



**Gold Coast
Health Plan**SM
A Public Entity

Member
Handbook

2011

For questions and Gold Coast Health Plan information,
Please call 1-888-301-1228

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Welcome to Gold Coast Health Plan (GCHP)

What is Gold Coast Health Plan (GCHP)?

Gold Coast Health Plan (GCHP) is the health plan for people in Ventura County who are on Medi-Cal. Since you now have Medi-Cal, you are a member of GCHP. This means that you will see doctors who are part of our Plan and we will pay your health care bills.

- If you live in Ventura County; and
- You qualify for Medi-Cal

You are part of GCHP. You will have a plastic Medi-Cal ID card and a GCHP ID card.

What does this mean for me?

You will now pick one doctor to see for all your medical needs. We call that doctor your Primary Care Provider or PCP. If you need to go to a specialist or get special tests, your PCP will refer you.

- Always see or call your PCP first.
- Talk to your PCP about other care you might need.

How do I pick a PCP?

Look in your welcome packet. When you get this packet in the mail, you will find a Welcome Letter, PCP directory, PCP selection form and a return envelope.

1. Look through the Primary Care Provider directory section and pick a doctor. Make sure that the doctor or clinic is taking new patients.
2. If you have a regular doctor and your doctor is a primary care provider see if he or she is listed in our directory.
3. Fill out the provider selection form that came in your packet. Mail the form to us within 30 days. You do not need to put a stamp on the envelope. You can also call us to pick a doctor over the phone.

What if I don't pick a PCP?

You have one month to pick a doctor. If we do not hear from you by the end of the month, we will pick a doctor for you. We will pick one that is near your home address.

To pick your own PCP, send in the Provider Selection Form or call GCHP at 1-888-301-1228 or 1-888-310-7347 TTY for the hearing impaired.

There are some situations that may keep you from having to pick a PCP. If you fall into one of these categories, you will become a GCHP Administrative Member. You will not be assigned to a PCP.

Can I change my PCP?

Yes, you can change doctor. Call Member Services to choose a new PCP. You will stay with your current PCP until the end of the month. You will be able to see your new PCP on the first day of the following month.

Example: If you call us to change PCP on October 6, you can see your new PCP November 1.

When can I see my doctor?

You should see your doctor within 120 days (4 months) of becoming a GCHP member. Call your doctor to make an appointment for a new patient exam. It is important to have this exam while you are well. Do not wait until you are sick to see your doctor for the first time. Call early. Sometimes it takes a few weeks or a month to get a new patient exam.

How Providers Get Paid

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

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

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

What if I have questions?

The GCHP Member Services Department is here to help you. We can help you select a doctor and learn how best to get medical care. We can help you over the phone by contacting us at:

Member Services hours: Monday-Friday 8 a.m. to 6 p.m.

888-301-1228 Main

888-310-7347 TTY

www.Goldcoasthealthplan.org

Here are some of the things you will be able to find in the Member Services section of this handbook:

- A copy of this Member Handbook
- A form to let us know that you want to change your provider
- A GCHP ID card request form
- A Grievance and Appeals complaint form
- A list of covered services
- Information about different health conditions

How to Get Started

1. Read this book, your Member Handbook. It has important information about your new health plan.
2. Pick a doctor or clinic from the Primary Care Provider Section of our provider directory to be your Primary Care Provider (PCP).

These are the types of doctors who can be Primary Care Providers:

Family or general practice doctor:	treats both adults and children
Pediatrician:	treats children only
Internal medicine doctor:	treats adults only

3. Call the Member Services Department and tell them who you picked to be your PCP. Or you can mail in the Provider Selection Form that came with your packet.
4. Make an appointment with your PCP as soon as you can for a new patient exam. You should get this exam within 120 days (4 months) of becoming a GCHP member.
5. Always keep and show your GCHP identification card and your BIC Medi-Cal card when you go to the doctor, hospital, and pharmacy.
6. Read your GCHP ID member card and make sure it has the correct information on it.
7. Always go to your PCP first for health care services. Your PCP will arrange for you to see another doctor if needed. Your PCP will also arrange for you to go to a laboratory or go for x-rays if you need those additional services.
8. There are some services that you can get from any Medi-Cal provider:
 - Emergency services
 - Sensitive services
 - Family planning services

You can get these services from your PCP or any other Medi-Cal provider. You do not need a referral from your PCP. You can get routine gynecologic and obstetric (OB/GYN) services from any Medi-Cal provider in Ventura County. You do not need a referral from your PCP.

9. Put this Member Handbook in a place where you will be able to find it.
10. You are an Administrative Member you do not have to choose a PCP.

The 10 Most Important Things to Remember

1. Pick a doctor or clinic to be your PCP. Go to your PCP for all your health needs.
2. See your PCP within the next 120 days (4 months) for a new patient exam. See your doctor while you are well. This is the best way for you and your doctor to get to know each other.
3. Always see your PCP for a referral to a specialist. Do not go to other doctors without going through your PCP.
4. Always keep and show your GCHP ID card and Medi-Cal BIC card whenever you get medical care.
5. Call your PCP whenever you need medical care. Only go to the emergency room when you have a true medical emergency.
6. If you have questions, call the GCHP Member Services Department, Monday through Friday from 8 a.m. to 6 p.m., at 888-301-1228 or 888-310-7347 TTY for the hearing impaired.
7. If you have Medicare:

Medicare Part A
and Medicare Part B
and Medi-Cal.



You do not have to pick a doctor
in our directory.

Medicare Part A
(hospital care) only
and Medi-Cal.



You do not have to pick a doctor in
our directory.

Medicare Part D only
(Prescription drugs)
and Medi-Cal.



Pick a PCP. You will get care from
your GCHP PCP. Most of your
drugs will be covered by Medicare.

8. Call your County Medi-Cal eligibility worker if you have questions about your Medi-Cal eligibility, your Share of Cost, or move, or change your phone number.
9. If you are pregnant or think you are pregnant, go to your doctor for prenatal care as soon as possible. You can go to any obstetrician or gynecologist in Ventura County who accepts Medi-Cal. You do not need a referral from your PCP.
10. If you have a problem or complaint, talk to your doctor or get a complaint form from your doctor's office. Or call Member Services at 888-301-1228 or 888-310-7347/ TTY for the hearing impaired.

Administrative Member

There are some GCHP members who will not be assigned to a specific doctor or clinic. These members are called Administrative Members. They can get care from any willing Medi-Cal provider in Ventura County.

ACE for Kids

A low-cost or no cost health program for children up to age 19 who live in Ventura County. This is not a health insurance there is no monthly payments. ACE is a program for kids without health insurance. Your family income must be below a certain amount.

Auto Assignment

When GCHP assigns you to a PCP because you did not choose one in your first month as a Plan Member.

Behavioral Health Benefits

Services provided for the diagnosis and treatment of mental illness or an emotional disorder. Services can include counseling, therapy and medication. These services are provided by the Ventura County Behavioral Health Departments.

Benefits Identification Card (BIC)

This is the blue and white plastic Medi-Cal card that you get from the State. Providers use this card to check if you are eligible for Medi-Cal. You should keep this card even if you temporarily lose Medi-Cal.

Benefits or Covered Service(s)

These are the medical services you are covered for under GCHP.

California Children's Services (CCS)

If your child has a chronic or life threatening illness, he or she may be eligible for the California Children's Services (CCS) program. CCS is a state program for children. CCS only pays for chronic illness. GCHP will still pay for the medical care that is not related to your child's CCS condition.

Clinic

A place where doctors, nurses, and other health providers work as a team to provide health care.

Complaint or Grievance

A complaint is when you are unhappy with services you get from a provider or from your health plan. The grievance system is how GCHP will handle your complaint.

Direct Referral Authorization Form (DRAF)

The form that your PCP fills out if he or she is sending you to another doctor or to get certain tests.

Durable Medical Equipment

Medical equipment for use in the home because of an illness or injury, such as a wheelchair or walker.

Emergency Care

When you think you will die or have serious damage to your body if you don't get immediate medical care. You are covered for emergency services both in and outside of GCHP's service area.

Formulary

The list of drugs that have been approved by GCHP to be covered.

GCHP ID Card

The card sent to you by the health plan. Always carry and show this card any time you get medical care along with your BIC card. Your member ID card will have your name, date of birth, member ID number, and your PCP on it.

Gold Coast Health Plan (GCHP)

Gold Coast Health Plan is your Medi-Cal health plan.

Healthy Families Program

A low-cost health, dental, and vision plan for children up to age 19 who do not qualify for Medi-Cal. Your family income must be below a certain amount.

Medically Necessary

Services that are safe and effective. They must also be used in a way that other providers in this area would use them to treat an illness, injury or medical condition. You are not covered for services that are only for the convenience of a member or a provider.

Medicare

Insurance provided by the Social Security Administration for people who are 65 years or older. You may also get Medicare if you have been disabled for over two years and were employed.

Medi-Cal

A federal and state program that pays for medical services if you are a low income or disabled. GCHP is the health plan for people in Ventura County who have Medi-Cal.

Medi-Cal Eligibility Worker

The person at the County Social Services office who helps you qualify for Medi-Cal benefits. He or she will look at your family size and income.

Member

A person eligible for coverage through GCHP.

Member Services Representative

A person who works at GCHP to help Members who have questions about the health plan. They help Members solve problems with their health plan coverage.

Participating Provider

A doctor, clinic, pharmacy or other medical provider who has a contract with GCHP. In most cases, GCHP will only pay for services from a participating provider. Check your Provider Directory or call Member Services to see if your provider is a participating provider.

Primary Care Provider (PCP)

The doctor or clinic that manages all your health care. Most GCHP Members are assigned to a PCP. This is the doctor you should call or see first when you need medical care. See your Provider Directory for a list of primary care providers.

Prior Authorization

There are some services, medicines and medical equipment that have to be approved by GCHP before you get them. This is called prior authorization. It means getting an OK from the health plan in advance. Your provider and GCHP have to agree that the services you are going to get are medically necessary. Many benefits are paid for only with prior authorization. If you don't get this authorization, GCHP will not pay for the service.

Provider Directory

A list of health care providers who you can choose from as a Member of the Gold Coast Health Plan.

Referral

When your PCP sends you to another provider for services, or sends you for certain tests. Administrative Members do not need referrals.

Referral Provider

A doctor or a specialist your PCP recommends that you see. Your PCP must agree that you need to see the other doctor before you go.

Sensitive Services

Confidential services that include: pregnancy testing, AIDS/HIV testing, abortion, sexually transmitted disease testing and treatment, and services provided as the result of a sexual assault.

Service Area

The geographic area served by the health plan. The GCHP's service area is Ventura County.

Share of Cost (SOC)

This is the amount some Members may be required to pay each month to providers for their medical care. The amount depends on a Member's income. Your Medi-Cal eligibility worker at the Department of Social Services will make this decision. When a Member meets his or her Share of Cost, they become eligible for the health plan and are considered Administrative Members.

Urgent Care

Services that you get that are not an emergency, but need to be cared for as soon as possible. Urgent care is when you think you need care quickly to prevent serious illness or injury.

Your Rights as a Gold Coast Health Plan Member

You Have the Right To:

- Be treated with courtesy and respect.
- Have your medical information kept confidential, in accordance with all applicable state and federal laws. If you or your representative gives us written permission to release your records, we will follow your request.
- Have access to, get copies of and where legally appropriate, amend or correct your medical records.
- Know how the health plan works and what services are available to you.
- Have interpreter service provided to you at no cost if you need them to access covered services.
- Get help from us to understand written documents that we send to you.
- Have access to preventive health services.
- Participate in decision making about your health care, including the right to refuse treatment.
- Get a response to a request for prior authorization within five days. If the request is urgent we will respond within 72 hours.
- See a specialist for a second opinion if it is medically needed.
- File a complaint, either verbally or in writing, about the health plan or the care that you receive. You also have the right to ask for a State Fair Hearing and to be given information about when an expedited hearing is possible.
- Receive emergency care both in and outside our service area. You do not need prior authorization for emergency care.
- Choose or change your primary care provider within our network of providers.

Have Access to:

- Federally Qualified Health Center (FQHC) services if you choose one as your PCP.
- Rural Health Clinic (RHC) Services if you choose one as your PCP.
- Family planning and sensitive services from any Medi-Cal provider.
- Services at an Indian Health Center, if you are a Native American. We may not restrict your access to Indian Health Services.
- Services from certified nurse practitioners (CNP) and certified nurse midwives (CNM) who work under a physician's direction.
- Gynecological and/or obstetrical service from any OB/GYN in Ventura County that takes Medi-Cal, without a referral from your PCP.
- Written materials provided in alternative formats including braille, and large size print upon request and in a timely fashion appropriate.
- Women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services.
- Advance directive documents that let you tell providers how much and what type of care you want if you are not able to tell them yourself at the time.

Your Responsibilities as a Member

You Are Responsible For:

- Knowing GCHP's rules and following them.
- Following your doctor's treatment plan and advice.
- Telling your doctor about your health conditions, both now and in the past.
- Seeing your doctor within 120 days (4 months) for a new patient exam.
- Keeping your appointments. If you have to cancel and reschedule an appointment, let your PCP know 24 hours before you were scheduled to see the doctor.
- Being kind and polite to your doctors, their staffs and to the GCHP staff.
- Keeping your current Medi-Cal BIC card and your GCHP ID card with you at all times.
- Showing your health care ID cards when you receive health care.
- Calling GCHP and your Medi-Cal eligibility worker about any other health insurance you have.
- Following the rules of any other health insurance you have.
- Using the emergency room only for emergency care.
- Telling GCHP if you move or change your phone number. Call the GCHP Member Services department and your County Medi-Cal eligibility worker with corrections. If you receive Supplemental Security Income (SSI), call your Social Security Office.
- Learning about your health and what to do to stay well.

Your Identification Cards

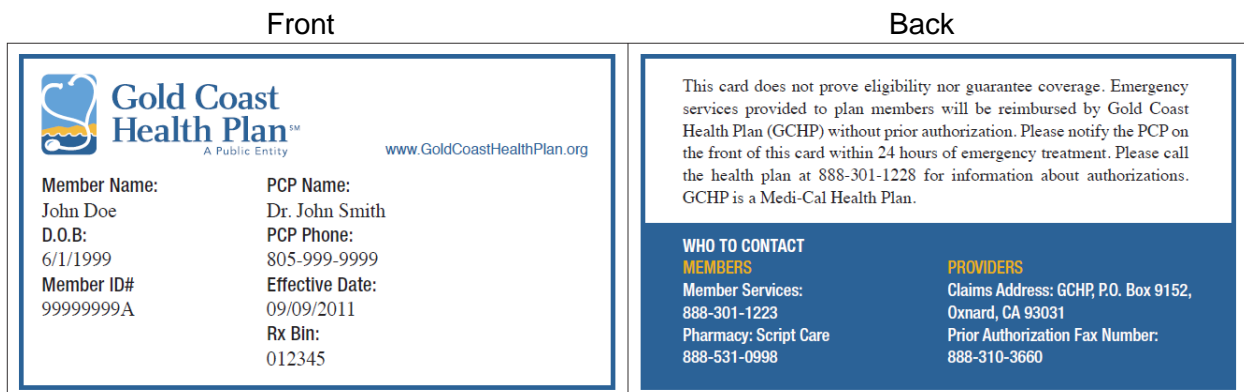
When you first become eligible for Medi-Cal, you will get a white and blue plastic Medi-Cal card from the State. This Medi-Cal Benefits Identification Card is called BIC for short.

Here is what your Medi-Cal or BIC card will look like:



You will also get a GCHP ID card in the mail. This card will have the name and phone number of your doctor on it. It will tell your health care providers where to send medical bills.

Here is what your GCHP ID card will look like:



These cards will be mailed to you at different times. Please keep both of these cards. Carry both your Medi-Cal BIC card and your GCHP ID card with you at all times. You will need them when you get medical care. When a doctor or hospital worker or pharmacist asks about your insurance coverage, tell him or her that you have Medi-Cal and that you are a Member of Gold Coast Health Plan. Always show both your cards. If you have any other health insurance, give them that card, too.

Your Healthcare Coverage

What Type of Medi-Cal Do You Have?

Medi-Cal through County Social Services

If you have Medi-Cal, a County Medi-Cal eligibility worker handles your case.

Tell your County Medi-Cal worker if any of these change:

- your address
- your phone number
- the size of your family
- your income and any property you own
- your name
- getting or losing other health insurance

Call the GCHP Member Services if you change:

- your address
- your phone number.

Your county Medi-Cal worker determines if you are eligible for Medi-Cal. GCHP does not determine who is eligible for Medi-Cal.

Medi-Cal through the Social Security Administration

You might be on Medi-Cal because you get Supplemental Security Income (SSI). If you have Medi-Cal because you get SSI, you will work with your local Social Security Office. You will not have a county Medi-Cal worker.

If you move away from Ventura County, call these offices with your new address.

- Your current Social Security Office
- Your new Social Security Office
- Gold Coast Health Plan

It can take a few months for Social Security to change your address in their system. Tell the office as soon as you know your new address. If you don't, you may have problems receiving health care in your new county.

Medi-Cal with a Share of Cost

If you work or own some property, you may have Medi-Cal with a Share of Cost. Share of cost means that you have to spend some of your own money on health care each month, before you will be covered by Medi-Cal. Your county eligibility worker will tell you if you have a share of cost and how much it is.

Each month, you will pay your own medical bills until the amount you pay equals your share of cost. After that, your care will be covered by GCHP for the rest of that month. You will not be covered by GCHP until you have paid all of your share of cost for the month.

After you meet your Share of Cost for the month, you can go to any doctor that takes Medi-Cal in Ventura County. You do not need to pick a primary care provider.

Example: Your share of cost is \$300 and your doctor bills are \$500 for the month of August

Who Pays →	<u>You Pay \$300</u> Share of Cost			<u>GCHP Pays \$200</u> Medi-Cal coverage starts	
Doctor bills for the month of August →	\$100 First bill	\$100 Second bill	\$100 Third bill	\$100 Fourth bill	\$100 Fifth bill

Going On and Off of Medi-Cal

Eligibility for Medi-Cal can change from one month to the next. If you lose your Medi-Cal, you will not be a GCHP Member. If you get back on Medi-Cal in Ventura County, then you will be a GCHP Member again. When you come back to GCHP, you can have the same doctor or clinic that you had before as your PCP. Call GCHP to choose the doctor or clinic you want.

What If I Lose My Medi-Cal Benefits?

If you no longer qualify for Medi-Cal you should call the GCHP Member Services Department. The Member Services Department will give you information about other kinds of health care coverage that you might be eligible for.

Retroactive Medi-Cal Eligibility

If you had medical services just before you applied for Medi-Cal, you can apply for retroactive benefits. Medi-Cal may pay for services you got during the three months before you applied. The services must be Medi-Cal covered benefits and you must have gotten them from a Medi-Cal provider. If you get retroactive benefits, you must tell the provider that you now have Medi-Cal for those months.

If you paid for services, the provider should bill GCHP and then refund the money you paid. It is your responsibility to tell the provider once you get Medi-Cal.

After you get Medi-Cal, you have up to one year to ask Medi-Cal for retroactive benefits.

Transitional Medi-Cal

If you start to earn more money, you may lose your Medi-Cal. If you want to keep your Medi-Cal, ask your eligibility worker about Transitional Medi-Cal (TMC). TMC gives you free Medi-Cal for up to 12 months at a time. The total time that you may get TMC is 24 months. When you are on TMC, you will still be a GCHP Member.

Other Health Insurance Coverage

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

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

If Your Other Health Insurance Ends

If you lose your other health insurance or if you have Medi-Cal through Social Security tell your county Medi-Cal worker.

Pharmacy

Prescription Drugs

If you have a prescription that needs to be filled, you should take it to one of the pharmacies on the pharmacy list that was mailed to you with your packet. If you are out of your county and need to get a prescription filled, call GCHP Member Services at 888-301-1228 for information about available pharmacies.

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

If you would like a copy of the GCHP's drug formulary, information about specific drugs on the formulary or a list of pharmacies, you can contact the GCHP's Member Services Department or visit our website at www.GoldCoastHealthPlan.org. The GCHP Drug Formulary is updated annually.

Medi-Cal with Medicare

Medicare is the health plan for people 65 years or older. People who are not able to work because of a disability may also get Medicare. When you go to the doctor, show them your GCHP card and your Medicare card. Your Medicare is always your primary insurance and your Medi-Cal is always secondary.

There are three parts to Medicare:

- Medicare Part A pays for stays in the hospital
- Medicare Part B pays for doctor visits, lab work and x-rays
- Medicare Part D pays for prescription medicines

Medicare

With the original Medicare;

- You pay a monthly premium for Part B – the part that pays for doctor visits. If you qualify, the state will pay for your Part B coverage.
- You pay nothing for Part A – the part that pays for hospitals
- You pay 20 percent of your health care bills – for both hospital and doctors.
- You can go to any doctor that sees Medicare patients.

Medicare Advantage Plans

The Medicare Advantage Plans means you sign up with a Medicare health plan. In some Medicare Advantage plans you pick a PCP. If you need to see a specialist, your PCP will refer you.

This kind of Medicare has guidelines.

- You pay a certain amount every month for both hospital and doctor care
- You pay a little every time you see the doctor
- You pick a provider from that plan's provider directory

Veterans Administration VA Health Care Benefits

If you are eligible for care through the Veterans Administration (VA) Health Care system, you should always use these services first before your Medi-Cal. There are outpatient VA clinics in Ventura County and Los Angeles County. There is a V.A. hospital in L.A. The addresses and phone numbers are shown below.

Name & Location	Phone Number & Hours
Oxnard CBOC 2000 Outlet Center Drive, Suite 225 Oxnard, CA 93036-0607	Phone: 805-604-6960 Monday - Friday, 8:00 am – 5:00 pm
West L.A. V.A. Medical Center 11301 Wilshire Blvd. Los Angeles, CA 90073	Phone: 310-478-3711

Medi-Cal Estate Recovery

The State of California may seek repayment of Medi-Cal benefits from the estate of a deceased Medi-Cal beneficiary for services received on or after the beneficiary's 55th birthday. For Medi-Cal beneficiaries enrolled in a managed care organization, the State may seek recovery of the total premium/capitation payments for the period of time they were enrolled in the managed care organization. Additionally, any other payments made for services provided by non-managed care providers will also be recovered from the estate. For further information regarding the Estate Recovery program only, call 1-916-650-0490, or seek legal advice.

Please do not call your Medi-Cal eligibility worker. He or she does not have this information, so he or she cannot help you.

This means that the State can ask for money back after a Medi-Cal beneficiary dies.

The Health Insurance Premium Payment (HIPP) Program

If you pay for your own insurance and have very high medical bills, you may be able to get help from the HIPP program. If the cost of your illness keeps you from paying your premiums, call GCHP. If you qualify, GCHP can pay the premiums for your other insurance.

To find out more or see if you qualify for HIPP, call 1-866-298-8443.

Can I be Disenrolled from GCHP?

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

- If you lose your Medi-Cal eligibility
- If you move out of your county of residence
- If your Medi-Cal changes to a category not covered by GCHP

Expedited Disenrollment Requests

Gold Coast Health Plan must process a disenrollment within two working days. The Plan may request an expedited disenrollment for the following:

- **Continuity of Care**
If the treating Provider/Practitioner is not part of GCHP's network of Providers/Practitioners, the Member may be eligible for disenrollment. The Member is only eligible for disenrollment within the first ninety (90) days of initial enrollment with GCHP. A medical exemption form signed by the treating Provider/Practitioner and Member is required for processing.
- **Incarceration**
The name of the facility and the date the Member entered the facility is required for processing.
- **Foster Care or Adoption Assistance Programs**
The Member is a child receiving services under the Foster Care/Adoption Assistance Program.
- **Resides Outside-of-the-Service Area**
The Member moved outside of the service area. The Member's new address and move date is required. The member must report his/her change of address to his/her eligibility worker within ten (10) days. Failing to do so will result in delaying the disenrollment from GCHP.
- **Native American**
If the Member is a Native American the Member may be exempted from being in a health plan. A Non-Medical Exemption form must be completed by an Indian Health Service Provider/Practitioner. This form is required for processing.
- **Major Organ Transplant**
The Member must be approved for a transplant and the prior authorization must be provided to GCHP's Member Services Department for processing.

Healthy Families Program

The Healthy Families Program is for children who do not qualify for free Medi-Cal. Children must be under the age of 19. Families pay a monthly premium and the amount depends on the number of children covered and the family income. There are small co-payments for some services.

The Healthy Families Program covers:

- Regular check-ups & immunizations
- Doctor and hospital visits
- Dental and vision care
- Emergency Care

To find out more about the Healthy Families Program, call the Healthy Families Program at 1-866-848-9166.

ACE for Kids

Ace for Kids Program is for children who are not eligible for free Medi-Cal or the Healthy Families Program. Children must live in Ventura County and be under the age of 19 years of age. This is not health insurance. There are no monthly payments. ACE for Kids is a program for kids that have no healthcare coverage. There is a maximum you will pay, you maybe eligible for services at low cost or no cost. ACE for Kids Program covers services in Ventura County.

To find out more about ACE for Kids call 1-800-781-4449

Access to Health Care for children and teens

Access to Health Care for children and teens is a program that offers health coverage for children under 19 years of age regardless of immigration status. Your family income must be below a certain amount to be eligible for the program.

Your children's access to health care includes:

- Regular check-ups
- Well –Baby Care
- Immunizations
- Physician Services
- Hospital Services
- Prescription Medicine
- Emergency and Urgent Care
- Dental Care
- Vision Care
- Prenatal Care
- Mental Health

To find out more about Access to Health Care for children and teens call 1-866-481-7674

Choosing a Doctor

Facilities and Provider Locations

GCHP has contracted with providers in Ventura County. For the locations of the plan's Primary Care Providers please look in your PCP Directory. If you do not have a PCP Directory, please go to our website at www.Goldcoasthealthplan.org

Why do I need a Primary Care Provider – PCP?

This is the doctor who will provide most of your health care. Your PCP will give you regular check-ups and see you when you are sick. Your PCP will know your medical history and what medicines you take. Your PCP will also refer you to other doctors or to the hospital if needed.

Choosing a Doctor to be Your Primary Care Physician

You should have received our Provider Directory in this mailing. The doctor's names are in A-to-Z order by city. The directory also lists the doctors' address, phone number, office hours, the languages they speak and if they are accepting new patients.

1. Look through the Primary Care Provider section of the Directory.

- You can pick a doctor or clinic. Make sure that the doctor or clinic is taking new patients.

2. Do you have a regular doctor?

- If your doctor is a Primary Care Provider, see if he or she is listed in our directory.
- If your regular doctor is listed in the directory, let us know. We will try to assign you to that doctor.
- If you have been seeing a doctor who is not in the directory, please look through the book and pick a new PCP. You can call us and we will ask the doctor you were seeing if he or she wants to sign up with GCHP. In the meantime, you will need to pick another doctor who is in our directory.

3. Check to see if the doctor is accepting new patients.

- If you choose a doctor that is not taking new patients, you will have to pick another doctor. GCHP will try to contact you to make another choice. If we can't reach you, we will assign you to a doctor. We will pick one close to your home that is taking new patients.

4. Fill out the Provider Selection Form.

- Mail the form to us. You don't need to put a stamp on the envelope. Or you can call GCHP to pick a doctor over the phone.

5. After you pick your PCP, you will get a GCHP ID card in the mail.

- Check the card to make sure it shows the correct information. Your member ID card will have your name, date of birth, Member ID number and your PCP on it. Carry your GCHP ID card along with your Medi-Cal BIC card. Show them both when you get health care services. **Your GCHP ID card does not take the place of your Medi-Cal BIC card.**

Check List for Choosing a PCP

Here are some things to think about when picking a doctor:

Office location

- ✓ Do you want a doctor close to your home?
- ✓ Do you want a doctor close to your work?
- ✓ Do you want a doctor close to public transportation?

Office hours

- ✓ Do you need evening appointments?
- ✓ Do you need Saturday appointments?

Language

- ✓ Do you need a doctor that speaks a language other than English?
- ✓ Are you comfortable with an interpreter?

Reputation

- ✓ Do your family and friends have a favorite doctor?
- ✓ Do you know someone who can recommend a doctor in our directory?

Hospital

- ✓ If you had to go to a hospital, is there one hospital that you would pick?
- ✓ Does the doctor that you pick have admitting privileges at that hospital?
- ✓ Is it important for you to be able to go to a certain hospital?

Your Family

- ✓ Do you want your entire family to go to one doctor?
- ✓ Do you want your family members to see different doctors?

GCHP checks to make sure the licenses and insurance stay up-to-date for the doctors in our network. These doctors are independent contractors. They are not employees or agents of GCHP.

Can I Change my PCP?

Most of the time it's best to keep the same doctor. This helps your doctor get to know your medical needs and history. You will keep this PCP unless you ask for a change. You can change doctors by calling Member Services. After you ask for a change, you continue with your current PCP until the end of the month. You will be able to see your new PCP on the first day of the following month. We will make the change and send you a new GCHP ID card.

Example: You change your PCP May 6, you can see your new PCP June 1.

If you change doctors, remember to:

- Ask your doctor to send your medical records to your new doctor.
- Tell your new doctor about any special medical needs you have.
- Tell your new doctor about any medical appointments that you have scheduled.

Your doctor may ask that you be changed to another doctor if:

- You are unable to get along with your doctor.
- You miss three (3) appointments in 12 months, without calling to cancel or reschedule.
- You behave in a rude or abusive way, or disrupt the doctor's office.
- You don't follow your doctor's treatment plan.

We will notify you in writing or by phone if we need to ask you to change doctors, or if your doctor asks that you be switched to a different doctor.

Do all GCHP Members need to pick a PCP?

When you **first** become a GCHP Member, you have one month (30 days) to pick a PCP. During that time, you can go to any doctor or clinic in Ventura County that accepts Medi-Cal. Once you have a PCP, you will go to that doctor for all your health care.

There are some GCHP Members that will still not have a PCP. These Members are called Administrative Members.

Administrative Members:

- Are in long-term care (skilled or intermediate nursing care) for more than 30 days;
- Have Medi-Cal with a Share of Cost;
- Are living outside of Ventura County (for example, foster children that are placed out of the GCHP service area);
- Have other health insurance; or
- Are receiving hospice care (are terminally ill).

GCHP ID cards for Administrative Members will list Gold Coast Health Plan as the PCP. If you are an Administrative Member, you can get care from any willing Medi-Cal provider in Ventura County. If you want to see a provider outside of Ventura County, you will need to get approval from GCHP first.

Disenrollment from a Primary Care Provider (PCP)

Primary Care Providers (PCPs) may ask GCHP to disenroll a Member from their practice. If the request is approved by GCHP, the Member must choose a different Primary Care Provider. Some reasons for disenrollment are:

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

How to Get Care

If you are a GCHP Administrative Member, you should still have a regular doctor for check-ups and preventive health care. You will not be assigned to a specific doctor by GCHP. If you are having trouble finding a doctor, please call Member Services.

Making an Appointment with Your Primary Care Provider

To make an appointment with your Primary Care Provider you should call the phone number of the provider printed on your GCHP identification card. All of your medical care, except family planning and emergency services, must be received from the provider that you are assigned to unless that provider refers you to specialty services.

New GCHP Members should schedule an initial health exam within 120 days of becoming a Member of GCHP. This is a good time for you to get to know your provider and for your provider to get to know you and your health care needs.

Children under 21 years old can receive pediatric preventative screening Services. These are called Gold Coast Health Plan services. Examples of CHDP services are: immunizations (shots), hearing, vision and dental exams.

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

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

Remember to make appointments for:

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

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

These appointments are important even if you are feeling healthy.

Members with Disabilities

If you have a disability or serious medical problem that makes it hard for you to obtain or arrange medical care, contact the GCHP Member Services Department. Examples of disabilities and serious medical problems are: blindness, hearing impairment, developmental delays, end stage renal disease, AIDS, Members that are bedridden or confined to a wheelchair, and children that are enrolled in the California Children's Services (CCS) Program.

Working With Your Primary Care Provider (PCP)

You and your doctor are a team. When you work together, you will get the best possible outcomes for your health. Try to be open and honest with your doctor about your health. Talk to your doctor about your care concerns. Accept the help that your doctor offers you. Follow your doctor's advice.

These tips can help you work well with your doctor:

Things to do at home:

- **Write** down your doctor's name and phone number. Keep it where you can find it. This will help you when you need medical care. You might also see a nurse practitioner or a physician assistant in your doctor's office. Write down their names as well.
- If you have not seen your PCP before, please **make an appointment right away**. This appointment will be for a **new patient exam**. This is a long appointment. It gives you and your doctor time to get to know each other. It is when your doctor can learn about your medical history. You will learn about things that you can do to be as healthy as possible.
- **Make a list** of things to ask your doctor. This helps you remember your questions.
- **Make a list** of all the medicines you take. You can also take your medicines with you to your first appointment with your doctor.
- **Always keep** your medical appointments. This shows that you respect your health care team. It helps your doctor know how you are doing. If you can not keep an appointment, call your doctor's office ahead of time to cancel. When you call, you can make an appointment for another date. Most offices ask that you cancel at least one day in advance. If you miss three appointments and do not call to cancel, your doctor may decide not to see you anymore.
- **Take** all medications that your doctor prescribes and ask about side effects. Call your doctor if your medication does not seem to be working.
- **Call Member Services** if you have questions or need help.

At the doctor's office or Pharmacy:

- **Carry and show your GCHP ID card and your Medi-Cal BIC card** whenever you get medical care and at the pharmacy. If you have other health coverage, show those ID cards too.
- **Tell your doctor** about all the pills you take:
 - Prescription medicine
 - Non-prescription medicine
 - Vitamins
 - Herbs
 - Supplements
 - Other treatments

You can bring your pills with you to show your doctor. Some medicines, vitamins and herbs can change the way other medicines work.

- **Make sure you understand** your condition. Be clear on the treatment you are to follow.
- **Bring your children's immunization card** with you to every doctor visit (for infants, children and teens).
- **Ask your doctor** what you should do if you get sick at night or on the weekend.
- **If your religion or culture** keeps you from using some treatments, tell your doctor.
- **Cooperate with** your doctor and the office staff. Treat them as you would like them to treat you.

Be an active member of your health care team. Your PCP will always be in charge of your health care and will provide your regular care. Working together with your doctor, nurses, physician assistants and office staff is the key to quality health care. Your PCP will decide if you need to see a specialist or need special tests. If you do, your PCP will refer you.

Making Appointments

You should see your PCP for regular check-ups and preventive care. You should also see your PCP when you are sick. The name and phone number of your PCP is on your GCHP ID card. If you are not sure who your PCP is, call Member Services.

When you call your PCP to make an appointment, be very clear about how you feel. Tell the office how long you have felt this way.

- Do you have a fever?
- Are you in pain?
- How high is the fever?
- Where is the pain?
- Do you feel sick to your stomach?

This will help the staff know how soon you need to be seen and how much time they should allow for your appointment. Ask for directions to the office if you have not been there before.

How long will it take to get an appointment?

It will take longer to get an appointment for some kinds of care than others. Here is an idea of how long it might take:

- Urgent appointments may be available. Tell the office if there is a fever, severe pain or other important symptoms.
- For normal office visits, call at least 3 days in advance.
- For prenatal care, call at least 1 week in advance.
- For non-urgent care and well child visits, call at least 3 weeks in advance.
- For regular check-ups and immunizations, call at least 4-6 weeks in advance.
- You can call your PCP 24 hours a day, 7 days a week. If the office is closed, your doctor will:
 - Have another doctor ready to help, or
 - Have an answering service, or
 - Leave instructions on the office answering machine letting you know what to do.

Please get to your appointment on time. This helps your doctor stay on schedule for other patients. If you can't keep your appointment, call your doctor's office to cancel. You can make a new appointment at the same time.

Canceling Appointments

If you can't keep an appointment, call the office and let them know.

It's important to call the office as soon as possible if you cannot come. Try to call at least 24 hours (1 day) in advance. If you miss appointments on short notice or without canceling, your doctor can decide not to see you as a patient any more.

Talk to your doctor if you need appointments only at certain times. For example, if you start work at 3:00 in the afternoon and can only see the doctor in the morning. Let the office know. They might be able to work around your schedule.

How to Talk to Your Doctor in Your Language

It is important that you can talk to your doctor easily. There are doctors in our network who speak languages other than English. It may be the doctor who speaks the other language. Or it may be someone else in the doctor's office. You can call their office and ask. You can find this information in your Provider Directory or by calling Member Services. GCHP also provides all written materials to our members in English, Spanish and other languages upon request.

If you have trouble talking with your doctor because you speak different languages, we can help. You don't have to use family or friends to interpret for you. Your doctor can call a special telephone line to get an interpreter who speaks your language. Then you and your doctor will talk through the interpreter.

How to Use Free Interpreter Services

When you make an appointment with your doctor, tell them you want an interpreter. Also tell them what language you speak. When you go to your appointment, the doctor will call a company that provides interpreters over the phone. GCHP pays for this service, so interpreter services are free to you. Interpreting services are available to you 24 hours a day at no charge when accessing health care.

If you or your doctor feels there are special circumstances that require you to have a face-to-face interpreter for a medical appointment, you or your doctor can call us to ask for authorization. If we approve the request, we will provide an interpreter to be in the office with you for the appointment. Face-to-face and American Sign Language interpreter services must be scheduled in advance. Please call us or have your doctor call us at least 3-4 days before your appointment. The number to call is 1-888-301-1228 or 1-888-310-7347/ TTY for the hearing impaired.

You have the right to file a complaint if you feel your language needs are not being met. See the Filing a Complaint's section in this Handbook or call our Grievance Coordinator at 1-888-301-1228 or 1-888-310-7347 TTY for the hearing impaired.

Non-Emergency Medical Transportation

Medi-Cal pays for a benefit called non-emergency medical transportation. This benefit is limited to Members who:

- Cannot sit up and must ride lying down flat, because of a medical condition.
- Are in a wheelchair and cannot move the wheelchair by him or herself, and cannot transfer in and out of the wheelchair on his or her own safely.

If any of these describe you, GCHP will pay for rides to and from health care services. GCHP cover rides to the doctor's office. GCHP cover rides to a pharmacy to pick up your medicines. GCHP only pays for rides to the health care provider nearest your home. GCHP does not pay for rides to the market, school, swimming pool or community center. We do not pay for rides if they are covered by other programs (such as California Children's Services – CCS) or other insurance plans. There are several different companies that provide rides.

Rides must be scheduled in advance. They also must be authorized in advance by GCHP. Call 1-888-301-1228 or 1-888-310-7347/TTY for the hearing impaired to see if you qualify.

Services To Help You Stay Well

GCHP covers services to help you stay well. These are called preventive health care services. Preventive care keeps you healthy. It can help Prevent and treat problems before they become serious. Preventive care includes:

- Regular check-ups (for everyone)
- Pap smears (for women) and prostate exams (for men)
- Mammograms (for women)
- Well care for babies and children
- Immunizations (shots)
- Prenatal care (for pregnant women)




Look at the charts on the next four pages. They list the preventive check-ups that you should have. They also show how often you should have these visits. There is a chart for when to have shots to keep you from getting sick. There is a chart for children and teens another one for adults. The schedule is different for men and women. If you have questions about preventive health care, check with your doctor.

Getting Immunization




Baby, Child and Teen Preventive Screening Guidelines

To keep your children healthy, it is important for them to get regular check-ups and immunizations even if they are not sick. If your child is a new GCHP member, he or she should get a health check-up within 120 days (4 months) with his or her primary care provider. Below is a list of services that your child should get, by age group. Your doctor may want to do some services more often than what is shown in the chart.

It is important for your child to get all the vaccinations. If he or she has missed any, please call the doctor to schedule an appointment. It is never too late to get vaccinated to stay healthy. If you have any questions, please call 1-888-301-1228 or 1-888-310-7347 TTY for the hearing impaired.

Services	0- 24 Months 	3- 10 Years 	11- 20 Years 
Health Exam This may include height and weight, head measurement, blood pressure, eye and hearing test, and health education counseling	Birth, 1-4 weeks, 2, 4, 6, 9, 12,15,18, and 24 months	Every Year Health risk assessment at 30 months	Every Year
Lead Test	At 12 months and again at 24 months	Between 3-5 years if not tested before	
Anemia Test	At 9-12 months	Yearly at 3-5 years old	Every year for menstruating girls
Urine Test		5 years old	Every year for sexually active teens
Tuberculosis Test (TB)	At 24 months and assessed at all well-care visits	Assessed yearly at well-care visits	Assessed yearly at well-care visits
STD Test (sexually transmitted disease)			Every year if sexually active
Pelvic Exam			Every year if sexually active
Initial Dental Visit (covered under Denti-Cal)	If showing tooth decay	Every Year	Every Year

Baby, Child and Teen Immunization Recommended Schedule

Vaccinations Shots	0 - 24 months 	3-10 years 	11-20 years 
Hepatitis B (HepB)	At Birth 1 st dose 1-2 months 2 nd dose 4 months 3 rd dose 6-18 months		Three doses if not given previously
Diphtheria, Tetanus, Pertussis (DTaP/Tdap)	1 st dose at 2 months 2 nd dose at 4 months 3 rd dose between 12-18 months	Again between 4-6 years	Booster between 11 and 12 years
Haemophilus Influenza type b (Hib)	1 st dose at 2 months 2 nd dose at 4 months 3 rd dose at 6 months <i>(Ask your doctor if 3rd dose is needed)</i>		
Pneumococcal Conjugate (PCV)	1 st dose at 2 months 2 nd dose at 4 months 3 rd dose at 6 months 4 th dose at 12-15 mos		
Rotavirus (RV)	1 st dose at 2 months 2 nd dose at 4 months 3 rd dose at 6 months <i>(Ask your doctor if 3rd dose is needed)</i>		
Measles, Mumps, Rubella (MMR)	1 st dose between 12 – 15 months	2 nd MMR at age 4- 6 years	2 nd MMR if not given previously
Varicella (VAR)	1 st dose between 12-15 months	2 nd dose given at age 4-6 years	
Hepatitis A (HepA)	Two doses given 6 months apart at age 12-23 months		
Human Papilloma Virus (HPV)			Females only: 3 doses. First dose usually given at age 11-12 years. Second dose 2 months after the first dose and third dose 6 months after the first dose. Minimum age 9 years for HPV.
Influenza	In the fall or winter for children ask your doctor	Ask your doctor	Ask your doctor

Source: Department of Health and Human Services . Center for Disease Control and Prevention 2011

Adult Health Screening Guidelines

Test	Ages 18-39	Ages 40- 64	Ages 65+
Health Exam This may include: height and weight, hearing and eye exam	For all GCHP Members: Schedule your first check-up within 120 days (4 months) of becoming a GCHP member		
For All Patients			
Tuberculosis Test (TB)	Initial entry into health plan for all Members. Repeat testing at regular intervals for people at risk.		
Blood Pressure	Every 1-2 years	Every 1-2 years	Every 1-2 years
Cholesterol	Men, starting at age 35.	Women, starting at age 45	As determined by your doctor
Stool Test	As determined by your doctor	Every year at age 50 and over	Every year
Patients with Diabetes	Every year: foot exam, urine and retinal exam, HgA1C, lipids	Every year: foot exam, urine and retinal exam, HgA1C, lipids	Every year: foot exam, urine and retinal exam, HgA1C, lipids
For Female Patients Only			
Breast Exam (To check for lumps)	Every 1-2 years	Every year	Every year
Mammography	Women with a family history of breast cancer should start at age 35.	Ages 40-50, every 1-2 years Ages 50-64, every year	Ages 65-70, every year
Pap Smears (At the start of sexual activity)	Every 1-3 years	Every 1-3 years	Every 1-3 years
Pelvic Exam	Every 1-3 years	Every 1-3 years	Every 1-3 years
Chlamydia Exam (For sexually active women)	Every year for ages 16- 26		
For Male Patients Only			
Prostate cancer screening		Prostate cancer screening	

Adult Immunization Guidelines

To keep yourself healthy, it is important to get regular health exams and the right screening tests and immunizations. Check with your doctor even if you are not sick or having problems.

Below is a list of immunizations that should be done for your age group. Some vaccinations are given only to people who are “high risk.” Chronic illness or other life circumstances make some people more likely to get the disease. Ask your doctor which shots you should have and when. Your doctor may want to do some shots more often, depending on your risk.

Vaccinations/ Shots	Ages 19-49	Ages 50-64	Ages 65+
Tetanus/Diphtheria (Td)	Every 10 years	Every 10 years	Every 10 years
Influenza	Every year if chronic disease or other risk	Every year for ages 50 and over, depending on vaccine supply	Every year for ages 65 and over
Pneumococcal	One time if high risk	One time if high risk	One time Those with high risk may need another.
Hepatitis B (Hep B)	Three doses if high risk	Three doses if high risk	Three doses if high risk
Hepatitis A (Hep A)	Two doses if high risk	Two doses if high risk	Two doses if high risk
Meningococcal	One dose if high risk	One dose if high risk	One dose if high risk
Measles	One dose if unsure whether vaccinated before. Two doses if high risk.		
Rubella	Women who have not received the vaccination and are NOT PREGNANT		
Varicella	Two doses if high risk and no prior vaccination or chickenpox infection. Not given if patient is pregnant, immunosuppressed, or HIV+.		
Herpes Zoster		Once per lifetime for those 60 years of age and older.	Once per lifetime for those 60 years of age and older.

Specialty Care and Authorizations

There are some doctors that only treat certain medical conditions. They are called specialists. Some examples are:

- Cardiologists (who treat diseases of the heart)
- Oncologists (who treat cancer) and
- Ophthalmologists (who treat diseases of the eye)

If you need care that your PCP cannot give you, he or she may want you to see a specialist. Tell your PCP all about your medical conditions and history. Your PCP will decide if you need to see a specialist.

Specialty Care Referrals

There may be times when your PCP thinks you need to see a specialist. When this happens, your PCP will refer you to a specialist in Ventura County. Your PCP will let the specialist know that he or she has approved the visit and what he or she wants you to be seen for. Your PCP's office may call to schedule the appointment with the specialist, or they may ask you to call. If there is no one in Ventura County who can see you, your PCP will ask us for approval to refer you to a specialist out of the area. Let your PCP know if there is a particular specialist you have been seeing.

If you are an Administrative Member of GCHP, you can see a specialist without a referral. The specialist you go to must be in Ventura County and accept Medi-Cal. Even though you won't need a referral, there are specialists that won't want to see a patient who hasn't already been seen by a primary care doctor. This is because the specialist wants to be sure that the patient really needs specialty care. If there are no specialists in Ventura County available to see you, call Member Services for assistance. You will need approval from GCHP to see a doctor out of the service area.

GCHP has a network of specialists. This means with prior authorization, your PCP can refer you to a Ventura County specialist who does not have a contract with us. The specialist has to be a Medi-Cal doctor. The specialist also has to be willing to see you as a GCHP Member.

If you have a chronic medical condition where you need to be seen by a specialist for a long period of time, your PCP may give you an extended referral. This type of referral can be good for up to one year. This means that you can see the specialist during that time, without needing a separate referral for each visit.

If you think you need to see a specialist but your PCP does not, please talk to your PCP about why you think you do. If your PCP still does not want to refer you, you can call Member Services.

If your PCP has referred you to a specialist but you do not agree with what the specialist recommends, you have the right to a second opinion from a second specialist. If you want a second opinion, you would ask your PCP to refer you to another specialist. If he or she says no, you may call Member Services.

When You Need Approval for Care

There are some services, medicines and medical equipment that have to be approved by GCHP before you get them. This process is called prior authorization. It means getting an approval in advance. To get approval, your provider and GCHP have to agree that the services you are going to get are medically necessary.

Prior Authorization

The provider that will be giving you the service, medicine or equipment will need to get approval from GCHP in advance. Your provider should know when prior authorization is required. Some services that require prior authorization are:

- Hospital stays that are not for an emergency
- Nursing home care
- Physical, occupational and speech therapy
- Certain tests like MRIs
- Some medicines (brand name drugs and medicines that are not on the list of drugs approved by GCHP)
- Services received outside of Ventura County, except for emergency or urgent care services

When we get the request, our medical staff reviews it. They review each case to make sure you get the most appropriate treatment that is covered for your specific medical condition.

GCHP approve most requests. There are times when we need to get more information from your provider before we can make a decision. We may ask your provider to try another treatment first. We will contact your provider to let him or her know if the request was approved or if we need more information. Please check with your provider to see if a request was approved or not. Prior authorization for requests usually has a limit for the number of visits, pills or refills that will be covered.

Once a prior authorization request expires or you get to the limit, you will have to see your provider again. If your provider thinks you still need the service or medicine, he or she will need to send us a new request.

Routine requests for authorization are generally approved within 5-14 days. Some cases may take longer if additional clinical information is needed from your doctor.

Prior Authorization Denials

Sometimes we deny a request. This means that we believe the service may not be medically necessary. If we deny a request, we will send a letter to you and one to your provider. The letter will tell you why we denied the request. The letter will also let you and your provider know how you can appeal our decision. An appeal means a way that you can let us know that you disagree with our decision.

Member Services

The Member Services Department

Member Services Representatives can:

- Help you understand how the health plan works
- Send you a new GCHP ID card if you lose yours
- Help you choose or change your PCP
- Help you get in to see a doctor
- Give you information about prenatal care

We speak English and Spanish. We also use a telephone language line to talk to Members who speak other languages.

Member Services hours: Monday-Friday 8 a.m. to 6 p.m.

888-301-1228 Main

888-310-7347 TTY

www.Goldcoasthealthplan.org

If you get a Bill

Always show your GCHP ID card when you get health care services. Tell them about any other health insurance you have. Tell the office about any changes in your insurance.

You should not be billed for health care services. Under Medi-Cal you will only be billed if:

- You get services that are not covered by Medi-Cal, like cosmetic surgery;
- You don't tell the provider that you have Medi-Cal;
- You go to a provider that doesn't take Medi-Cal, but you tell the provider you want to be seen there anyway and that you will pay for the services yourself;
- You have other insurance **and** Medi-Cal, and you don't follow the rules for how to get services under your other insurance;
- You see a specialist without getting a referral from your PCP;
- You get services that have not been authorized by GCHP;
- You have Medi-Cal with a Share of Cost.

If the provider asks you to pay at your visit, ask the office to call us. We will explain how they should bill us. **Do not pay a provider for services that are covered by GCHP. We will not pay you back if you pay a provider.**

If you get a bill for medical services, make sure you are eligible with us at the time of service. If you are, call the provider. Give them your GCHP ID number. Tell the office that you were covered by GCHP for that date of service. Ask the office to bill GCHP. If you keep getting bills, call Member Services. **Call us as soon as you get a bill.** You may send us a copy of the bill at Gold Coast Health Plan, Attention: Claims, P.O. BOX 9152, Oxnard CA, 93031.

Filing a Complaint or Grievance - We have a grievance process to help you with problems you may be having with your health care. You may have problems with a doctor or hospital. You may have problems getting the medical equipment you need. You may even have a problem with us.

As a GCHP Member, you have the right to file a complaint about things like:

- Having to wait a long time at the doctor's office or to get an appointment
- Being unhappy with the way you were treated
- Being charged or asked to pay for services
- Being unhappy with the type of care you received
- If you feel that GCHP has not respected your privacy.

Complaints and Appeals - GCHP has a complaint and appeal system to help you resolve problems with medical care and/or service. If you need help solving a problem, please call our Member Services Department at 888-301-1228 to file a complaint or an appeal.

You have the right to file a complaint or an appeal if you disagree with a decision by GCHP, one of its providers or if you are not happy with the service you received. You must file your complaint within one hundred eighty (180) calendar days following any incident or action in which you were dissatisfied. If you decide to file a complaint or an appeal, you may do so by telephone, in writing or in person at our office at the following address or phone number.

**Gold Coast Health Plan
Member Services
2220 E. Gonzales, Suite 200
Oxnard, CA 93036
888-301-1228**

You Can Also File a Complaint or Appeal at Your Provider's Office - A decision issued by GCHP is made in a "Notice of Action", which is a formal letter telling you that a medical service has been denied, deferred, or modified. If you receive a Notice of Action from GCHP, you have two options for filing a grievance:

- You must file your appeal within ninety (90) calendar days from the date on the Notice of Action.
- You may also request a State Hearing from the Department of Social Services (DSS) within ninety (90) calendar days. For more information about State Fair Hearings refer to the section below titled State Fair Hearings.

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

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

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

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

GCHP does not handle issues about your Medi-Cal eligibility. For eligibility issues contact your county eligibility worker.

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

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

State Fair Hearing Contact Information

There are three ways to request a State Fair Hearing:

1. By calling: **1-800-952-5253** or **TTY 1-800-952-8349**
2. By writing to: **California Department of Social Services
State Hearing Division
PO BOX 944243
Mail Station 19-37
Sacramento, CA 94244-2430**
3. By fax: **1-916-229-4110**

You may write your own request for a State Hearing and send it to California Department of Social Services.

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

You request a State Hearing on or before the tenth (10th) day after a written decision is sent to you so that services you have been receiving on an ongoing basis will not be reduced, suspended, or terminated **OR** before the date of the proposed action, whichever is later, and the treating GCHP physician has ordered the services at the present level. GCHP will continue to provide services at a level equal to that ordered by the physician until a final decision is made by the administrative law judge.

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

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

You can also file a complaint if you feel your privacy has not been kept. Privacy complaints are through the Federal Office of Civil Rights. You can file at any time. You do not have to file a complaint with GCHP first. Send your privacy complaint to:

U.S. Health and Human Services Dept.:
Secretary of HHS – Kathleen Sebelius
Georgina Verdugo, Director
Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
www.hhs.gov

The Consumer Advisory Committee - GCHP works with Consumer Advisory Committee to make your health plan better. You can tell us how things are working.

We welcome you to be part of these groups. If you would like to come to an Advisory Committee meeting, call Member Services. If you would like to be an Advisory Committee member, call Member Services.

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

What is Covered - Benefits and Services

In order for you to get any health care through GCHP, the service must be both:

- A covered benefit in Medi-Cal
- Medically necessary

A “covered benefit” means that you can get this service through Medi-Cal and GCHP. “Medically necessary” means you need the service so that you can get healthy and stay healthy.

Services are subject to all terms and conditions, limits, and exclusions. These are talked about in the “Non-Covered Services: What does Medi-Cal not cover?”

These benefits are covered:

Annual Exams and Gynecological Care

Women may get these exams from any gynecologic and/or obstetric (OB/GYN) provider in Ventura County that takes Medi-Cal. You do not need a referral from your PCP. Yearly exams include breast exams and pap smears. No referrals are needed for birth control or family planning services.

Women and sexually active teen girls should get a check-up from their PCP or an OB/GYN once a year. Men and boys should get their yearly check-up from their PCP. Set up these exams near your birthday so you remember every year. These check-ups help you stay healthy. For information, call Health Education services at 1-888-301-1228 or 1-888-310-7347 TTY for the hearing impaired.

Asthma Care

You can get asthma at any age. Asthma makes it hard to breathe. Most people can manage their asthma and stay healthy. Work with your doctor to create an Asthma Action Plan.

A few things to ask your doctor:

- What asthma is and how to control it
- How to avoid the things that cause asthma attacks
- How to use medicine properly

Birth Control

If you do not want to get pregnant, it’s important to use birth control. See your PCP or any provider who accepts Medi-Cal. You do not need a referral. You will need a prescription for birth control supplies. The following birth control items are covered:

Birth control pills	Female condom
Spermicides	Intra-uterine device (IUD)
Diaphragm or cervical cap	Condoms
Sterilization	Depo-Provera shot
	Morning after pill

To find a family planning provider, call Member Services 1-888-301-1228 or 1-888-310-7347 TTY. The State can also help if you call 1-888-452-8609.

Breastfeeding - Supplies and Classes

Nursing is good for mom and baby! Breast milk keeps your baby healthy. It's also cheaper than buying formula. We cover education that can show you how to nurse in comfort. We will pay for breast pumps and supplies when they are medically necessary. Call 1-888-301-1228 or 1-888-310-7347 TTY for the hearing impaired to learn more.

Cancer Screening

All generally medically accepted cancer screening tests, including coverage for:

- screening and diagnosis of prostate cancer.
- Mammography for breast cancer screening.
- Cervical cancer screening test including:
 - Human Papilloma Virus (HPV) screening
 - HPV vaccinations including, but not limited to “Gardasil” for girls and young women ages 9 through 26

Checkups and Shots for Children and Teens

Children and teens need regular check-ups to:

Measure their growth
Get to know their doctor
Find health problems early

Get their immunizations
Register for school, sports or camp
Learn how to stay healthy

Child Health and Disability Prevention (CHDP) Program doctors provide well child check-ups and immunizations. If your child's doctor is not a CHDP doctor, he or she will refer your child to one who is. CHDP can help you get an appointment or set up a ride.

CHDP in Ventura County
2240 East Gonzales Road, Suite 270
Oxnard, CA 93036
Telephone: 805-981-5291
Fax: 805-981-5290

Diabetes Care

Diabetes can be a serious disease. If you do not take care of yourself, it can affect all parts of your body. Anyone can learn how to live a healthy life even with diabetes! When you have diabetes, you should have regular check-ups with your PCP. Your doctor will do an exam and check your feet and blood pressure. Your PCP will also order lab tests. You should also have a diabetic eye exam every year with an eye doctor. We pay for your diabetes medicine and supplies.

Ask your provider for materials for diabetes. You may learn about:

Taking your medicines
Planning your meals
Testing your blood sugar

Keeping a blood sugar log
Being active and exercising
How to lower stress

Children under 21 are covered for diabetes under the California Children's Services (CCS) Program and would get these services through them.

Dialysis

Dialysis is covered as an outpatient service. Prior authorization is required.

Diagnostic and Radiology Services

You are covered for diagnostic and therapeutic radiological services that are necessary to appropriately evaluate, diagnose and treat your medical condition. These include x-rays, MRI and CT scans. You will need a prescription from your doctor for these services. Some services require prior authorization by GCHP.

Disability Services

If you have a disability, ask your provider, they can help answer your questions:

- If you have questions about the equipment that your doctor wants for you.
- If your equipment needs to be fixed.
- If you are having trouble getting services or equipment.

Doctor Visits

You are covered for visits with your doctor. We pay for doctor visits when you are sick. We also pay for preventive health visits, well child care and immunizations. Sometimes a physician assistant may provide your care. You may also be seen by a nurse practitioner in your doctor's office.

If you need night or weekend care, call your doctor's office first. Even if it is closed, there will be another doctor on call or a message on the office answering machine telling you what to do. Call the number on your GCHP ID card.

Durable Medical Equipment (DME)

Medical equipment for use in the home such as wheelchair and walkers. If you need durable medical equipment, your doctor will prescribe it. Some types of equipment require prior authorization from GCHP. For some types of equipment, like wheelchairs, you will need to be evaluated or fitted by someone who is trained in physical medicine. The evaluation is to see if you need equipment and if so, what kind.

Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services are extra Medi-Cal services. This program helps find and care for health problems in children from birth to 21 years of age. These services are for those who have full scope Medi-Cal.

EPSDT provides more medical help and services. Ask your doctor or clinic about EPSDT services. You may get these services if your health provider thinks that you need them.

Emergency Care

An emergency medical condition is one that you feel could lead to disability or death if you don't get immediate treatment. You are covered for emergency care 24 hours a day, seven days a week. You are covered for emergency care inside and outside Ventura County.

An emergency is:

- When you think that you will die without fast help
- When you are in great pain
- When you think a body part may have serious damage
- When you think you have major problems with a body function

You can get 24-hour emergency care at any emergency room, without prior authorization. If you have a life threatening emergency, go to the nearest hospital. If you can't drive, call 911. Show your Medi-Cal BIC card and your GCHP ID card.

If the hospital doesn't get a copy of your cards, you will get a bill from the hospital and one from the doctors. If you get billed, mail a copy of both cards to the addresses on the bills. Make a copy of the front and back. If you still get bills after telling the hospital and doctor that you have insurance through GCHP, please call Member Services.

You will need to follow-up with your PCP after an emergency. Your doctor needs to know that you were hurt or very sick. Your PCP will do the follow-up care for the emergency visit, if any is needed. You are not covered for follow-up care in the emergency room.

Emergency Medical Transportation (Ambulance)

We pay for ambulance trips if needed. If you aren't sure that you need an ambulance, call your doctor for help. Call 911 in a real emergency.

Eye Exams and Glasses

You can get your eyes checked every two years by a GCHP vision provider. You can get glasses every two years if you need them. You must go to one of the eye care providers in our Provider Directory.

Family Planning Services

Family planning services include:

- Office visits
- Abortion
- Tubal ligation
- Vasectomy
- Birth control, including emergency contraception
- Pregnancy testing and counseling
- Sexually transmitted disease testing and treatment

Planning ahead for pregnancy helps you make sure you are ready. It helps you get good care during your pregnancy from the start. You can plan when to have children. You can also plan to not have children at all.

Your PCP does not have to refer you. You can see your PCP or you can see any doctor or clinic that accepts Medi-Cal. You can also contact the Department of Health care Services, Office of Family Planning at 1-800-942-1054 for more information about family planning services.

All services are provided in confidence. If you are under the age 18, you don't need the consent of your parent or guardian to get family planning services.

Follow-Up Care

If you went to the hospital for an emergency, call your PCP as soon as you can. Your PCP will help you get more lab work, x-rays or treatments. If you saw a doctor in the hospital that is not your doctor, your PCP will have to refer you for that follow up visit.

Health Education Program

Gold Coast Health Plan's (GCHPs) Health Education Program is committed to helping you stay well. We work with local clinics, providers, and hospitals to provide quality health education resources and information to Members. No prior authorization is necessary for Members to attend and participate in health education and health promotion activities. GCHP Members receive health education handouts at no cost to you!

Members may access health promotion and disease prevention program handouts on our website. Health education handouts contain information on different health topics.

Members will get a Health Education Newsletter four times a year. The newsletter will offer many tools and tips to help keep you and your family healthy.

Working together with your doctor is the key to quality health care. Your doctor may ask you to make changes in your life. You might need to quit smoking. Your doctor might suggest a healthier diet and exercise. You may need to lower stress.

To learn more about staying healthy and making healthy choices, you may want to ask your doctor about health education programs that meet your health care needs or you can also contact GCHP Health Education Services at 888-301-1228.

Home Health

These services are provided in the home by health care personnel for all the following:

- short term physical, occupational and speech therapy
- Respiratory therapy when prescribed by a licensed practitioner acting within the scope of his or her licensure

Home health services ordered by your doctor are provided by home health personnel such as:

- Registered Nurses (RNs)
- Licensed Vocational Nurses (LVNs)
- Home Health Aides
- Medical Social Services

Hospice Services

Hospice services are covered for Members who are diagnosed with a terminal illness and who choose or elect hospice care. Hospice services include:

- Nursing care
- Medical social services
- Home health services
- Physician services, drugs, medical supplies and appliances
- Counseling and bereavement services
- Pain control and symptom management

Members who choose hospice care are not entitled to any other benefits for the terminal illness while the hospice election is in effect.

Hospital Services

The room, all the supplies and the doctors' care in the hospital are covered. Your doctor will send you to the hospital that he or she uses. If it is an emergency, you will go to the nearest hospital. If you

need special medical care, you may have to go to a larger hospital with more services. It may be in another city.

Lab Services

Your doctor will send you to a contracted lab. We contract with certain labs to serve our Members. They are listed in our Provider Directory. If you need lab work, you must go to a contracted lab unless you are outside of Ventura County. If you get a lab bill by mistake, please call Member Services right away.

Medications

We pay for medications that are listed in our “formulary.” A formulary is a list of the drugs and medications that we will pay for. Every GCHP doctor has access to this list.

If you want us to pay for these medicines you will need a prescription. Even if the medicine can be bought without a prescription, you will need a prescription from your doctor so that the pharmacy can bill us. Your PCP or the doctor your PCP has referred you to can write the prescription.

If you take some medicines on a regular basis, you will get a one month supply. Call your doctor before you run out if you need a refill.

You can find a list of the pharmacies you can go to in the Provider Directory.

State Medi-Cal pays for some drugs instead of GCHP. These include drugs to treat HIV/AIDS and some mental health drugs.

If your medications are not on our formulary, or if your doctor prescribes a brand name drug instead of a generic, your doctor will need to get prior authorization. We may find that another medicine may work just as well. Then we may talk to your doctor about changing your prescription.

Talk to your doctor if you are taking lots of medicines. Tell your doctor about vitamins or over-the-counter drugs you are taking. If you feel worse after taking any medicine, call your doctor right away. Talk to the pharmacist about side-effects.

If you have other health insurance that covers medication, it will be billed first. You do not have to make any co-payments if you have them under your other insurance, unless you have Medicare as your other insurance. If you have Medicare and Medi-Cal, most of your medications will be covered by Medicare, not by GCHP. You will be responsible for paying the co-payments for your medications under your Medicare drug plan.

If you want a copy of our formulary, call Member Services. Some of the pharmacies in our network have locations in other parts of California. If you are going out of Ventura County, call Member Services to see if there is a contracted pharmacy nearby.

Medical Transportation

Emergency (Ambulance)

We pay for ambulance trips if medically needed. If you aren't sure that you need an ambulance, call your doctor for help. Call 911 in a real emergency.

Non-Emergency Medical

This service is only for Members who cannot use regular vehicles because of health reasons. Transportation is only to and from the health care provider closest to your home. We use several agencies in Ventura County that provide non-emergency rides.

If you think you qualify, call GCHP at **888-301-1228 or 888-310-7347 TTY for the hearing impaired**. We will need to confirm that you qualify under Medi-Cal guidelines.

New Patient Exam

See your PCP within the next 120 days (4 months) for a new patient exam. See your doctor before you get sick. Your doctor will help you understand your medical needs. Learn how to stay healthy. Be part of your health care team. Help your doctor help you. Call your PCP today!

Night and Weekend Care

After-Hours Urgent Care

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

If your Primary Care Provider (PCP) does not have an after-hours urgent care facility, call your doctor for assistance and instructions. Interpretive services are available at no cost to the Member at Urgent Care Facilities.

Nursing Home Care/Long Term Care

A nursing home provides different levels of care. It may be either intermediate or skilled nursing. When you are in a nursing home, we will pay for:

- Doctor's care;
- Medicines;
- Incontinence supplies; and
- Physical, occupational and speech therapies (these services require a separate authorization from GCHP).

If you are in a long-term care facility for more than 30 days, you will become a GCHP Administrative Member. You will not be linked to a PCP. If you leave the nursing home and go back home, you will be assigned to a PCP again. **Call Member Services if you are discharged and we will help you with choosing a PCP again.**

Occupational Therapy

Occupational therapy is therapy to help someone relearn the skills they need to perform everyday tasks (like eating and dressing) after an illness or injury. If you or your doctor feels you need occupational therapy, you will get an evaluation by an occupational therapist. If the therapist feels that therapy is medically necessary, he or she will send a Prior Authorization to GCHP. We will normally approve a limited number of visits and then ask for an evaluation of how it is going before approving any more. Children who are in school may get these services covered through their school district.

Organ Transplants

Your benefits include coverage for medically necessary organ transplants that are not experimental or investigational. Prior authorization is required.

Out of Area Care

Medical Coverage Outside of Your County

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

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

Emergency Medical Care (in or out of your County)

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

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

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

If you need to go to the emergency room, take all of your health insurance cards, including your GCHP identification card and other insurance card and your Medi-Cal BIC card. You should always contact your Primary Care Provider for follow-up care.

If you are not sure you have an emergency condition, call your provider or GCHP.

DO NOT USE THE EMERGENCY ROOM FOR ROUTINE MEDICAL CARE

Medical Coverage Outside of the United States

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

Physical Therapy

Physical therapy uses exercise to improve and maintain a patient's ability to function after an illness or injury.

Podiatry

Specialty care focusing on the diagnosis and treatment of disorders and injury of the feet including bunions, heel spurs and hammertoes. Most services require a referral from your PCP. This means that the podiatrist will need to send a Prior Authorization request to GCHP before providing the service.

Pregnancy and Postpartum Care

Before the Baby

If you are pregnant or think you are pregnant, it's important to go to your doctor as soon as possible. When you are pregnant, you should get "prenatal care". This way, both you and your baby can be as healthy as possible. You may go to any provider in Ventura County that accepts Medi-Cal and GCHP. You do not need a referral from your PCP to see an obstetrician.

While you are pregnant, you will probably see your doctor about 12 times. You will get a check-up about once a month. GCHP and your provider want you to have a healthy pregnancy.

Ask your doctor to refer you to these free programs:

- The Comprehensive Prenatal Services Program (CPSP) has classes on
- How to have a healthy pregnancy
- How to eat right during pregnancy
- How to breastfeed

After the Baby Is Born

You will also need to see your doctor after you deliver. This "postpartum" visit takes place when your baby is between 3-7 weeks old. Make this appointment a few days after you give birth.

Remember to tell your Medi-Cal worker when your baby is born. You will have to apply for Medi-Cal for your baby. Your baby will be covered under your Medi-Cal for up to 90 days only. Call Member Services to pick a doctor for your baby.

Preventive Health Care

You don't have to wait until you get sick to see your doctor. You don't have to go to the emergency room to get care. We cover services that help you stay well. These are called preventive health care services. You can see your doctor for check-ups to keep you healthy. Preventive care includes:

- Regular check-ups (for everyone)
- Pap smears (for women)
- Prostate exams (for men)
- Mammograms (for women)
- Well baby and child care
- Immunizations
- Prenatal care (for pregnant women)

Look at the charts on pages 27-30. They list the preventive check-ups that you should have. They also show how often you should have these visits. There is a chart for when to have shots to keep you from getting sick. There is a chart for children and teens and another one for adults. The schedule is different for men and women. If you have questions about preventive health care, check with your doctor. Call GCHP at **888-301-1228** or **888-310-7347 TTY** for the hearing impaired can also help. GCHP speak English and Spanish.

Native American Indian Health Care Services

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

Sensitive Services

You are covered for what are called sensitive services. Your PCP may provide you with these services. You may also choose another Medi-Cal provider. You don't need a referral from your PCP. Sensitive services include:

- Pregnancy testing and counseling
- Birth control
- AIDS/HIV testing
- Sexual assault treatment services
- Sexually transmitted disease testing and treatment
- Pregnancy ending counseling and services

If you are between the ages of twelve and eighteen, you do not need the consent of your parent or guardian to receive these services. All of these services are confidential.

Minor Consent Services

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

- Sexual assault, including rape;
- Pregnancy and abortion services;
- Family planning;
- Sexually transmitted diseases in children 12 years of age or older; and

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

Specialty Care

If you need to see a specialist, your PCP will refer you to one in our service area. A referral can be for any health service that your PCP does not provide. It could be to see another doctor. It could also be for lab work or x-rays. If there is no specialist available in Ventura County to see you, your PCP will ask us for approval to send you to a specialist out of the area.

If you and your PCP do not agree about a referral, we will try to resolve this difference. You can ask for a review from our GCHP Medical Director. You can also get a second opinion from another doctor.

Speech Therapy

Therapy to help someone who is having difficulty speaking due to a physical impairment, illness or injury. If you or your doctor feels you need speech therapy, you will get an evaluation by a speech therapist. If the therapist feels that therapy is medically necessary, he or she will send a Prior Authorization request to GCHP. We will normally approve a limited number of visits and then ask for an evaluation to see how it is going, before approving more visits. Children who are in school may qualify for these services through their school district.

Transportation - Non-Emergency Medical

This service is only for members who cannot use regular vehicles because of health reasons. Transportation is only to and from the health care provider closest to your home. We use several agencies in Ventura county that provide non-emergency rides.

If you think you qualify, call GCHP at **888-301-1228** or **888-310-7347 TTY for the hearing impaired**. We will need to confirm that you qualify under Medi-Cal guidelines.

Organ Donation

Organ and tissue donation allows recipients of transplants to go on to lead fuller and more meaningful lives. Currently, the need for organ transplants far exceeds availability. If you are interested in organ donations, please speak with your provider. Organ donation begins at the hospital when a patient is pronounced brain dead and identified as a potential organ donor. An organ procurement organization will become involved to coordinate the process. The Department of Health and Human Services' Internet website (<http://www.organdonor.gov>) has additional information on donating your organs and tissues. You can also call 1-800-355-7427 to get a donor card and to obtain more information about organ donation.

Urgent Care

There is a difference between urgent care and emergency care. Urgent care is necessary when you need immediate attention, but your condition is not life threatening. It could be an earache, a cut or a broken bone.

If you need urgent care, call your PCP right away. You can call 24 hours a day, 7 days a week. If your PCP cannot see you right away, he or she may refer you to another doctor or to the emergency room.

More benefits - What other services can I get?

Medi-Cal Services That Are Not Offered Through Gold Coast Health Plan

Medi-Cal Members may be entitled to other health care benefits and services that are not provided by GCHP.

There are some Medi-Cal benefits that you will not get from GCHP. Medi-Cal will pay for these services. You just won't go through GCHP to get them. If you need these services, go to a Medi-Cal provider. Show the office your Medi-Cal BIC card.

California Children's Services (CCS) Program

If your child has a chronic or life threatening illness, he or she may be eligible for the California Children's Services (CCS) program. CCS is a state program that covers children from birth to 21 years of age. CCS only pays for the chronic illness. GCHP will still pay for the medical care that is not related to your child's CCS condition. If your child receives CCS, he or she will need to see a CCS doctor or facility for treatment of that condition.

Our Health Services Department helps with CCS members. Call 1-888-301-1228 or 1-888-310-7347 TTY for the hearing impaired if:

- your child has CCS when he/she becomes eligible for Medi-Cal;
- your child becomes eligible for CCS after becoming a GCHP;
- you have questions about CCS;
- or if you want to learn how it works with GCHP.

Women, Infants and Children Program (WIC)

If you are pregnant or have a child under 5 years old, your doctor can refer you to the Women, Infants and Children (WIC) program. WIC has a Special Supplemental Food Program. You can get free food and nutrition education from WIC. Eating right keeps you healthy. Good foods make you stronger.

WIC in Ventura County
400 S. B Street
Oxnard, CA 93030
800 - 781- 4449

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

The services listed in this section may be limited or are not covered by Gold Coast Health Plan, but are covered by Medi-Cal. You can obtain these services through what is called the Medi-Cal "Fee-For-Service" system.

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

- Adult day health care
- Alcohol and drug treatment services (outpatient)
- Alpha-Fetoprotein Testing
- Blood Collection/ handling related to other specified antenatal screening
- Childhood lead poisoning (through the Ventura County Department of Health Services)
- Dental Services
- Direct observed therapy for the treatment of tuberculosis (through the Ventura County Department of Health Services)
- Erectile Dysfunction (ED) and Other ED Drugs
- Federal Hospital or State Hospital Services
- Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Home and Community Based Services Waiver Program
- Local Education Agency Services (LEA)
- Mental Health Services
- Some HIV/AIDS Drugs Some Psychotherapeutic Drugs

Non-Covered Medical Services

The following is a list of services not covered by GCHP or by the regular (“fee-for-service”) Medi-Cal Program:

All services excluded from Medi-Cal under state and/or federal law

- Acupuncture
- Chiropractic
- Circumcision (routine), unless medically necessary
- Cosmetic surgery (surgery performed to alter or reshape normal structures of the body in order to improve your appearance)
- Custodial care. Some custodial care may be covered under regular (fee-for-service) Medi-Cal. For more information about custodial care covered under regular Medi-Cal, call Department of Public Social Services.
- Experimental and investigational services
- Hearing Aid Evaluation
- Immunizations (shots) for sports, work or travel
- Incontinence creams and wash products
- Infertility
- Dispensing Optician services, including services provided by a fabricating optical laboratory
- Personal comfort items such as a phone, television or guest tray when in the hospital
- Podiatry services are excluded from reimbursement for adults who are not pregnant and not a resident of a nursing care facility. (However, foot care rendered by a physician such as an orthopedic doctor will remain reimbursable).

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed. This notice also describes how you can get access to this information. Please review it carefully.

Why am I receiving this Notice?

GCHP is required by law to maintain the privacy of your health information. We are required to inform you of our legal duties and privacy practices. This notice describes our privacy practices and your rights relating to your health information. This notice does not restrict uses or disclosures of health information that are otherwise allowed by law. We are required to follow the terms of this Notice of Privacy Practices. We also have the right to change the terms of this notice. If we make any changes to this Notice, we will mail it to you at your address in our records.

How does GCHP use and disclose my health information?

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

Treatment - GCHP uses your health information to coordinate your health care. We may disclose it to hospitals, clinics, physicians and other health care providers to allow them to provide health care services to you. For example, GCHP maintains your health information in electronic form, and may allow health care providers to have access to it to provide treatment to you.

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

Health care operations - GCHP uses and discloses your health information as necessary to operate our health plan. For example, we use our Member's claims information for our internal financial reports, and for quality purposes. We also disclose health information to our contractors and agents who assist us in these functions. We require a confidentiality agreement from them before we make these disclosures. For example, companies that provide or maintain our computer services may have access to health information in the course of providing services to us.

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

Others involved in your care - We may release medical information to a person responsible for paying for your care. With your verbal or written consent, we may release information to a friend, representative or family member who is involved in your care. This includes responding to telephone calls about your eligibility, claim status, and coordination of your care.

Employee Health Benefit Plans and their Sponsors Employers , sponsor employee insurance plans that provide health services to their members. These plans may contract with us to provide services to you and pay claims. We may disclose your health information to the plan. We may also notify the plan sponsor if you are enrolled in or disenrolled from the plan. We may also disclose your health information to the plan sponsor as necessary to manage the plan, if the sponsor agrees in writing to keep your health information confidential and secure, and not to use it for employment-related purposes.

Notice of Privacy Practices cont'd

Other Disclosures - We may disclose health information without your written permission (authorization) to government agencies and others where we are allowed by law to do so. Here are the general kinds of disclosures we may make without your written permission:

- *Disclosures that are required by state or federal law*
- *Disclosures to public health authorities or for public health activities*
- *To government agencies in cases of abuse or neglect of children or dependent adults, or domestic violence*
- *To agencies that oversee the health care system, for audits, or investigations*
- *For judicial proceedings, such as lawsuits*
- *To law enforcement agencies*
- *To coroners and medical examiners*
- *To organ procurement agencies, if you are an organ donor or a possible donor*
- *To researchers conducting research, with the approval of an Institutional Review Board or privacy board*
- *To avert a serious threat to health or safety*
- *If you are a member of the armed forces or a veteran, we may release health information to a military authority to help determine your eligibility for veterans' benefits*
- *For national security activities*
- *If you are an inmate or under the custody of a law enforcement official, we may release health information about you to them.*
- *To other agencies conducting government health benefit programs*
- *To comply with workers' compensation laws.*

Limitations - In some circumstances, your health information may be subject to restrictions that may limit some uses or disclosures described above. For example, government health benefit programs may limit the disclosure of Members' health information for purposes unrelated to the program. There are special restrictions on disclosing information relating to HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. We comply with these restrictions in our use of your health information. Except as described above, we will not permit other uses and disclosures of your health information without your written permission, which you may revoke at any time.

As a GCHP Member you have the following rights:

- *You have the right to ask us to restrict certain uses and disclosures of your health information. However, we are not required to agree to your request.*
- *You have the right to ask us to contact you at an alternate telephone number, post office box or other address. We will accept reasonable requests when necessary to protect your safety.*
- *You have the right to see and copy certain records that GCHP maintains on you. These include your enrollment, payment, claims history, case or medical management records, and any other records that are used to make decisions about you. GCHP may deny your request. If your request is denied, we will tell you the reason why in writing. You have the right to appeal the denial.*
- *If you feel that certain medical or claims information about you is wrong in our records, you have the right to ask us to amend the records. We may deny your request in certain circumstances. If your request is denied, you have the right to submit a statement to include in the record.*
- *You have the right to receive a report of non-routine disclosures that we have made of your health information, up to six years before the date of your request (but not earlier than April 14, 2003). There are some exceptions: For example, we do not maintain records of disclosures made with your permission; disclosures made for providing health services, paying for health services, or conducting health plan functions of GCHP; and certain other disclosures.*
- *If you received this notice electronically, you have the right to request a paper copy from us at any time.*

Notice of Privacy Practices cont'd

This Notice describes your privacy rights in general. These rights may be limited by law.

How do I exercise these rights?

You can exercise any of your rights by sending a written request to our Privacy Official at the address below. For quicker processing of your request, please use our request form, which you can find on our Internet site at www.Goldcoasthealthplan.org, or, you may ask by calling us at the telephone number below.

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

As a GCHP Member, you have the right to file a complaint using the Grievance and Appeals process. We will need information from you in writing to support your complaint. You may also file a complaint with the Secretary of Health and Human Services. GCHP will not retaliate against you in any way for filing a complaint. Filing a complaint will not affect the quality of health care services you receive as a GCHP member.

*Contact Gold Coast Health Plan
PO BOX 9152
Oxnard, CA 93031
888.301.1228- Main Call Center
888.310.7347 TTY*

*Contact Department of Health Services:
Privacy Officer - Bertha Ward
c/o LEGAL SERVICES OFFICE
1501 Capitol Ave., Suite 6017, MS: 0011
Sacramento 95814
P.O. Box 997413
Sacramento, CA 95899-7413
916.440.7700*

*Contact U.S. Health & Human Services
Kathleen Sebelius, Secretary
Georgina Verdugo, Director
Office for Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
www.hhs.gov*

*Region IX - San Francisco
Michael Kruley, Regional Manager
Office for Civil Rights
90 7th Street, Suite 4-100
San Francisco, CA 94103
415.437.8310 Main Call Center
415.437.8329 Fax
415.437.8311*



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