth, miscarriage, and abortion.

Any pregnant or postpartum member may receive the following services from an in-network doula provider:

- One initial visit



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- Up to eight additional visits that can be a mix of prenatal and postpartum visits
- Support during labor and delivery (including labor and delivery resulting in a stillbirth), abortion or miscarriage
- Up to two extended three-hour postpartum visits after the end of a pregnancy

Members may receive up to nine additional postpartum visits with an additional written recommendation from a physician or other licensed practitioner.

Any pregnant or postpartum member who wants doula services may find a doula by calling 1-800-263-0067 (TTY 711). PHC California must coordinate for out-of-network access to doula services for members if an in-network doula provider is not available.

Dyadic services

PHC California covers medically necessary Dyadic Behavioral Health (DBH) care services for members and their caregivers. A dyad is a child age 0 to 20 and their parents or caregivers. Dyadic care serves parents or caregivers and the child together. It targets family well-being to support healthy child development and mental health.

Dyadic care services include:

- DBH well-child visits
- Dyadic comprehensive Community Supports services
- Dyadic psycho-educational services
- Dyadic parent or caregiver services
- Dyadic family training, and
- Counseling for child development, and maternal mental health services

Outpatient surgery

PHC California covers outpatient surgical procedures. For some procedures, you will need to get pre-approval (prior authorization) before getting those services. Diagnostic procedures and certain outpatient medical or dental procedures are considered elective. You must get pre-approval (prior authorization).



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Physician services

PHC California covers physician services that are medically necessary.

Podiatry (foot) services

PHC California covers podiatry services as medically necessary for diagnosis and for medical, surgical, mechanical, manipulative, and electrical treatment of the human foot. This includes treatment for the ankle and for tendons connected to the foot. It also includes nonsurgical treatment of the muscles and tendons of the leg that controls the functions of the foot.

Treatment therapies

PHC California covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Maternity and newborn care

PHC California covers these maternity and newborn care services:

- Breast pumps and supplies
- Breastfeeding education and aids
- Care coordination
- Counseling
- Diagnosis of fetal genetic disorders and counseling
- Doula Services
- Maternal mental health services
- Newborn care
- Nutrition education
- Pregnancy-related health education
- Social and mental health assessments and referrals
- Vitamin and mineral supplements

Every pregnant and postpartum member may receive all of the above services. Members



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may contact Member Services at 1-800-263-0067 (TTY 711) for help getting 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 by phone, video, or other means. Or telehealth may involve sharing information with your provider without a live conversation. You can get many services through telehealth.

Telehealth may not be available for all covered services. You can contact your provider to learn which services you can get through telehealth. It is important that you and your provider agree that using telehealth for a service is appropriate for you. You have the right to in-person services. You are not required to use telehealth even if your provider agrees that it is appropriate for you.

Mental health services

Outpatient mental health services

PHC California covers initial mental health assessments without needing pre-approval (prior authorization). You can get a mental health assessment at any time from a licensed mental health provider in the PHC California network without a referral.

Your PCP or mental health provider might make a referral for more mental health screening to a specialist in the PHC California network to decide the level of care you need. If your screening results find you are mildly or moderately impaired due to a mental health condition, PHC California can provide mental health services for you. PHC California 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 medicine therapy
- Outpatient laboratory services
- Outpatient medicines that are not already covered under the Medi-Cal Rx Contract



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Drugs List (<https://medi-calrx.dhcs.ca.gov/home/>), supplies and supplements

- Psychiatric consultation
- Family therapy which involves at least two family members. Examples of family therapy include, but are not limited to:
 - Child-parent psychotherapy (ages 0 through 5)
 - Parent child interactive therapy (ages 2 through 12)
 - Cognitive-behavioral couple therapy (adults)

For help finding more information on mental health services provided by PHC California, call 1-800-263-0067 (TTY 711).

If treatment you need for a mental health disorder is not available in the PHC California network or your PCP or mental health provider cannot give the care you need in the time listed above in “Timely access to care,” PHC California will cover and help you get out-of-network services.

If your mental health screening shows that you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider can refer you to the county mental health plan to get the care you need. PHC California will help you coordinate your first appointment with a county mental health plan provider to choose the right care for you. To learn more, read “Other Medi-Cal programs and services” in Chapter 4 of this handbook.

If you or someone you know is in crisis, contact the **988** Suicide and Crisis Lifeline. **Call or text 988** or **chat online at 988lifeline.org/chat**. The **988** Suicide and Crisis Lifeline offers free and private help. Anyone can get help, including those in emotional distress and those who need support for a suicidal, mental health, and/or substance use crisis.

Emergency care services

Inpatient and outpatient services needed to treat a medical emergency

PHC California covers all services needed to treat a medical emergency that happens in the United States (including territories such as American Samoa, Guam, Northern Mariana Islands, Puerto Rico, or the United States Virgin Islands). PHC California also



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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 (reasonable) layperson (not a health care professional) could expect it to result in any of the following:

- Serious risk to your health
- Serious harm to bodily functions
- Serious dysfunction of any bodily organ or part
- Serious risk in cases 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 might pose a threat to your health or safety or to that of your unborn child

If a hospital emergency room provider gives you up to a 72-hour supply of an outpatient prescription drug as part of your treatment, PHC California will cover the prescription drug as part of your covered emergency care. 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 cover that prescription.

If you need an emergency supply of a medication from an outpatient pharmacy while traveling, Medi-Cal Rx will be responsible for covering the medication, and not PHC California. If the pharmacy needs help giving you an emergency medication supply, have them call Medi-Cal Rx at 1-800-977-2273.

Emergency transportation services

PHC California covers ambulance services to help you get to the nearest place of care in an emergency. This means 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 United States except emergency care that requires you to be in the hospital in Canada or Mexico. If you get emergency ambulance services in Canada or Mexico and you are



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not hospitalized during that care episode, PHC California will not cover your ambulance services.

Hospice and palliative care

PHC California covers hospice care and palliative care for adults, which help reduce physical, emotional, social, and spiritual discomforts. Adults age 21 years or older may not get hospice care and curative (healing) care services at the same time.

Hospice care

Hospice care is a benefit for terminally ill members. Hospice care requires the member to have a life expectancy of six 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 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
 - 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

PHC California may require that you get hospice care from an in-network provider unless medically necessary services are not available in-network.



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Palliative care

Palliative care is patient and family-centered care that improves quality of life by anticipating, preventing, and treating suffering. Palliative care is available to adults with a serious or life-threatening illness. It 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
- Palliative 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 get both curative care and hospice care at the same time. If you are getting palliative care and qualify for hospice care, you can ask to change to hospice care at any time.

Hospitalization

Anesthesiologist services

PHC California 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



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procedures.

Inpatient hospital services

PHC California covers medically necessary inpatient hospital care when you are admitted to the hospital.

Surgical services

PHC California covers medically necessary surgeries performed in a hospital.

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.

PHC California covers 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 get the services at an in-network facility, unless an in-network doctor finds it medically necessary for you to get the services in another place or an in-network facility is not available to treat your health condition

PHC California covers these rehabilitative/habilitative services:

Acupuncture

PHC California covers acupuncture services to prevent, change, or relieve the perception of severe, ongoing 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 doctor, dentist,



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podiatrist, or acupuncturist. PHC California may pre-approve (prior authorize) more services as medically necessary.

Audiology (hearing)

PHC California covers audiology services. Outpatient audiology is limited to two services per month, in combination with acupuncture, chiropractic, occupational therapy, and speech therapy services. PHC California may pre-approve (prior authorize) more services as medically necessary.

Cardiac rehabilitation

PHC California covers inpatient and outpatient cardiac rehabilitative services.

Durable medical equipment (DME)

- PHC California covers the purchase or rental of DME supplies, equipment, and other services with a prescription from a doctor, physician assistant, nurse practitioner, or clinical nurse specialist. Prescribed DME items are covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability.
- Medi-Cal Rx covers disposable outpatient devices commonly available from a pharmacy for testing blood glucose or urine, such as diabetes blood glucose monitors, continuous glucose monitors, test strips, and lancets.

Generally, PHC California does not cover:

- Comfort, convenience, or luxury equipment, features, and supplies, except retail-grade breast pumps as described earlier in this chapter under “Breast pumps and supplies” in “Maternity and newborn care”
- Items not intended to maintain normal activities of daily living, such as exercise equipment including devices intended to provide more support for recreational or sports activities
- Hygiene equipment
- Nonmedical items such as sauna baths or elevators



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- Modifications to your home (unless available and offered through Community Supports) or car
- Electronic monitors of the heart or lungs
- Repair or replacement of equipment due to loss, theft, or misuse
- Other items not generally used mainly for health care

In some cases, these items may be approved when your doctor submits a request for pre-approval (prior authorization) and the items are medically necessary and meet the definition of DME.

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. PHC California covers enteral and parenteral pumps and tubing, when medically necessary.

Hearing aids

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

Hearing aids for members ages 21 and older.

Under Medi-Cal, PHC California will cover the following for each covered hearing aid:

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

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



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- Your hearing loss is such that your current hearing aid is not able to correct it
- 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 ages 21 and older, Medi-Cal does **not** cover:

- Replacement hearing aid batteries

Home health services

PHC California covers health services given in your home when found medically necessary and prescribed by your doctor or by a physician assistant, nurse practitioner, or clinical nurse specialist.

Home health services are limited to services that Medi-Cal covers, including:

- 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

PHC California covers medical supplies prescribed by doctors, physician assistants, nurse practitioners, and clinical nurse specialists. Some medical supplies are covered through Medi-Cal Rx, part of Fee-for-Service (FFS) Medi-Cal, and not by PHC California. When Medi-Cal Rx covers supplies, the provider will bill Medi-Cal.

Medi-Cal does **not** cover:

- Common household items including, but not limited to:
 - Adhesive tape (all types)
 - Rubbing alcohol
 - Cosmetics
 - Cotton balls and swabs
 - Dusting powders



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- 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
- 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 that are regularly and primarily used by persons who do not have a specific medical need for them

Occupational therapy

PHC California 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. PHC California may pre-approve (prior authorize) more services as medically necessary.

Orthotics/prostheses

PHC California covers orthotic and prosthetic devices and services that are medically necessary and prescribed by your doctor, podiatrist, dentist, or non-physician medical provider. They include 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

PHC California covers ostomy bags, urinary catheters, draining bags, irrigation supplies, and adhesives. This does not include supplies that are for comfort or convenience, or



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luxury equipment or features.

Physical therapy

PHC California covers medically necessary physical therapy services when prescribed by a doctor, dentist, or podiatrist. Services include physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and applying of topical medicines. Prescriptions are limited to six months and may be renewed for medical necessity.

Pulmonary rehabilitation

PHC California covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.

Skilled nursing facility services

PHC California 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 24-hour per day skilled nursing care.

Speech therapy

PHC California covers speech therapy that is medically necessary and prescribed by a doctor or dentist. Prescriptions are limited to six months and may be renewed for medical necessity. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic, and occupational therapy services. PHC California may pre-approve (prior authorize) more than two services per month as medically necessary.

Transgender services

PHC California covers transgender services (gender-affirming services) when they are medically necessary or when the services meet the rules for reconstructive surgery.

Clinical trials

PHC California covers routine patient care costs for patients accepted into clinical trials,



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including clinical trials for cancer, listed for the United States at <https://clinicaltrials.gov>. Medi-Cal Rx, part of FFS Medi-Cal, covers most outpatient prescription drugs. To learn more, read “Outpatient prescription drugs” later in this chapter.

Laboratory and radiology services

PHC California covers outpatient and inpatient laboratory and X-ray services when medically necessary. Advanced imaging procedures such as CT scans, MRIs, and PET scans, are covered based on medical necessity.

Preventive and wellness services and chronic disease management

PHC California covers:

- Advisory Committee for Immunization Practices (ACIP) recommended vaccines
- Family planning services
- 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

Family planning services are provided to members of childbearing age to allow them to choose the number and spacing of children. These services include all methods of birth control approved by the Food and Drug Administration (FDA). PHC California’s PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may choose any Medi-Cal doctor or clinic not in-network with PHC California without having to get pre-approval (prior authorization) from PHC California. If you get services not related to family planning from an out-of-network provider, those services might not be covered. To learn more, call 1-800-263-0067 (TTY 711).



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Chronic disease management

PHC California also covers chronic disease management programs focused on the following conditions:

- HIV
- Diabetes
- Cardiovascular disease
- Asthma

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. This 12-month program is focused on lifestyle changes. It is designed to prevent or delay the onset of Type 2 diabetes in persons diagnosed with prediabetes. Members who meet criteria might 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 certain rules to join DPP. Call PHC California to learn if you qualify for the program.

Reconstructive services

PHC California 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, diseases, or treatment of disease that resulted in loss of a body structure, such as a mastectomy. Some limits and exceptions may apply.



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Substance use disorder (SUD) screening services

PHC California covers:

- Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment (SABIRT)

For treatment coverage through the county, read “Substance use disorder (SUD) treatment services” later in this chapter.

Vision benefits

PHC California covers:

- A routine eye exam once every 24 months; more frequent eye exams are covered if medically necessary for members, such as those with diabetes
- Eyeglasses (frames and lenses) once every 24 months with a valid prescription
- Replacement eyeglasses within 24 months if your prescription changes 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 if you have vision impairment that impacts your ability to perform everyday activities (such as age-related macular degeneration) and standard glasses, contact lenses, medicine, or surgery cannot correct your visual impairment.
- 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 (such as missing an ear). Medical conditions that qualify for special contact lenses include, but are not limited to, aniridia, aphakia, and keratoconus.
- Artificial eye services and materials for members who have lost an eye or eyes to disease or injury.

Transportation benefits for situations that are not emergencies

You can get medical transportation if you have medical needs that do not allow you to use a car, bus, train, taxi, or other form of public or private transportation to get to your appointments for medical care. You can get medical transportation for covered services



Call Member Services at 1-800-263-0067 (TTY 711).

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and Medi-Cal-covered pharmacy appointments. You can request medical transportation by asking for it from your provider. This includes your doctor, dentist, podiatrist, physical therapist, speech therapist, occupational therapist, mental health or substance use disorder (SUD) provider, physician assistant, or nurse practitioner. 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 filling out a form and submitting it to PHC California. Once approved, the approval is good for up to 12 months, depending on the medical need. Once approved, you can get as many rides as you need for your covered medical and pharmacy appointments. Your provider will need to re-assess your medical need for medical transportation and, if appropriate, re-approve your prescription for medical transportation when it expires, if you still qualify. Your doctor may re-approve the medical transportation for up to 12 months or less.

Medical transportation is transportation in an ambulance, litter van, wheelchair van, or air transport. PHC California 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, PHC California will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation impossible.

You will get medical transportation if:

- It is physically or medically needed, with a written authorization by your provider because you are not able to physically or medically able to use a car, bus, train, or other form of public or private transportation to get to your appointment
- You need help from the driver to and from your home, vehicle, or place of treatment due to a physical or mental disability

To ask for medical transportation that your doctor has prescribed for non-urgent (routine) appointments, call PHC California at 1-800-263-0067 (TTY 711) at least two business days (Monday-Friday) before your appointment. For urgent appointments, call as soon as possible. Have your PHC California member ID card ready when you call.

Limits of medical transportation



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

PHC California provides the lowest cost medical transportation that meets your medical needs to the closest provider from your home where an appointment is available. You cannot get medical transportation if Medi-Cal does not cover the service you are getting, or it is not a Medi-Cal-covered pharmacy appointment. The list of covered services is in the “Benefits and services” section in Chapter 4 of this handbook.

If Medi-Cal covers the appointment type but not through the health plan, PHC California will not cover the medical transportation but can help you schedule your transportation with Medi-Cal. Transportation is not covered outside of the PHC California network or service area unless pre-approved (pre-authorized) by PHC California. To learn more or to ask for medical transportation, call PHC California at 1-800-263-0067 (TTY 711).

Cost to member

There is no cost when PHC California arranges transportation.

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, for free, 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

PHC California allows you to use a car, taxi, bus, or other public or private way of getting to your medical appointment for Medi-Cal-covered services. PHC California will cover the lowest cost of non-medical transportation type that meets your needs.

Sometimes, PHC California can reimburse you (pay you back) for rides in a private vehicle that you arrange. PHC California must approve this before you get the ride. You must tell us why you cannot get a ride any other way, such as by bus. You can call or email. If you have access to transportation or can drive yourself to the appointment, PHC California will not reimburse you. This benefit is only for members who do not have access to transportation.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

For mileage reimbursement for an approved private vehicle ride, you must submit copies of the driver's:

- Valid driver's license,
- Valid vehicle registration, and
- Valid vehicle insurance

To request a ride for services, call PHC California at 1-800-263-0067 (TTY 711) at least two business days (Monday-Friday) before your appointment, or as soon as you can when you have an urgent appointment. Have your PHC California member ID card ready when you call.

Note: American Indians may also contact their Indian Health Care Provider to request non-medical transportation.

Limits of non-medical transportation

PHC California 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 non-medical transportation. To learn more, call PHC California at 1-800-263-0067 (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 help from the driver to get 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.
- Medi-Cal does not cover the service.

Cost to member

There is no cost when PHC California arranges non-medical transportation.

Travel expenses



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

In some cases, if you have to travel for doctor's appointments that are not available near your home, PHC California can cover travel expenses such as meals, hotel stays, and other related expenses such as parking, tolls, etc. These travel expenses may also be covered for someone who is traveling with you to help you with your appointment or someone who is donating an organ to you for an organ transplant. You need to request pre-approval (prior authorization) for these services by contacting PHC California at 1-800-263-0067 (TTY 711).

Dental services

Medi-Cal uses managed care plans to provide your dental services. You can stay in Fee-for-Service Dental, or you can choose the Dental Managed Care. To choose or change your dental plan, call Health Care Options at 1-800-430-4263. You may not be enrolled in a PACE or SCAN plan and a Dental Managed Care plan at the same time.

Medi-Cal covers dental services, including:

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

If you have questions or want to learn more about dental services and are enrolled in a Dental Managed Care plan, call your assigned Dental Managed Care plan.

Other PHC California covered benefits and programs

Long-term care services and supports

PHC California covers, for members who qualify, long-term care services and supports in the following types of long-term care facilities or homes:

- Skilled nursing facility services as approved by PHC California



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- Subacute care facility services as approved by PHC California
- Intermediate care facility services as approved by PHC California including:
 - Intermediate care facility/developmentally disabled (ICF/DD)
 - Intermediate care facility/developmentally disabled-habilitative (ICF/DD-H)
 - Intermediate care facility/developmentally disabled-nursing (ICF/DD-N)

If you qualify for long-term care services, PHC California will make sure you are placed in a health care facility or home that gives the level of care most appropriate to your medical needs. . PHC California will work with the your local Regional Center to determine if you qualify for ICF/DD, ICF/DD-H, or ICF/DD-N services.

If you have questions about long-term care services, call 1-800-263-0067 (TTY 711).

Basic care management

Getting care from many different providers or in different health systems is challenging. PHC California wants to make sure members get all medically necessary services, prescription medicines, and behavioral health services (mental health and/or substance use disorder services). PHC California can help coordinate care and manage your health needs for free. This help is available even when another program covers the services.

If you have questions or concerns about your health, call 1-800-263-0067 (TTY 711).

Complex Care Management (CCM)

Members with more complex health needs may qualify for extra services focused on care coordination. PHC California offers CCM services to members who have serious medical needs and often experience a high number of hospitalizations or emergency room visits and require medical services from multiple providers.

If you are enrolled in CCM or Enhanced Care Management (ECM), (read below), PHC California will make sure you have an assigned Registered Nurse Care Manager who can help with basic care management described above and with other transitional care supports available if you are discharged from a hospital, skilled nursing facility, psychiatric hospital, or residential treatment.



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Enhanced Care Management (ECM)

PHC California covers ECM services for members with highly complex needs. ECM has extra services to help you get the care you need to stay healthy. It coordinates your care from doctors and other providers. ECM helps coordinate primary and preventive care, acute care, behavioral health (mental health and/or substance use disorder services), developmental, oral health, community-based long-term services and supports (LTSS), and referrals to community resources.

If you qualify, you may be contacted about ECM services. You can also call PHC California to find out if and when you can get ECM. Or talk to your health care provider. They can find out if you qualify for ECM or refer you for care management services.

Covered ECM services

If you qualify for ECM, you will have your own care team with a lead care manager. They will talk to you and your doctors, specialists, pharmacists, case managers, social services providers, and others. They make sure everyone works together to get you the care you need. Your lead care manager can also help you find and apply for other services in your community. ECM includes:

- 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 might be right for you, talk to your PHC California representative or health care provider or call 1-800-263-0067 (TTY 711).

Cost to member

There is no cost to the member for ECM services.



Call Member Services at 1-800-263-0067 (TTY 711).

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PHC California's ECM team contact members who qualify for ECM services to get consent to receive services. Members must opt-in to receive ECM services.

Transitional care services

PHC California can help you manage your health care needs during transitions (changes). For example, going home after a hospital stay is a transition when a member may have new health needs for medicines and appointments. Members can get support to have a safe transition. PHC California can help you with these transitional care services:

- Scheduling a follow-up appointment
- Getting medicines
- Getting free transportation to an in-person appointment.

PHC California has a dedicated phone number that is only helping members during care transitions. PHC California also has a care manager that is only for higher risk members, including those who are pregnant or post-partum, or those admitted to or discharged from a nursing home. This care manager who members contact for help coordinating services that may affect their health including housing and food services.

To request transitional care services, contact your PHC California representative. They will help you with programs, providers or other support in your language. Call 1-800-474-1434.

Community Supports

You may qualify to get certain Community Supports services, if applicable. 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. If you qualify for and agree to receive these services, they might help you live more independently. They do not replace benefits you already get under Medi-Cal.

PHC California offers the following Community Supports:

- Meals and medically-tailored meals for members who are homebound and not able to grocery shop and/or prepare nutritious meals for themselves. This includes



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members who have been discharged from hospital or skilled nursing facility and members who have a chronic health condition.

- Personal care and homemaker services for members who are not able to bathe, groom and/or dress themselves or perform basic housework such as meal preparation, cleaning, laundry, etc.
- Housing transition navigation services help members who are homeless or at risk of becoming homeless find housing.
- Housing deposits helps members who are homeless or at risk of becoming homeless set up a basic household by paying for items such as security deposits, first and last months' rent, set up/deposit fees for utilities, and other services.
- Housing tenancy and sustaining services helps formerly homeless members maintain safe and stable tenancy once housing is secured.
- Transitional rent in limited circumstances and is designed to support housing stability for eligible members.
- Environment accessibility adaptations (EAA) are home modifications to ensure a member's health, welfare and safety. EAA helps a member function independently in the home and avoid being institutionalized. Examples of EAA are ramps, grab-bars, doorway widening for members who require a wheelchair, stair lifts, etc.
- Community transition services/nursing facility transition to home helps members live in the community at home and avoid further institutionalization. This Community Support includes set up expenses for a basic household and any needed home modifications or medically-necessary services or items.
- Nursing facility transition/diversion to an assisted-living facility helps members move from a nursing facility into an assisted-living facility. This Community Support also prevents a nursing facility admission in favor of moving to an assisted-living facility for members who otherwise would be admitted into a nursing facility.
- Recuperative Care, also called medical respite care, is short-term residential care for members who no longer need hospitalization, but still need to heal from an injury or illness (including behavioral health conditions) and whose condition would be worsened by an unstable living environment. An extended stay in a recovery care setting allows members to continue their recovery and get post-discharge treatment



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while having access to primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing.

If you need help or want to find out what Community Supports might be available for you, call 1-800-263-0067 (TTY 711). Or call your health care provider.

Major organ transplant

Transplants for adults ages 21 and older

If your doctor decides you may need an organ and/or bone marrow transplant, PHC California 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, PHC California will cover the transplant and other related services.

The organ and bone marrow transplants PHC California covers include, but are not limited to:

- Bone marrow
- Heart
- Heart/lung
- Kidney
- Kidney/pancreas
- Liver
- Liver/small bowel
- Lung
- Small bowel

Health and Wellness Benefit

Members of PHC California may choose one of the following Health and Wellness Benefit options:

- Gym membership at 24 Hour Fitness (multiple locations), LA Fitness/Esporta Fitness (multiple locations), or AHF Fitness (one Hollywood location) **OR**
- Up to \$200 per calendar year of over-the-counter (OTC) pharmacy (non-prescription drug) items fulfilled through AHF Pharmacy.

If you who choose the OTC pharmacy merchandise option, you may order items like cold medication, vitamins, first aid supplies, toothpaste, etc. in whatever increment you like up to \$200 total for calendar year. There is no cost to you for your order or its delivery. We will provide you Over-the-Counter Pharmacy Order Forms and instructions



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

how to order if you choose this option.

Declining the Health and Wellness Benefit will not affect your eligibility for membership in PHC California. If you have not chosen a benefit option, you may make your selection at any time. If you prefer to decline the benefit, you may change your decision anytime. Please call Member Services if you decide later you want to activate the benefit and choose an option. Call 1-800-263-0067 (TTY 711).

When you enrolled in PHC California, you should have completed a Health and Wellness Benefit Option Election Form. If you did not complete this form at the time of enrollment or soon after enrolling, call Member Services to make your benefit option choice. Call 1-800-263-0067 (TTY 711).

You may change your benefit option once a year between January 1 and January 15. If you want to make a change, such as changing from a gym membership to OTC pharmacy merchandise, or changing gym memberships, call Member Services at 1-800-263-0067 (TTY 711).

Note that it takes between 15 and 45 days for PHC California to process Health and Wellness Benefit option selections.

Other Medi-Cal programs and services

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

PHC California does not cover some services, but you can still get them through FFS Medi-Cal or other Medi-Cal programs. PHC California will coordinate with other programs to make sure you get all medically necessary services, including those covered by another program and not PHC California. This section lists some of these services. To learn more, call 1-800-263-0067 (TTY 711).



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Outpatient prescription drugs

Prescription drugs covered by Medi-Cal Rx

Prescription drugs given by a pharmacy are covered by Medi-Cal Rx, which is part of FFS Medi-Cal. PHC California might cover some drugs a provider gives in an office or clinic. If your provider prescribes drugs given in the doctor's office or infusion center, these may be considered physician-administered drugs.

If a non-pharmacy based medical health care professional administers a drug, it is covered under the medical benefit. Your provider can prescribe you drugs on the Medi-Cal Rx Contract Drugs List.

Sometimes, you need a drug not on the Contract Drugs List. These drugs need approval before you can fill the prescription 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 14-day emergency supply if they think you need it. Medi-Cal Rx will pay for the emergency medicine an outpatient pharmacy gives.
- Medi-Cal Rx may say no to a non-emergency request. If they do, they will send you a letter to tell you why. They will tell you what your choices are. To learn more, read "Complaints" in Chapter 5 of this handbook.

To find out if a drug is on the Contract Drugs List or to get a copy of the Contract Drugs List, call Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Or go to the Medi-Cal Rx website at <https://medi-calrx.dhcs.ca.gov/home/>.

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 1-800-977-2273 (TTY 1-800-977-2273) and pressing 7 or



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

711.

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

Members can also get transportation services from PHC California to get to pharmacies. To learn more about transportation services, read “Transportation benefits for situations that are not emergencies” in Chapter 4 of this handbook.

Specialty mental health services (SMHS)

Some mental health services are provided by county mental health plans instead of PHC California. These include SMHS for Medi-Cal members who meet services rules 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
- Mobile crisis services
- Peer Support Services (PSS) (optional)

Residential services:

- Adult residential treatment services
- Crisis residential treatment services

Inpatient services:

- Psychiatric inpatient hospital services
- Psychiatric health facility services

To learn more about SMHS the county mental health plan provides, you can call your county mental health plan.

To find all counties’ toll-free telephone numbers online, go to



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

dhcs.ca.gov/individuals/Pages/MHPContactList.aspx. If PHC California finds you will need services from the county mental health plan, PHC California will help you connect with the county mental health plan services.

Substance use disorder (SUD) treatment services

PHC California encourages members who want help with alcohol use or other substance use to get care. Services for substance use are available from providers such as primary care, inpatient hospitals, emergency rooms, and substance use service providers. SUD services are provided through counties. Depending on where you live, some counties offer more treatment options and recovery services.

To learn more about treatment options for SUD, call 1-800-263-0067 (TTY 711).

PHC California members can have an assessment to match them to the services that best fit their health needs and preferences. A member may request behavioral health services, including SUD assessments, by contacting PHC California. Members may also visit their PCP who can refer them to an SUD provider for assessment. When medically necessary, available services include outpatient treatment, and medicines for SUD (also called Medications for Addiction Treatment or MAT) such as buprenorphine, methadone, and naltrexone.

Members who are identified for SUD treatment services are referred to their county substance use disorder program for treatment. Members may be referred by their PCP or self-refer by contacting an SUD provider directly. If a member self-refers, the provider will conduct an initial screening and assessment to decide if they qualify and the level of care they need. For a list of all counties' telephone numbers go to https://www.dhcs.ca.gov/individuals/Pages/SUD_County_Access_Lines.aspx.

PHC California will provide or arrange for MAT to be given in primary care, inpatient hospital, emergency room, and other medical settings.

1915(c) Home and Community-Based Services (HCBS) waivers

California's six Medi-Cal 1915(c) waivers (special government programs) allow the state



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

to provide long-term services and supports (LTSS) to persons in a community-based setting of their choice, instead of getting care in a nursing facility or hospital. Medi-Cal has an agreement with the Federal Government that allows waiver services to be offered in a private home or in a homelike community setting. The services provided under the waivers must not cost more than getting the same care in an institutional setting. HCBS Waiver recipients must qualify for full-scope Medi-Cal. Some 1915(c) waivers have limited availability across the State of California and/or may have a waitlist. The six Medi-Cal 1915(c) waivers are:

- Assisted Living Waiver (ALW)
- Self-Determination Program (SDP) Waiver for Individuals with Developmental Disabilities
- HCBS Waiver for Californians with Developmental Disabilities (HCBS-DD)
- Home and Community-Based Alternatives (HCBA) Waiver
- Medi-Cal Waiver Program (MCWP), formerly called the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver
- Multipurpose Senior Services Program (MSSP)

To learn more about the Medi-Cal waivers, go to

<https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx>. Or call 1-800-263-0067 (TTY 711).

In-Home Supportive Services (IHSS)

The In-Home Supportive Services (IHSS) program provides in-home personal care assistance as an alternative to out-of-home care to qualified Medi-Cal-eligible persons, including those who are aged, blind, and/or disabled. IHSS allows recipients to stay safely in their own homes. Your health care provider must agree that you need in-home personal care assistance and that you would be at risk of placement in out-of-home care if you did not get IHSS services. The IHSS program will also perform a needs assessment.

To learn more about IHSS available in your county, go to <https://www.cdss.ca.gov/in-home-supportive-services>. Or call your local county social services agency.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Services you cannot get through PHC California or Medi-Cal

PHC California and Medi-Cal will not cover some services. Services PHC California or Medi-Cal do not cover include, but are not limited to:



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

4 | Benefits and services

- In vitro fertilization (IVF) including, but not limited to infertility studies or procedures to diagnose or treat infertility
- Fertility preservation
- Experimental services
- Vehicle modifications
- Cosmetic surgery

To learn more call 1-800-263-0067 (TTY 711).



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

5. Reporting and solving problems

There are two ways to report and solve problems:

- Use a **complaint (grievance)** when you have a problem or are unhappy with PHC California or a provider or with the health care or treatment you got from a provider.
- Use an **appeal** when you do not agree with PHC California's decision to change your services or to not cover them.

You have the right to file grievances and appeals with PHC California 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 filing a complaint with us or reporting issues. Telling us about your problem will help us improve care for all members.

You may contact PHC California first to let us know about your problem. Call us between 8:00 am and 8:00 pm, Monday through Friday at 1-800-263-0067 (TTY 711). Tell us about your problem. You may file your complaint online, by email or by fax.

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). Ask DMHC to review your complaint or conduct an Independent Medical Review (IMR). If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a grievance or appeal with PHC California. You can call DMHC for free at 1-888-466-2219 (TTY 1-877-688-9891 or 711), or go to: <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



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

through Friday, 8 a.m. to 5 p.m. at 1-888-452-8609. The call is free.

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 1-800-263-0067 (TTY 711).

To report incorrect information about your health insurance, call Medi-Cal Monday through Friday, 8 a.m. to 5 p.m. at 1-800-541-5555.

Complaints

A complaint (grievance) is when you have a problem or are unhappy with the services you are getting from PHC California or a provider. There is no time limit to file a complaint. You can file a complaint with PHC California at any time by phone, in writing by mail, or online. Your authorized representative or provider can also file a complaint for you with your permission.

- **By phone:** Call PHC California at 1-800-263-0067 (TTY 711) between 8:00 am and 8:00 pm, Monday through Friday. Give your health plan ID number, your name, and the reason for your complaint.
- **By mail:** Call PHC California at 1-800-263-0067 (TTY 711) and ask to have a form sent to you. You can also get the form from our website at www.phc-ca.org/members/complaints/grievance. 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:

Attn: Grievance Dept.

PHC California

PO Box 46160

Los Angeles CA 90046

Your doctor's office will have complaint forms.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- **Online:** Go to the PHC California website at <https://ahfforms.formstack.com/forms/grievanceform> and submit your grievance using the online form.
- **By email:** You may email your complaint to php@positivehealthcare.org. Be sure to put "Grievance" in the subject line of your message.
- **By fax:** You may fax your complaint to 1-888-235-8552.

If you need help filing your complaint, we can help you. We can give you free language services. Call 1-800-263-0067 (TTY 711).

Within five calendar days of getting your complaint, PHC California 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 PHC California 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.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at 1-800-263-0067 (TTY 711).

Within 72 hours of getting your complaint, we will decide how we will handle your complaint and whether we will expedite it. If we find that we will not expedite your complaint, we will tell you that we will resolve your complaint within 30 days. You may contact DMHC directly for any reason, including if you believe your concern qualifies for expedited review, PHC California does not respond to you within the 72-hour period, or if you are unhappy with PHC California's decision.

Complaints related to Medi-Cal Rx pharmacy benefits are not subject to the PHC California grievance process or eligible for Independent Medical Review with the Department of Managed Health Care (DMHC). Members can submit complaints about Medi-Cal Rx pharmacy benefits by calling 1-800-977-2273 (TTY 1-800-977-2273) and pressing 7 or 711. Or go to <https://medi-calrx.dhcs.ca.gov/home/>.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Complaints related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for review through the PHC California grievance and appeals process and an Independent Medical Review with DMHC. DMHC's toll-free telephone number is 1-888-466-2219 (TTY 1-877-688-9891). You can find the Independent Medical Review/Complaint form and instructions online at <https://www.dmhc.ca.gov/>.

Appeals

An appeal is different from a complaint. An appeal is a request for PHC California to review and change a decision we made about your services. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can ask us for an appeal. Your authorized representative or 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 PHC California. If we decided to reduce, suspend, or stop a service you are getting now, you can continue getting that service while you wait for your appeal to be decided. This is called Aid Paid Pending. To get 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 will stop, whichever is later. When you request an appeal under these circumstances, your service will continue while you wait for your appeal decision.

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

- **By phone:** Call PHC California at 1-800-263-0067 (TTY 711) between 8:00 am and 8:00 pm, Monday through Friday. Give your name, health plan ID number, and the service you are appealing.
- **By mail:** Call PHC California at 1-800-263-0067 (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.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Mail the form to:

Attn: Medical Appeals

PHC California

PO Box 46160

Los Angeles CA 90046

Your doctor's office will have appeal forms available.

- **Online:** Visit the PHC California website. Go to <https://ahfforms.formstack.com/forms/grievanceform> and submit your appeal.

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 1-800-263-0067 (TTY 711).

Within five days of getting your appeal, PHC California 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 give you our appeal decision within 30 days, you can request a State Hearing from the California Department of Social Services (CDSS) and an Independent Medical Review (IMR) with the Department of Managed Health Care (DMHC).

But if you ask for a State Hearing first, and the hearing to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if your issues do not qualify for an IMR, even if the State Hearing has already happened.

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 1-800-263-0067 (TTY 711). We will decide within 72 hours of receiving your appeal. If there is an urgent health care concern, such as those involving a serious threat to your health, you do not need to file an appeal with PHC California before filing a complaint with DMHC.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

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. CDSS's toll-free telephone number is 1-800-743-8525 (TTY 1-800-952-8349). You can also ask for a State Hearing online at <https://www.cdss.ca.gov>. More ways of asking for a State Hearing can be found in "State hearings" later in this chapter.
- File an Independent Medical Review/Complaint form with the Department of Managed Health Care (DMHC) to have PHC California's decision reviewed. If your complaint qualifies for DMHC's Independent Medical Review (IMR) process, an outside doctor who is not part of PHC California will review your case and make a decision that PHC California must follow.

DMHC's toll-free telephone number is 1-888-466-2219 (TTY 1-877-688-9891). You can find the IMR/Complaint form and instructions online at <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 to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

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 PHC California. To submit complaints and appeals about Medi-Cal Rx pharmacy benefits, call 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711. Complaints and appeals related to pharmacy benefits not subject to Medi-Cal Rx may be eligible for an Independent Medical Review (IMR) with DMHC.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

If you do not agree with a decision related to your Medi-Cal Rx pharmacy benefit, you may ask for a State Hearing. You cannot ask DMHC for an IMR for Medi-Cal Rx pharmacy benefit decisions.

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

An IMR is when an outside doctor who is not related to PHC California reviews your case. If you want an IMR, you must first file an appeal with PHC California for non-urgent concerns. If you do not hear from PHC California within 30 calendar days, or if you are unhappy with PHC California'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 to address your specific issues has already happened, you cannot ask for an IMR with DMHC on the same issues. In this case, the State Hearing has the final say. But you may still file a complaint with DMHC if the issues do not qualify for IMR, even if the State Hearing has already happened.

You may be able to get an IMR right away without first filing an appeal with PHC California. 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 PHC California made the correct decision when you appealed its denial of services.

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 **1-800-263-0067 (TTY 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

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 and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with PHC California and a judge from the California Department of Social Services (CDSS). The judge will help to resolve your problem and decide whether PHC California made the correct decision or not. You have the right to ask for a State Hearing if you already asked for an appeal with PHC California 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. 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 services 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 PHC California between 8:00 am and 8:00 pm, Monday through Friday by calling 1-800-263-0067. If you cannot hear or speak well, call 711. Your authorized representative or provider can ask for a State Hearing for you with your written permission.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Sometimes you can ask for a State Hearing without completing our appeal process. For example, if PHC California did not notify you correctly or on time about your services, you can request a State Hearing without having to complete our appeal process. This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- We did not make an NOA or NAR letter available to you in your preferred language
- We made a mistake that affects any of your rights
- We did not give you an NOA letter
- We did not give you an NAR 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 in these ways:

- **By phone:** Call CDSS's State Hearings Division at 1-800-743-8525 (TTY 1-800-952-8349 or 711)
- **By mail:** Fill out the form provided with your appeals resolution notice and mail it to:

California Department of Social Services
State Hearings Division
744 P Street, MS 09-17-433
Sacramento, CA 95814
- **Online:** Request a hearing online at www.cdss.ca.gov
- **By email:** Fill out the form that came with your appeals resolution notice and email it to Scopeofbenefits@dss.ca.gov
 - Note: If you send it by email, there is a risk that someone other than the State Hearings Division could intercept your email. Consider using a more secure method to send your request.



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

- **By Fax:** Fill out the form that came with your appeals resolution notice and fax it to the State Hearings Division toll free at 1-833-281-0903

If you need help asking for a State Hearing, we can help you. We can give you free language services. Call 1-800-263-0067 (TTY 711).

At the hearing, you will tell the judge why you disagree with PHC California's decision. PHC California will tell the judge how we made our decision. It could take up to 90 days for the judge to decide your case. PHC California must follow what the judge decides.

If you want 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, your authorized representative, or your provider can contact CDSS and ask for an expedited (fast) State Hearing. CDSS must make a decision no later than three business days after it gets your complete case file from PHC California.

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 responsibility 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 medicine than is medically necessary
- Giving more health care services than is 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 to influence which provider is selected by the member
- Changing member's primary care provider without the knowledge of the member

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



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

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 there is no medical appointment or prescriptions to pick up

To report fraud, waste, or 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:

Attn: Compliance Officer

PHC California

PO Box 46160

Los Angeles, CA 90046

Compliance Hotline: 1-800-243-7448 (TTY 711)



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

6. Rights and responsibilities

As a member of PHC California, 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 PHC California.

Your rights

These are your rights as a member of PHC California:

- 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 such as medical history, mental and physical condition or treatment, and reproductive or sexual health
- To be provided with information about the health plan and its services, including covered services, providers, practitioners, and member rights and responsibilities
- To get fully translated written member information in your preferred language, including all grievance and appeals notices
- To make recommendations about PHC California's member rights and responsibilities policy
- To be able to choose a primary care provider within PHC California's 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 PHC California's decision to deny, delay, terminate



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

(end), 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
- To get free interpreting and translation services for your language
- To ask for 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 PHC California 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 (drop) from PHC California and change to another health plan in the county upon request
- To get free 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 and Institutions (W&I) 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 (CFR) sections 164.524 and 164.526
- Freedom to exercise these rights without adversely affecting how you are treated by PHC California, your providers, or the State
- To have access to family planning services, Federally Qualified Health Centers, Indian Health Care Providers, Rural Health Centers, sexually transmitted infection services, and emergency care outside PHC California's network pursuant to federal law



Call Member Services at 1-800-263-0067 (TTY 711).

PHC California is here Monday through Friday, 8:00 am to 8:00 pm. The call is free.

Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Your responsibilities

PHC California members have these responsibilities:

- Participate in your health care and the health care of your family. This means taking care of medical problems before they become more serious.
 - Keep in touch with and regularly visit your PHC California primary care provider (PCP).
 - Cooperate with your PCP, follow his or her instructions regarding your care and take all of your prescribed medications as directed.
 - Arrive on time for your doctor visits. Call if you will be late or need to cancel or reschedule your appointment.
 - Be courteous and cooperative with people who provide you or your family with health care services.
 - Not let anyone else use your PHC California member identification card or Medi-Cal beneficiary identification card (BIC) or pretend to be you.
 - Not participate in Medi-Cal fraud or any inappropriate use of your Medi-Cal coverage through PHC California or the Medi-Cal fee-for-service system.
-

Notice of non-discrimination

Discrimination is against the law. PHC California follows state and federal civil rights laws. PHC California 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.

PHC California 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
-



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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 PHC California between 8:00 am and 8:00 pm, Monday through Friday by calling 1-800-263-0067. Or, if you cannot hear or speak well, call 711 to use the California Relay Service.

How to file a grievance

If you believe that PHC California has failed to provide these services or unlawfully discriminated in another way based on 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 Member Services. You can file a grievance by phone, by mail, in person, or online:

- **By phone:** Contact Member Services between 8:00 am and 8:00 pm, Monday through Friday by calling 1-800-263-0067. Or, if you cannot hear or speak well, call 711 to use the California Relay Service.
- **By mail:** Fill out a complaint form or write a letter and mail it to:
Attn: Grievance Dept.
PHC California
PO Box 46160
Los Angeles CA 90046
- **In person:** Visit your doctor's office or PHC California and say you want to file a grievance.
- **Online:** Visit PHC California's website at <https://ahfforms.formstack.com/forms/grievanceform>.

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



Call Member Services at 1-800-263-0067 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Services (DHCS), Office of Civil Rights by phone, by mail, or online:

- **By phone:** Call 1-916-440-7370. If you cannot speak or hear well, call 711 (Telecommunications Relay Service).
- **By mail:** Fill out a complaint form or mail 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.
- **Online:** Send an email to CivilRights@dhcs.ca.gov.

Office of Civil Rights – United States 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 United States Department of Health and Human Services, Office for Civil Rights by phone, by mail, or online:

- **By phone:** Call 1-800-368-1019. If you cannot speak or hear well, call TTY 1-800-537-7697 or 711 to use the California Relay Service.
- **By mail:** Fill out a complaint form or mail a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.
- **Online:** Go to the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/cp>.



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Or call the California Relay Line at 711. Visit online at www.phc-ca.org.

Ways to get involved as a member

PHC California wants to hear from you. Each quarter (every three months), PHC California has meetings to talk about what is working well and how PHC California can improve. Members are invited to attend. Come to a meeting!

Public Policy and Community Advisory Committee

PHC California has a group called Public Policy and Community Advisory Committee (PPCAC). This group is made up of plan members, community stakeholders, plan management staff, and PHC California doctors. You can join this group if you would like. The group talks about how to improve PHC California policies and is responsible for:

- Providing feedback to plan management about their experiences using the plan and its provider network.
- Providing feedback on PHC California's member communications strategy and plans.
- Submitting suggestions to the Committee for improvements to the plan's operation.

If you would like to be a part of this group, call 1-800-263-0067 (TTY 711).

Notice of privacy practices

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

If you are of the age and capacity to consent to sensitive services, you are not required to get any other member's authorization to get sensitive services or to submit a claim for sensitive services. To learn more about sensitive services, read "Sensitive care" in Chapter 3 of this handbook.

You can ask PHC California to send communications about sensitive services to another mailing address, email address, or telephone number that you choose. This is called a "request for confidential communications." If you consent to care, PHC California will not



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give information on your sensitive care services to anyone else without your written permission. If you do not give a mailing address, email address, or telephone number, PHC California will send communications in your name to the address or telephone number on file.

PHC California will honor your requests to get confidential communications in the form and format you asked for. Or we will make sure your communications are easy to put in the form and format you asked for. We will send them to another location of your choice. Your request for confidential communications lasts until you cancel it or submit a new request for confidential communications.

Right to Request Confidential Communications

You have the right to request that we communicate with you about medical matters in the form and format you request, if readily producible in the requested form and format, or at alternative locations. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you may either call Member Services at 1-800-263-0067 (TTY 711), 8:00 am to 8:00 pm, Monday through Friday or email us at php@positivehealthcare.org. You may also make your request in writing to Attn: Member Services, PHC California, PO Box 46160, Los Angeles, CA 90046. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

We will implement confidential communications requests within seven (7) calendar days of receipt of an electronic or telephonic request or 14 calendar days of receipt by first-class mail. We will acknowledge receipt of confidential communications requests and advise you of the status of implementation of your request if you contact us to inquire.

We will follow your confidential communication request until you cancel or change your request.

We will not condition your enrollment in PHC California or receipt of covered services on you making or not making a confidential communication request.

PHC California's statement of its policies and procedures for protecting your medical



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information (called a “Notice of Privacy Practices”) is included below:

Who Will Follow this Notice?

PHC California is a Medi-Cal managed health plan and HMO (“Plan”) offered by AIDS Healthcare Foundation (“AHF”). This notice describes AHF’s practices and that of:

- All departments, units, employees, staff, volunteers, and other personnel of AHF and its affiliates.
- All AHF affiliates including AHF MCO of Florida, Inc., AHF Healthcare Centers, AIDS Healthcare Foundation Disease Management of California, Inc. When we use the term “we,” “us” and “our” in this notice, we are referring to AHF and these affiliates.

All the persons and organizations listed above may share medical information with each other for treatment, payment or health care operations purposes described in this notice or allowed by law.

Our Pledge and Responsibilities Regarding Your Medical Information

We understand that information about you and your health is personal. We are committed to protecting medical information about you which also includes demographic data about you, such as race/ethnicity, language, gender identity and sexual orientation data.

In the course of providing health care, we collect protected health information (“PHI”) from members and patients and other sources, including other health care providers. PHI includes identifiers such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifying information. For simplicity, throughout this notice, we will use the term “medical information” instead of “PHI,” but the two terms will have the same meaning.

Your medical information may be used, for example, to provide health care services and customer services, evaluate benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of health care professionals, and fulfill legal and regulatory requirements. The types of medical information we collect and keep may include, for



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example:

- Hospital, medical, mental health and substance abuse records, X-ray reports, pharmacy records and appointment records;
- Information from member/patients, for example, through surveys, applications and other forms, and online communications; and
- Information about your relationship with AHF, such as medical services received and claims history.

Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic. We are required by law to:

- Make sure that medical information that identifies you is kept private, except in certain situations described below;
- Tell you about your rights and our legal duties with respect to your medical information; and
- Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Your Medical Information

The following categories describe different ways that we use and disclose medical information. In each instance, we will only share the minimum necessary medical information with recipients who are obligated to maintain the confidentiality of that information.

HIV, AIDS and Other Types of Medical Information

For any disclosure of your health information, we will always apply any heightened protections required by state and federal laws to special categories of information such as tests, test results, and status. We will also make disclosures subject to any restrictions that you have requested that we have agreed to as detailed further in this notice.

Disclosure at Your Request

We may disclose information when requested by you. We may ask that you make a request in writing.



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For Treatment

We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, technicians, health care students, or other health care personnel who are involved in taking care of you. Our personnel will use and disclose your medical information in order to provide and coordinate the care and services you need: for example, prescriptions, X-rays, and lab work. If you need care from health care providers who are not part of the plan's network, such as community resources to assist with your health care needs at home, we may disclose your medical information to them.

For Payment

Your medical information may be needed to determine our responsibility to pay for, or to permit us to bill and collect payment for, treatment and health-related services that you receive. For example, we may have an obligation to pay for health care you receive from an outside provider. When you or the provider sends us the bill, we use and disclose your medical information to determine how much, if any, of the bill we are responsible for paying.

For Health Care Operations

We may use and disclose medical information about you for health care operations. These uses and disclosures are necessary to run the plan, and make sure that all of our members receive quality care. For example, we may use medical information to review your treatment and services and to evaluate the performance of our staff in helping you. We may use medical information to determine premiums and other costs of providing health care. We may also combine medical information about many members to decide what additional services the plan should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other plans to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study health



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care and health care delivery without learning who the specific patients are.

Appointment Reminders

If you have provided us with your cell phone number as your primary contact number, we may use your cell phone number to contact you directly to remind you of your upcoming appointments for treatment or health care. In all instances, all cell phone communications will comply with state and federal regulations.

Treatment Alternatives and Health-Related Products and Services

If you have provided us with your cell phone number as your primary contact number, we may use that number: (1) to tell you about treatment alternatives or other health related benefits and services that may be of interest to you, including those provided by AHF or its affiliated organizations; (2) for your treatment; (3) for case management or care coordination, or (4) to direct or recommend alternative treatments, therapies, health care providers, or settings of care. For example, we may tell you about a new drug or procedure or about educational or health management activities.

Business Associates

We occasionally contract with third party business associates who perform certain functions or activities on our behalf, such as payment and health care operations. We may disclose your medical information to the business associates only to the extent necessary for them to perform their services and only where the business associates have agreed to safeguard your medical information and comply with applicable state and federal privacy laws.

Individuals Involved in Your Care or Payment for Your Care

We may release medical information about you to individuals who you have indicated to us as being involved in your medical care. If you have not previously authorized this in writing, and you are not present or lack the decision-making capacity to consent to a disclosure to a friend or family member, we will use our professional judgment to determine if it is in your best interest to disclose your medical information. For example, we may allow someone to pick up a prescription for you. We may also give information to someone who helps pay for your care. Also, if you are either unconscious or



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otherwise unable to communicate, we may attempt to contact someone we believe can make health care decisions for you (e.g., a family member or agent under a health care power of attorney).

Disaster Relief Activities

In addition, we may disclose medical information about you to a state or federal agency assisting in a disaster relief effort.

Research

We may use and disclose medical information about you for research purposes, but only as either approved and directed by a human subject institutional research board (IRB) or as authorized in writing by you.

As Required by Law

We will disclose medical information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat and only to the extent necessary.

Specialized Disclosures under the Health Insurance Portability and Accountability Act (HIPAA)

Organ and Tissue Donation

We may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, but only to the extent necessary, only as permitted by applicable state and federal laws, and subject to any restrictions described in this notice.

Military and Veterans

If you are a member of the armed forces, we may release medical information about you



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as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation

We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Activities

We may disclose medical information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report the abuse or neglect of children, elders and dependent adults;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law;
- To notify emergency response employees regarding possible exposure to HIV/AIDS, but only to the extent necessary to comply with state and federal laws.

Health Oversight Activities

We may disclose medical information to an authorized state or federal health oversight agency.

We may disclose medical information about you to the extent necessary to federal officials authorized to conduct intelligence, counterintelligence, and other national security activities as required by federal law or to provide protective services to the President and others and conduct related investigations.

Inmates



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If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose medical information about you to the correctional institution or law enforcement official. This disclosure might be required, for example, (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Certain Internal Use by Multidisciplinary Teams

We may internally use or share your health information with a multidisciplinary team of our own staff but only to the extent relevant to the prevention, identification, management or treatment of an abused child and the child's parents, or elder abuse and neglect, and subject to the restrictions mentioned at the top of this notice.

Electronic Sharing and Pooling of Your Information

We may take part in or make possible the electronic sharing or pooling of your healthcare information. We also participate in national health reform efforts and may use and share information as permitted by law to achieve regional or national goals, including regional or nationally approved population health management or wellness initiatives.

The most common way we do this is through local or regional health information exchanges (HIEs). From time to time, we may also take part in state- or nation-wide internet-based HIEs. As permitted by law, your health information will be shared through the HIE to provide faster access, better coordination of care and to assist us, other healthcare providers, health plans, and public health officials in making more informed decisions.

HIEs help doctors, hospitals and other healthcare providers within any geographic area provide quality care to you. If you travel and need medical treatment, HIEs allow other doctors or hospitals to electronically contact us about you. This helps us manage your care when more than one doctor is involved. It also helps us to keep your health bills lower (by avoiding repeated labs and tests). And finally, it helps us to improve the overall quality of care we provide to you and other patients.



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Your Rights Regarding Your Medical Information

You have the following rights regarding medical and demographic information we maintain about you.

Right to Authorize

You have the right to authorize in writing the use and disclosure of any and all information about you. The form of authorization is available at www.phc-ca.org/members/pubs.

Right to Inspect and Copy

In general, you have the right to inspect and copy your medical information. Usually, this includes medical and billing records, but may not include some mental health information or other information that may be withheld by law.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to Member Services. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by AHF will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Right to Amend

If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the plan.

To request an amendment, your request must be made in writing and submitted to Member Services. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to



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amend information that:

- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the medical information kept by or for the plan;
- Is not part of the information which you would be permitted to inspect and copy; or
- Is accurate and complete.

Even if we deny your request for amendment, you have the right to submit a written addendum, not to exceed 250 words, with respect to any item or statement in your record you believe is incomplete or incorrect. If you clearly indicate in writing that you want the addendum to be made part of your medical record we will attach it to your records and include it whenever we make a disclosure of the item or statement you believe to be incomplete or incorrect.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures.” This is a list of the disclosures we made of your medical information, excluding our own uses for treatment, payment, and health care operations (as described above), and subject to other exceptions provided by law.. To request this list or accounting of disclosures, you must submit your request in writing to Member Services. Your request should indicate in what form you want the list (for example, on paper or electronically). The first list you request within a 12-month period will be free. For additional requests, we may charge you for the cost of providing the list. We will notify you of the cost, and you may choose to withdraw or modify your request before charges are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a surgery you had.



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If we do agree to your request, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to Member Services. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, please contact Member Services.

Right to Withdraw Participation in HIEs

If you wish to obtain a current list of the HIEs that we participate in or if you want to opt-out of participating in HIEs, please contact the Privacy Officer:

Privacy Officer

AIDS Healthcare Foundation

6255 W. Sunset Blvd., 21 Floor

Los Angeles, CA 90028

Phone: 1-323-860-5200 (TTY 711)

E-mail: legalnotices@ahf.org

Changes to This Notice

We reserve the right to change this notice at any time. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. If we make an important change to this notice, we will send it to you. You may also obtain a copy of our current notice at any time by contacting Member Services.

Concerns about Our Use of Your Medical Information

If you believe your privacy rights have been violated, you may file a complaint with the



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plan. To file a complaint with the plan, contact Member Services at 1-800-263-0067 (TTY 711). All complaints must be submitted in writing.

You may also file a complaint with the Secretary of the Department of Health and Human Services, through its Office of Civil Rights. For more information, please visit <https://www.hhs.gov/hipaa/filing-a-complaint/index.html>.

After filing your complaint (grievance) with PHC California, if the complaint is not resolved after 30 days, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) for assistance. Ask DMHC to review your complaint. If your matter is urgent, such as those involving a serious threat to your health, you may call DMHC right away without first filing a complaint with PHC California. You can call DMHC for free at 1-888-466-2219 (TTY 1-877-688-9891 or 711), or go to: <https://www.dmhc.ca.gov>, which has complaint forms and instructions online.

You may also file a complaint with the California Department of Healthcare Services (DHCS) by contacting the Office of HIPAA Compliance (OHC):

DHCS Privacy Officer
PO Box 997413 MS 4721
Sacramento, CA 95899-7413
Toll-free: 1-866-866-0602
TTY: 1-877-735-2929
Phone: 1-916-445-4646
Fax: 1-916-440-7680
E-mail: privacyofficer@dhcs.ca.gov

You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will stop any further use or disclosure of your medical information for the purposes covered by your



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written authorization, except where we or others have already relied on your permission.

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.

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

The Medi-Cal program follows state and federal laws and regulations relating to the legal liability of third parties for health care services to members. PHC California 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. Medi-Cal members with OHC must use their OHC for covered services before using their Medi-Cal benefits. As a condition of Medi-Cal eligibility, you must apply for or retain any available OHC when it is available at no cost to you.

Federal and state laws require Medi-Cal members to report OHC and any changes to an existing OHC. You may have to repay DHCS for any benefits paid by mistake if you do not report OHC timely. Submit your OHC online at <http://dhcs.ca.gov/OHC>.

If you do not have access to the internet, you can report OHC to PHC California by calling 1-800-263-0067 (TTY 711). Or you can call DHCS' OHC Processing Center at 1-800-541-5555 (TTY 1-800-430-7077 or 711) or 1-916-636-1980.

The following is a partial list of insurance that is **not** considered to be OHC:

- Personal injury and/or medical payment coverage under automobile insurance. Note: Read about notification requirements for the personal injury and workers'



Call Member Services at 1-800-263-0067 (TTY 711).

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compensation programs below.

- Life insurance
- Workers' compensation
- Homeowner's insurance
- Umbrella insurance
- Accident insurance
- Income replacement insurance (for example, Aflac)

DHCS has the right and responsibility to be paid back 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 for your health care or pay back Medi-Cal if Medi-Cal paid for the services.

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 to:

- Personal Injury program at <https://dhcs.ca.gov/PIForms>
- Workers' Compensation Recovery program at <https://dhcs.ca.gov/WC>

To learn more, go to the DHCS Third Party Liability and Recovery Division website at <https://dhcs.ca.gov/tplrd> or call 1-916-445-9891.

Notice about estate recovery

The Medi-Cal program must seek repayment from probated estates of certain deceased members for Medi-Cal benefits received on or after their 55th birthday. Repayment includes Fee-for-Service and managed care premiums or capitation payments for nursing facility services, home and community-based services, and related hospital and prescription drug services received when the member was an 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 program website at



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<https://dhcs.ca.gov/er> or call 1-916-650-0590.

Notice of Action

PHC California will send you a Notice of Action (NOA) letter any time PHC California denies, delays, terminates, or modifies a request for health care services. If you disagree with PHC California's decision, you can always file an appeal with PHC California. Go to the "Appeals" section in Chapter 5 of this handbook for important information on filing your appeal. When PHC California sends you a NOA, it will tell you all the rights you have if you disagree with a decision we made.

Contents in notices

If PHC California bases denials, delays, modifications, terminations, suspensions, or reductions to your services in whole or in part on medical necessity, your NOA must contain the following:

- A statement of the action PHC California intends to take
- A clear and concise explanation of the reasons for PHC California's decision
- How PHC California decided, including the rules PHC California used
- The medical reasons for the decision. PHC California must clearly state how your condition does not meet the rules or guidelines.

Translations

PHC California 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 PHC California's decision to deny, delay, modify, terminate, suspend or reduce a request for health care services.

If translation in your preferred language is not available, PHC California is required to offer verbal help in your preferred language so that you can understand the information you get.



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Communicating with You

We may use Protected Health Information (PHI) to communicate with you or your designee about benefits, services, selecting your health care provider and billing and payments. PHC California will comply with applicable laws in its communications with you, including the Telephone Consumer Protection ACT (TCPA). We may communicate with you through letters, newsletters, pamphlets, and as follows:



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Phone Calls

If you or your designee have provided us with your phone number where we can reach you, including your cell phone number, then we, including our affiliates and subcontractors, on our behalf, may call you, including by using an automatic telephone dialing system/or an artificial voice (“Robo Call”) in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving calls, so please contact your cell phone carrier for this information. If you don’t want to be contacted by phone, then please let the caller know, or contact PHC California Member Services at 1-800-263-0067 (TTY 711) to be placed on our Do Not Call List.

Texting You

If you or your designee have provided us with your cell phone number, then for certain purposes, such as reminders, treatment options, services, and premium payment reminders or confirmations, we, including our affiliates and subcontractors, on our behalf, may text you in accordance with applicable laws. Your mobile cell phone carrier may charge you for receiving texts, so please contact your cell phone carrier for this information. If at any time you don’t want to receive text messages, then please follow the unsubscribe information on the message, or please reply with “STOP” to stop receiving text messages.

Email

If you or your designee have given us your email address, we may email you for some limited purposes, e.g. sending you enrollment, member, provider, and educational materials, or reminders or confirmation of payments. There may be a charge by your internet or email or mobile cell phone provider to receive emails, so please contact your internet or email or mobile cell phone provider for this information. If you use an unencrypted email address and/or computer, or access your emails through a mobile device, or share an email, or computer, or mobile cell phone, then there is a risk that your PHI could be read by a third party and you accept the risks of such and waive any protections you may have under any laws. If at any time you don’t want to receive email messages, then please follow the “Unsubscribe” instructions at the bottom of the message to stop receiving email communications.



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7. Important numbers and words to know

Important phone numbers

- PHC California Member Services at 1-800-263-0067 (TTY 711)
- Medi-Cal Rx at 1-800-977-2273 (TTY 1-800-977-2273) and press 7 or 711
- 24/7 Nurse Advice Line at 1-800-797-1717 (TTY 711)

Words to know

Active labor: The time period when a pregnant member is in the three stages of giving birth and cannot be safely transferred to another hospital before delivery or a transfer may harm the health and safety of the member or unborn child.

Acute: A short, sudden medical condition that requires fast medical attention.

American Indian: Individual who meets the definition of “Indian” under federal law at 42 CFR section 438.14, which defines a person as an “Indian” if the person meets any of the following:

- Is a member of a federally recognized Indian tribe
- Lives in an urban center and meets one or more of the following:
 - Is a member of a tribe, band, or other organized group of Indians, including those tribes, bands or groups terminated since 1940 and those recognized now or in the future by the state in which they reside, or who is a descendant in the first or second degree of any such member
 - Is an Eskimo or Aleut or other Alaska Native
 - Is considered by the Secretary of the Interior to be an Indian for any purpose



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- Is determined to be an Indian under regulations issued by the Secretary of Health and Human Services
- Is considered by the Secretary of the Interior to be an Indian for any purpose
- Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native

Appeal: A member's request for PHC California to review and change a decision made about coverage for a requested service.

Behavioral health services: Include specialty mental health services (SMHS), non-specialty mental health services (NSMHS), and substance use disorder (SUD) treatment services to support members' mental and emotional well-being. NSMHS are provided through the health plan for members experiencing mild-to-moderate mental health conditions. SMHS are provided through county Mental Health Plans (MHPs) for members who have severe impairment or a high risk of functional deterioration due to a mental health disorder. Emergency mental health services are covered, including assessments and treatment in emergency settings. Your county also provides services for alcohol or drug use, called SUD services.

Benefits: Health care services and drugs covered under this health plan.

Care manager: Registered nurses or social workers who can help a member understand major health problems and arrange care with the member's providers.

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 the member does 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, 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



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support, nutrition services, transportation, and other services for members who qualify.

Community Supports: Community Supports are services that help improve members' overall health. They provide services for health-related social needs like housing, meals, and personal care. They help members in the community, with a focus on promoting health, stability, and independence.

Complaint: A member's verbal or written expression of dissatisfaction about a service, which can include, but is not limited to:

- The quality of care or services provided;
- Interactions with a provider or employee;
- The member's right to dispute an extension of time proposed by PHC California, a county mental health or substance use disorder program, or a Medi-Cal provider.

A complaint is the same as grievance.

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 PHC California agree.

Contract Drugs List (CDL): The approved drug list for Medi-Cal Rx from which a provider may order covered drugs a member needs.

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 (co-pay): A payment a member makes, usually at the time of service, in addition to PHC California's payment.

Covered Services: Medi-Cal services for which PHC California is responsible for payment. Covered services are subject to the terms, conditions, limitations, and exclusions of the Medi-Cal contract, any contract amendment, and as listed in this Member Handbook (also known as the Combined Evidence of Coverage (EOC) and Disclosure Form).



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DHCS: The California Department of Health Care Services. This is the state office that oversees the Medi-Cal program.

Disenroll: To stop using a health plan because the member no longer qualifies or changes to a new health plan. The member must sign a form that says they no longer want to use the health plan or call Health Care Options and disenroll by phone.

DMHC: The California Department of Managed Health Care (DMHC). This is the state office that oversees managed care health plans.

Doula services: Doula services include health education, advocacy, and physical, emotional, and nonmedical support. Members can get doula services before, during, and after childbirth or end of a pregnancy, including the postpartum period. Doula services are provided as preventive services and must be recommended by a physician or other licensed practitioner

Durable medical equipment (DME): Medical equipment that is medically necessary and ordered by a member's doctor or other provider that the member uses in the home, community, or facility that is used as a home.

Emergency 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 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 average knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place the member's health or the health of their unborn baby in serious danger
- Cause impairment to a bodily function
- Cause a body part or organ to not work right
- Result in death

Emergency medical transportation: Transportation in an ambulance or emergency vehicle to an emergency room to get emergency medical care.



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Enhanced Care Management (ECM): ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of Members with the most complex medical and social needs.

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 gone to that provider within a specified amount of time established by the health plan.

Experimental treatment: Drugs, equipment, procedures, or services that are in a testing phase with laboratory or animal studies before testing in humans. Experimental services are not undergoing a clinical investigation.

Family planning services: Services to prevent or delay pregnancy. Services are provided to members of childbearing age to enable them to determine the number and spacing of children.

Federally Qualified Health Center (FQHC): A health center in an area that does not have many providers. A member can get primary and preventive care at an FQHC.

Fee-for-Service (FFS) Medi-Cal: Sometimes PHC California does not cover services, but a member can still get them through FFS Medi-Cal, such as many pharmacy services through Medi-Cal Rx.

Follow-up care: Regular doctor care to check a member'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.

Grievance: A member's verbal or written expression of dissatisfaction about a service, which can include, but is not limited to:

- The quality of care or services provided;
- Interactions with a provider or employee;
- The member's right to dispute an extension of time proposed by PHC California, a county mental health or substance use disorder program, or a Medi-Cal provider.



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A complaint is the same as a grievance.

Habilitation services and devices: Health care services that help a member keep, learn, or improve skills and functioning for daily living.

Health Care Options (HCO): The program that can enroll or disenroll a member from a health plan.

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 members 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 six months or less.

Hospital: A place where a member gets 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 Providers (IHCP): A health care program operated by the Indian Health Service (IHS), an Indian Tribe, Tribal Health program, Tribal Organization or Urban Indian Organization (UIO) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. section 1603).

Inpatient care: When a member has to stay the night in a hospital or other place for medical care that is needed.

Intermediate care facility or home: Care provided in a long-term care facility or home that provides 24-hour residential services. Types of intermediate care facilities or homes include intermediate care facility/developmentally disabled (ICF/DD), intermediate care



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facility/developmentally disabled-habilitative (ICF/DD-H), and intermediate care facility/developmentally disabled-nursing (ICF/DD-N).

Investigational treatment: A treatment drug, biological product, or device that has successfully completed phase one of a clinical investigation approved by the Food and Drug Administration (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 plus one month.

Long-term services and supports (LTSS): Services that help people with long-term health problems or disabilities live or work where they choose. This could be at home, at work, in a group home, a nursing home, or another care facility. LTSS includes programs for long-term care and services provided at home or in the community, also called home and community-based services (HCBS). Some LTSS services are provided by health plans, while others are provided separately.

Managed care plan: A Medi-Cal health plan that uses only certain doctors, specialists, clinics, pharmacies, and hospitals for Medi-Cal recipients enrolled in that plan. PHC California is a managed care plan.

Medi-Cal Rx: A pharmacy benefit service that is part of FFS Medi-Cal and 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 provides the main functions of primary health care. This includes comprehensive care, patient-centered, coordinated care, accessible services, and quality and safety.

Medically necessary (or medical necessity): Medically necessary services are important services that are reasonable and protect life. The care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by diagnosing or treating the disease, illness, or injury.

Medical transportation: Transportation that a provider prescribes for a member when the member is not physically or medically able to use a car, bus, train, or taxi, or other



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form of public or private transportation to get to a covered medical appointment or to pick up prescriptions. PHC California pays for the lowest cost transportation for your medical needs when you need a ride to your appointment.

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 End-Stage Renal Disease (ESRD)).

Member: Any eligible Medi-Cal member enrolled with PHC California who is entitled to get covered services.

Mental health services provider: Health care professionals who provide mental health to patients.

Network: A group of doctors, clinics, hospitals, and other providers contracted with PHC California to provide care.

Network provider (or in-network provider): Go to "Participating provider."

Non-covered service: A service that PHC California does not cover.

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by a member's provider and when picking up prescriptions and medical supplies.

Non-participating provider: A provider not in the PHC California network.

Orthotic device: A device used outside the body to support or correct a badly injured or diseased body part, that is medically necessary for the member to recover.

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, Medicare Advantage plans (Part C), Medicare drug plans (Part D), or Medicare supplemental plans (Medigap).

Out-of-area services: Services while a member is anywhere outside of the PHC California service area.

Out-of-network provider: A provider who is not part of the PHC California network.



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Outpatient care: When a member does not have to stay the night in a hospital or other place for the medical care that is needed.

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

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 six months or less.

Participating hospital: A licensed hospital that has a contract with PHC California to provide services to members at the time a member gets care. The covered services that some participating hospitals might offer to members are limited by PHC California's utilization review and quality assurance policies or PHC California's 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 PHC California 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 a member is 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 keep the member stabilized. Post-stabilization care services are covered and paid for. Out-of-network hospitals might need pre-approval (prior authorization).



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Pre-approval (prior authorization): The process by which a member or their provider must request approval from PHC California for certain services to make sure PHC California will cover them. A referral is not an approval. A pre-approval is the same as prior authorization.

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, unlike over-the-counter (“OTC”) drugs that do not require a prescription.

Primary care: Go to “Routine care.”

Primary care provider (PCP): The licensed provider a member has for most of their health care. The PCP helps the member get the care they need.

A PCP can be a:

- General practitioner
- Internist
- Family practitioner
- Indian Health Care Provider (IHCP)
- Federally Qualified Health Center (FQHC)
- Nurse practitioner
- Physician assistant
- Clinic

Prior authorization (pre-approval): The process by which a member or their provider must request approval from PHC California for certain services to ensure PHC California will cover them. A referral is not an approval. A prior authorization is the same as pre-approval.

Prosthetic device: An artificial device attached to the body to replace a missing body part.

Provider Directory: A list of providers in the PHC California network.

Psychiatric emergency medical condition: A mental disorder in which the symptoms are serious or severe enough to cause an immediate danger to the member or others or



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the member is immediately unable to provide for or use food, shelter, or clothing due to the mental disorder.

Public health services: Health services targeted at the whole population. 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.

Qualified provider: A doctor qualified in the area of practice appropriate to treat a member's 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 a member's PCP says the member 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 members with injuries, disabilities, or chronic conditions to gain or recover mental and physical skills.

Routine care: Medically necessary services and preventive care or care such as routine follow-up care. The goal of routine care is to prevent health problems.

Sensitive services: Services related to mental, sexual and reproductive health, family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions, substance use disorder (SUD), 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 PHC California serves. This includes the county of Los Angeles.

Skilled nursing care: Covered services provided by licensed nurses, technicians, 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



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health professionals can 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, a member will need a referral from their PCP to go to a specialist.

Specialty mental health services (SMHS): Services for members who have mental health services needs that are higher than a mild to moderate level of impairment.

Subacute care facility: A long-term care facility that provides comprehensive care for medically fragile members who need special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

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 a member's 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. Members can get urgent care from an out-of-network provider if in-network providers are temporarily not available or accessible.

1915(c) Home and Community-Based Services (HCBS) waiver: This is a special government program for persons who are at risk of being placed in a nursing home or an institution. The program allows DHCS to provide HCBS to these persons so that they can stay in their community-based home. HCBS include case management, personal care, skilled nursing, habilitation, and homemaker or home health aide services. They also include adult day programs and respite care. Medi-Cal members must apply separately and qualify to be enrolled in a waiver. Some waivers have waiting lists.



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