



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

**What you need to know about your benefits**

**Gold Coast Health Plan (GCHP) Combined Evidence of Coverage (EOC) and Disclosure Form**



**2018  
MEMBER  
HANDBOOK**

# Other languages and formats

## Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call GCHP's Member Services Department at 1-888-301-1228 Monday through Friday from 8 a.m. – 5 p.m. (excluding holidays). If you use a TTY, call 1-888-310-7347. The call is toll free.

## Other formats

You can get this information for free in other auxiliary formats, such as braille, large print (18-point font) and audio. Call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. The call is toll free.

## Interpreter services

You do not have to use a family member or friend as an interpreter. For free interpreter, linguistic and cultural services and help (available 24 hours a day, seven days a week), or to get this handbook in a different language, call 1-888-301-1228. If you use a TTY, call 1-888-310-7347. The call is toll free.

### العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-301-1228 (رقم هاتف الصم والبكم: 1-888-310-7347).

### Հայերեն (Armenian)

Ուշադրություն: Եթե խոսում եք հայերեն, ասա ձեզ անվճար կարող եմ տրամադրվել լեզվակց անաչափ անվճար ծառայություններ: Չանգահարեք 1-888-301-1228 (TTY (հեռաձայն)՝ 1-888-310-7347)։

### 繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-301-1228 (TTY: 1-888-310-7347)。

### ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-301-1228 (TTY: 1-888-310-7347) 'ਤੇ ਕਾਲ ਕਰੋ।

## **हदी (Hindi)**

ध्यान दें: यदि आप हदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-888-301-1228 (TTY: 1-888-310-7347) पर कॉल करें।

## **Hmoob (Hmong)**

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-888-301-1228 (TTY: 1-888-310-7347).

## **日本語 (Japanese)**

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-301-1228 (TTY: 1-888-310-7347) まで、お電話にてご連絡ください。

## **한국어 (Korean)**

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-301-1228 (TTY: 1-888-310-7347) 번으로 전화해 주십시오.

## **ໂປດຊາບ (Lao)**

ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-301-1228/TTY 1-888-310-7347.

## **ខ្មែរ (Cambodian)**

ប្រយ័ត្ន៖ បរិស្ថានជាអ្នកនិយាយ ភាសាខ្មែរ, បសវាជំនួយខ្ពស់ភាសា បោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បរិស្ថាន។ ចូរ ទូរស័ព្ទ 1-888-301-1228 (TTY: 1-888-310-7347)។

**فارسی (Farsi)**

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (1-888-310-7347) (TTY: 1-888-310-7347) تماس بگیرید.

**Русский (Russian)**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-301-1228 (телетайп: 1-888-310-7347).

**Español (Spanish)**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-301-1228 (TTY: 1-888-310-7347).

**Tagalog (Tagalog – Filipino)**

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-301-1228 (TTY: 1-888-310-7347).

**ภาษาไทย (Thai)**

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-888-301-1228 (TTY: 1-888-310-7347).

**Tiếng Việt (Vietnamese)**

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-301-1228 (TTY: 1-888-310-7347).

# Notice of non-discrimination

Discrimination is against the law. Gold Coast Health Plan (GCHP) complies with applicable federal and state civil rights laws and does not discriminate (exclude or treat people differently) on the basis of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56. GCHP will provide all covered services in a culturally- and linguistically-appropriate manner.

GCHP:

- Provides free aids and services to people with disabilities to communicate effectively with the Plan, such as:
  - » Qualified sign language interpreters.
  - » Written information in several formats (braille, large print, audio, accessible electronic formats, and other formats).
- Provides free language services to people whose primary language is not English, such as:
  - » Qualified interpreters.
  - » Information written in other languages.

If you need these services, contact the Plan's Member Services Department at 1-888-301-1228. If you use a TTY, call 1-888-310-7347.

If you believe that GCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, gender identity, health status, physical or mental disability, or identification with any other persons or groups defined in Penal Code 422.56, you can file a grievance with:

## **Gold Coast Health Plan**

Attn: Grievance and Appeals

P. O. Box 9176

Oxnard, CA 93031

1-888-301-1228

If you use a TTY, call 1-888-310-7347.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, GCHP's Grievance and Appeals Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov>, or by mail or phone at:

## **U.S. Department of Health and Human Services**

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019 / TTY: 1-800-537-7697

Complaint forms are available at <https://www.hhs.gov/ocr/filing-with-ocr>.

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# Welcome to Gold Coast Health Plan!

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Welcome to Gold Coast Health Plan (GCHP). Gold Coast Health Plan is the health plan for people who have Medi-Cal in Ventura County. GCHP works with the state to help you get the health care you need.

## **Member Handbook**

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

This Member Handbook is also called the Combined Evidence of Coverage (EOC) and Disclosure Form. It is a summary of rules and policies and is based on the contract between managed care plans like GCHP and the state Department of Health Care Services (DHCS). If you would like to learn exact terms and conditions of coverage, you may request a copy of the complete contract from GCHP's Member Services Department.

Call Member Services at 1-888-301-1228, or if you use a TTY, call 1-888-310-7347 to ask for a copy of the contract between GCHP and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the GCHP website at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org) to view the Member Handbook. You may also request, at no cost, a copy of the GCHP non-proprietary clinical and administrative policies and procedures.

## **Contact us**

GCHP is here to help. If you have questions, call 1-888-301-1228 Monday through Friday from 8 a.m. – 5 p.m. (excluding holidays). If you use a TTY, call 1-888-310-7347. The call is toll free. You can also visit online at any time at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

Thank you,  
Gold Coast Health Plan  
711 E. Daily Drive, Suite 106, Camarillo, CA 93010

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# 1. Getting started as a member

## How to get help

GCHP wants you to be happy with your health care. If you have any questions or concerns about your care, GCHP wants to hear from you.

## Member services

GCHP's Member Services Department is here to help you. Member Services can:

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

If you need help, call Member Services at 1-888-301-1228 Monday through Friday from 8 a.m. - 5 p.m. (except holidays). If you use a TTY, call 1-888-310-7347. The call is toll free.

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

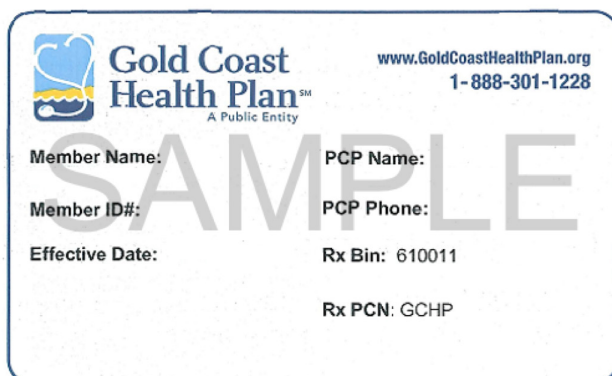
## Who can become a member

You qualify for GCHP because you qualify for Medi-Cal and live in Ventura County. You may also qualify for Medi-Cal through Social Security.

You can ask questions about qualifying for Medi-Cal at your local county Human Services Agency (HSA) office. Find your local office at [www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/CountyOffices.aspx). The Ventura County Human Services Agency (HSA) can be reached at 1-888-472-4463; if you use a TTY, call 1-800-735-2922. If you receive Supplemental Security Income (SSI), call the Social Security Administration (SSA) at 1-800-772-1213; if you use a TTY, call 1-800-325-0778.

## Identification (ID) cards

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



This card does not prove eligibility nor guarantee coverage. Emergency services provided to plan members will be reimbursed by Gold Coast Health Plan (GCHP) without prior authorization. Please notify the PCP on the front of this card within 24 hours of emergency treatment. Please call the health plan at 1-888-301-1228 for information about authorizations. GCHP is a Medi-Cal Health Plan.

### MEMBERS

Member Services: 1-888-301-1228  
Pharmacy: OptumRx 1-855-297-2870  
Vision: VSP 1-800-877-7195  
Behavioral Health: Beacon 1-855-765-9702

### PROVIDERS

Claims Address:  
Gold Coast Health Plan  
P.O. Box 9152  
Oxnard, CA 93031  
Prior Authorization Fax Number:  
1-888-310-3660

[www.GoldCoastHealthPlan.org](http://www.GoldCoastHealthPlan.org)

If you do not get your GCHP ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Member Services right away. GCHP will send you a new card. Call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347. Please show this card every time you go for any service under GCHP.

## Reporting a new address and/or telephone number

- If you receive Supplemental Security Income (SSI), call the local Social Security Administration (SSA) office at 1-800-772-1213; if you use a TTY, call 1-800-325-0778.
- All other members should call the local Human Services Agency (HSA) office at 1-888-472-4463; if you use a TTY, call 1-800-735-2922.

## Ways to get involved as a member

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

## Consumer Advisory Committee

GCHP has a group called the Consumer Advisory Committee (CAC). This group is made up of agencies, groups and Medi-Cal beneficiaries who represent the Plan's members. The group talks about how to improve GCHP's policies and is responsible for:

- Reviewing policies and programs.
- Making recommendations to GCHP.
- Providing GCHP with information about important issues affecting the Plan's members.

If you would like to be a part of this group, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

## 2. About your health plan

### Health plan overview

GCHP is a health plan for people who have Medi-Cal in Ventura County. GCHP works with the state to help you get the health care you need.

**You may talk with one of GCHP’s Member Services representatives to learn more about the health plan and how to make it work for you. Call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.**

### When your coverage starts and ends

During your first month as a GCHP member, you may receive a welcome letter from GCHP along with a list of GCHP providers. This list is called a Provider Directory. If you receive a Provider Directory, you must choose a clinic or doctor from the directory as your PCP. Next, you should notify GCHP Member Services which doctor or clinic that you chose. You can notify GCHP of your choice by calling Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You can also return your completed PCP Selection Form to GCHP. Members who do not choose a PCP (doctor) will be assigned to one by GCHP.

You will be assigned to the PCP on the first day of the second month that you are a GCHP member. Until you are assigned to a PCP, you may receive medical care from any GCHP in-area, in-network doctor who is willing to bill GCHP for medically-appropriate services. Prior authorization requirements apply even if you are not assigned to a PCP.

There are some GCHP members who are not assigned to a PCP. They are called Administrative members. The following are considered Administrative members:

- Share of Cost (SOC): A member who has Medi-Cal with an SOC requirement.
- Long-Term Care (LTC): A member who is residing in a skilled- or intermediate-care nursing facility and has been assigned an LTC aid code.
- Out of Area: A member who lives outside of GCHP’s service area but whose Medi-Cal case remains in Ventura County.
- Other Health Coverage: A member who has other health insurance that is primary to his/her Medi-Cal coverage. This includes members with both Medi-Cal and Medicare as well as those with both Medi-Cal and commercial insurance. Medi-Cal is the payer of last resort; therefore, GCHP members with other health coverage must access care through their primary insurance.
- Hospice: If the Medi-Cal enrollment file indicates a Hospice Restricted Services code.
- BCCTP: A member who has been assigned a Breast and Cervical Cancer Treatment Program aid code.

GCHP ID cards for Administrative members will indicate “Administrative” as the PCP. If you are an Administrative member, you can get care from any willing GCHP doctor in Ventura County. If you want to see a doctor outside of the county, you will need to first get approval from GCHP.

Sometimes GCHP can no longer serve you. Your GCHP coverage will end if:

- You move out of Ventura County.

- You are in prison.
- You no longer have Medi-Cal.

If you are an American Indian, you have the right to get health care services at Indian Health Service facilities. To find out more, please call Indian Health Service at 1-916-930-3927 or visit the Indian Health Service website at [www.ihs.gov](http://www.ihs.gov). You can also call GCHP's Member Services Department for more information. Call 1-888-301-1228; if you use a TTY, call at 1-888-310-7347.

## How your plan works

GCHP is a health plan contracted with DHCS. GCHP is a managed care health plan. Managed care plans are a cost-effective use of health care resources that improve health care access and assure quality of care. GCHP works with doctors, hospitals, pharmacies and other health care providers in the GCHP service area to give health care to you, the member.

Member Services will tell you how GCHP works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services.

GCHP offers monthly Member Orientation / Benefits Information meetings. The meetings are held in both English and Spanish. At these meetings, you will get information about GCHP benefits and programs. You will also have your questions answered and get help with health care services. For times and locations of the meetings, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You can also find information on the Plan's website at [www.GoldCoastHealthPlan.org](http://www.GoldCoastHealthPlan.org).

## Changing health plans

Members assigned to GCHP do not have an option to change their health plan in Ventura County. Medi-Cal members in Ventura County are served by GCHP only.

### College students who move to a new county

If you move to a new county in California to attend college, GCHP will cover emergency services, in an emergency room at a hospital, and urgent care center services in your new county. Emergency services are available to all Medi-Cal enrollees statewide regardless of county of residence.

If you are enrolled in Medi-Cal and will attend college in a different county, you do not need to apply for Medi-Cal in that county. There is no need for a new Medi-Cal application as long as you are still under 21 years of age, are only temporarily out of the home and are still claimed as a tax dependent in the household.

When you temporarily move away from home to attend college there are two options available to you. You may:

- Notify the Human Services Agency (HSA) that you are temporarily moving to attend college and provide your address in the new county. The county will update the case records with your new address and county code in the state's database. Since GCHP does not operate outside of Ventura County, you will have to change your health plan to the available options in the new county by transferring your Medi-Cal to that county. For additional questions and in order to prevent a delay in the new health plan enrollment, contact HSA at 1-888-472-4463; if you use a TTY, call 1-800-735-2922.

#### OR

- Choose not to change your health plan when you temporarily move to attend college in a different county. You will only be able to access emergency room and urgent care center services in the new county. For routine or preventive health care, you would need to use GCHP's regular network of providers in Ventura County.

## Continuity of care

If you now see providers who are not in the GCHP network, you may be able to keep seeing them for up to 12 months in certain cases. If your providers do not join the GCHP network by the end of 12 months, you will need to switch to providers in the GCHP network.

Members with the following issues or conditions are eligible for continuity of care:

- Acute condition (pneumonia) for as long as the condition lasts.
- Serious Chronic Condition, such as diabetes or heart disease, for no more than 12 months or until treatment is completed or the member can be safely transferred.
- Pregnancy - during pregnancy and immediately after the delivery.
- Terminal illness for as long as the person lives.
- Care of a child under the age of 3 for up to 12 months.
- An already scheduled surgery or other procedure - the surgery or procedure must be scheduled to happen within 180 days of the doctor or hospital leaving the health plan.

GCHP provides continuity of care services if:

- The member was seen by this provider in the last 12 months.
- The provider agrees to accept the Plan's rates.

GCHP does not provide continuity of care services if:

- The member has not seen the provider in the last 12 months.
- The provider does not agree to accept the Plan's rates.
- There are quality concerns about the provider (sanctions, etc.).

### Providers who leave GCHP

If your provider stops working with GCHP, you may be able to keep getting services from that provider. This is another form of continuity of care. GCHP provides continuity of care services for:

- Acute condition (pneumonia) for as long as the condition lasts.
- Serious Chronic Condition, such as diabetes or heart disease, for no more than 12 months or until treatment is completed or the member can be safely transferred.
- Pregnancy - during pregnancy and immediately after the delivery.
- Terminal illness for as long as the person lives.
- Care of a child under the age of 3 for up to 12 months.
- An already scheduled surgery or other procedure - the surgery or procedure must be scheduled to happen within 180 days of the doctor or hospital leaving the health plan.

GCHP provides continuity of care services if:

- The member was seen by this provider in the last 12 months.
- The provider agrees to accept the Plan's rates.

GCHP does not provide continuity of care services if:

- The member has not seen the provider in the last 12 months.

- The provider does not agree to accept the Plan's rates.
- There are quality concerns about the provider (sanctions, etc.).

To learn more about continuity of care and eligibility qualifications, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

## Costs

### Member costs

GCHP serves people who qualify for Medi-Cal. GCHP members do not have to pay for covered services. You will not have premiums or deductibles. For a list of covered services, see "Benefits and services."

You may have to pay a share of cost each month, if assigned by Medi-Cal. The amount of your share of cost depends on your income and resources. Each month you will pay your own medical bills until the amount that you have paid equals your share of cost. After that, your care will be covered by GCHP for that month. You will not be covered by GCHP until you have paid your entire share of cost for the month. After you meet your share of cost for the month, you can go to any GCHP doctor. You do not need to pick a PCP.

### How a provider gets paid

GCHP pays providers in these ways:

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

To learn more about how GCHP pays providers, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

### Other Health Coverage Premium Payment (OHCPP) Program

If you have a serious medical condition and you are paying for other health insurance, GCHP may be able to pay your other insurance premium for you. For more information, contact GCHP Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

### Newborn and Infant Enrollment

Infants born to mothers who had Medi-Cal coverage at the time of delivery and continue to live in Ventura County may be eligible for GCHP Medi-Cal coverage.

If you recently had a baby and have questions about how to enroll your baby in Medi-Cal, call HSA at 1-888-472-4463; if you use a TTY, call 1-800-735-2922.

# 3. How to get care

## Getting health care services

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

You can begin to get health care services on your effective date of coverage. Always carry your GCHP ID card and Medi-Cal BIC card with you. Never let anyone else use your GCHP ID card or BIC card.

Most members must choose a primary care provider (PCP) in the GCHP network. The GCHP network is a group of doctors, hospitals and other providers who work with the Plan. You must choose a PCP within 30 days from the time you become a member of GCHP. If you do not choose a PCP, the Plan will choose one for you. Administrative members do not need to select a PCP. Administrative members can see any GCHP-contracted PCPs.

You may choose the same PCP or different PCPs for all family members in GCHP.

If you have a doctor you want to keep, or you want to find a new PCP, you can look in the Provider Directory. It has a list of all PCPs in the GCHP network. The Provider Directory has other information to help you choose. If you need a Provider Directory, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You can also find the Provider Directory on the GCHP website at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

If you cannot get the care you need from a participating provider in the GCHP network, your PCP must ask GCHP for approval to send you to an out-of-network provider.

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

### Initial health assessment (IHA)

GCHP recommends that, as a new member, you see your new PCP within 90 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about your health history or may ask you to complete a questionnaire. Your PCP will also tell you about health education counseling and classes that may help you.

When you call to schedule your IHA, tell the person who answers the phone that you are a member of GCHP. Give your GCHP ID number.

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

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

### Routine care

Routine care is regular health care. It includes preventive care, also called wellness or well care. It helps you stay healthy and helps keep you from getting sick. Preventive care includes regular checkups and health education and counseling. In addition to preventive care, routine care also includes care when you are sick. GCHP covers routine care from your PCP.

Your PCP will:

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

When you need routine care, you will call your PCP for an appointment. Be sure to call your PCP before you get medical care, unless it is an emergency. For an emergency, call 911 or go to the nearest emergency room. To learn more about health care and services your plan covers, and what it does not cover, read Chapter 4 of this handbook.

### **Urgent care**

Urgent care is care you need within 24 hours, but it is not an emergency or life threatening. Urgent care needs could be a cold or sore throat, fever, ear pain or a sprained muscle.

For urgent care, call your PCP. If you cannot reach your PCP, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

If you need urgent care while you are out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization).

If you have a mental health urgent care concern, contact the Ventura County Behavioral Health toll-free telephone number that is available 24 hours a day, seven days a week. To locate all counties' toll-free telephone numbers online, visit <http://www.dhcs.ca.gov/individuals/Pages/MHPContaktList.aspx>.

In Ventura County, the phone number is 1-866-998-2243.

### **Emergency care**

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

Emergency care is for emergency medical conditions. It is for an illness or injury that a reasonable layperson (not a health care professional) with average knowledge of health and medicine could expect that, if you don't get care right away, your health (or your unborn baby's health) could be in danger, or a body function, body organ or body part could be seriously harmed. Examples include:

- Active labor
- Broken bone
- Severe pain, especially in the chest
- Severe burn
- Drug overdose
- Fainting
- Severe bleeding
- Psychiatric emergency condition

**Do not go to the ER for routine care.** You should get routine care from your PCP, who knows you best. If you are not sure if it is an emergency, call your PCP.

If you need emergency care while you are away from home, go to the nearest ER, even if it is not in GCHP's network. If you go to an ER, ask them to call GCHP. Either you or the hospital to which you were admitted should call GCHP within 24 hours after you get emergency care.

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

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

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

## Sensitive care

### **Minor consent services**

You can see a doctor without consent from your parents or guardian for these types of care:

- Outpatient mental health for:
  - » Sexual or physical abuse.
  - » When you may hurt yourself or others.
- Pregnancy.
- Family planning (except sterilization).
- Sexual assault.
- HIV/AIDS testing (only minors 12 years of age or older).
- Sexually transmitted infections (only minors 12 years of age or older).
- Drug and alcohol abuse.

The doctor or clinic does not have to be part of the GCHP network and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic that provides these services, you can call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

### **Adult sensitive services**

As an adult, you may not want to see your PCP for sensitive or private care. If so, you may choose any doctor or clinic for these types of care:

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections (STIs)

The doctor or clinic does not have to be part of the GCHP network. Your PCP does not have to refer you for these types of services. For help finding a doctor or clinic giving these services, you can call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

### **Advance directives**

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

You can get an advance directive form at drugstores, hospitals, law offices and doctors' offices. You may have to

pay for the form. You can also find and download a free form online. You can ask your family, PCP or someone you trust to help you fill out the form.

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

You have the right to learn about changes to advance directive laws. GCHP will tell you about changes to the state law no later than 90 days after the change.

## Where to get care

You will get most of your care from your PCP. Your PCP will give you all of your routine preventive (wellness) care. You will also see your PCP for care when you are sick. Be sure to call your PCP before you get medical care. Your PCP will refer (send) you to specialists if you need them.

If you need urgent care, call your PCP. Urgent care is care you need soon, but is not an emergency. It includes care for such things as colds, sore throats, fever, ear pain or sprained muscles.

For emergencies, call **911** or go to the nearest ER.

**Some hospitals and other providers do not provide one or more of the following services that may be covered under Medi-Cal and that you or your family member might need: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; counseling for infertility treatments; or abortion. Call your prospective doctor, medical group, or clinic, or call GCHP at 1-888-301-1228, or if you use a TTY, call 1-888-310-7347, to ensure that you can obtain the health care services that you need.**

## Provider Directory

The GCHP Provider Directory lists providers that participate in the Plan's network. The network is the group of providers that work with GCHP.

The GCHP Provider Directory lists hospitals, pharmacies, PCPs, specialists, family planning providers, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs).

The Provider Directory has provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It gives the level of physical accessibility for the building.

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

If you need a printed Provider Directory, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

## Provider network

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

If your provider in the network, including a PCP, hospital or other provider, has a moral objection to providing you with a covered service, such as family planning or abortion, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. See Chapter 4 for more about moral objections.

If your provider has a moral objection, he or she can help you find another provider who will give you the services you need. GCHP can also work with you to find a provider.

### **In network**

You will use providers in the GCHP network for your health care needs. You will get preventive and routine care from your PCP. You will also use specialists, hospitals and other providers in the GCHP network.

To get a directory of network providers, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You can also find the Provider Directory online at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

For emergency care, call **911** or go to the nearest ER.

Except for emergency care, you may have to pay for care from providers who are out of network.

### **Out of network**

Out-of-network providers are those that do not have an agreement to work with GCHP. Except for emergency care, you may have to pay for care from providers who are out of network. If you need covered health care services, you may be able to get them out of network at no cost to you as long as they are medically necessary and not available in the network.

If you need help with out-of-network services, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

If you are outside of the GCHP service area and need care that is not an emergency, call your PCP right away to get authorization to be treated. Alternatively, call GCHP's Member Services Department at 1-888-301-1228 Monday through Friday from 8 a.m. – 5 p.m. (excluding holidays). If you use a TTY, call 1-888-310-7347.

For emergency care, call **911** or go to the nearest ER. GCHP covers out-of-network emergency care. If you travel to Canada or Mexico and need emergency services requiring hospitalization, GCHP will cover your care. If you are traveling internationally outside of Canada or Mexico and need emergency care, GCHP will not cover your care.

If you have questions about out-of-network or out-of-area care, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

### **Selecting Kaiser Permanente as your PCP**

You may be able to choose Kaiser Permanente (Kaiser) as your PCP if one of the following conditions applies:

- You must have been a Kaiser member within the past six months.
- A newborn baby has a mother who is a GCHP member and is assigned to Kaiser as her PCP.
- A qualified, immediate family member is living in the same home as a current Kaiser member with one of the following qualifiers:
  - » Spouse (including domestic partners)
  - » An unmarried dependent child under the age of 21
  - » A disabled dependent over the age of 21 (parent or guardian must be the conservator with court-ordered legal power of attorney)
  - » Married/unmarried/step parents of children under the age of 21
  - » Foster child or stepchild
  - » Legal Guardian

- » A grandparent, parent, guardian or other relative who applied for Medi-Cal on behalf of a child under the age of 21 and is eligible to enroll in Kaiser as a qualified family addition based on having the same Medi-Cal case number as the child.

To select Kaiser as your PCP, please fill out the PCP Selection Form and provide the requested information for processing. If you do not meet Kaiser's criteria for enrollment, GCHP will notify you and you will need to select another PCP from the GCHP directory. If Kaiser accepts your enrollment request, Kaiser will send you a welcome packet with information on your benefits along with an ID card. If accepted by Kaiser, you will receive all medical, pharmacy, vision and some behavioral health services from Kaiser. You will not receive an ID card from GCHP.

You cannot select Kaiser as your PCP if you are an Administrative member.

### **Doctors**

You will choose a primary care provider (PCP) from the GCHP Provider Directory. Your PCP must be a participating provider. This means the provider is in the GCHP network. To get a copy of the GCHP Provider Directory, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

You should also call if you want to check to be sure the PCP you want is taking new patients.

If you were seeing a doctor before you were a member of GCHP, you may be able to keep seeing that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

If you need a specialist, your PCP will give you a referral to a specialist in the GCHP network.

Remember, if you do not choose a PCP, GCHP will choose one for you. You know your health care needs best, so it is best if you choose.

If you want to change your PCP, you must choose a PCP from the GCHP Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

### **Hospitals**

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

If it is not an emergency and you need hospital care, your PCP will decide which hospital you go to. You will need to go to a hospital in the GCHP network. The hospitals in the Plan's network are listed in the Provider Directory. Hospital services, other than emergencies, require pre-approval (prior authorization).

### **Primary care provider (PCP)**

You must choose a PCP within 30 days of enrolling in GCHP. Depending on your age and sex, you may choose a general practitioner, family practitioner, doctor of internal medicine or pediatrician as your primary care physician. A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your primary care provider. If you choose an NP, PA or certified nurse midwife, you may be assigned a physician to oversee your care.

You can also choose a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) as your PCP. These health centers are located in areas that do not have many health care services.

Depending on the type of the provider, you may be able to choose one PCP for your entire family who are members of GCHP. If you do not choose a PCP within 30 days, GCHP will assign you a PCP. If you are assigned to a PCP and want to change, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. The change happens the first day of the next month.

Your PCP will:

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

You can look in the Provider Directory to find a PCP in the GCHP network. The Provider Directory includes FQHCs and RHCs that work with GCHP.

You can find the GCHP Provider Directory online at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org). You can also call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You can also call to find out if the PCP you want is taking new patients.

### **Choice of physicians and providers**

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

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

Your new choice will become your PCP on the first day of the next month after you make the change. To change your PCP, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

GCHP may ask you to change your PCP if the PCP is not taking new patients, has left the Plan's network or does not give care to patients your age. GCHP or your PCP may also ask you to change to a new PCP if you cannot get along with or agree with your PCP, or if you miss or are late to appointments. If GCHP needs to change your PCP, the Plan will tell you in writing.

If you change PCPs, you will get a new GCHP member ID card in the mail. It will have the name of your new PCP or clinic. Call Member Services if you have questions about getting a new ID card.

### **Appointments and visits**

When you need health care:

- Call your PCP.
- Have your GCHP ID number ready on the call.
- Leave a message with your name and phone number if the office is closed.
- Take your BIC and GCHP ID card to your appointment.
- Be on time for your appointment.
- Call right away if you cannot keep your appointment or will be late.
- Have your questions and medication information ready in case you need them.

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

### Payment

You do not have to pay for covered services. In most cases, you will not get a bill from a provider. You may get an Explanation of Benefits (EOB) or a statement from a provider. EOBs and statements are not bills.

If you do get a bill, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. Tell GCHP the amount charged, the date of service and the reason for the bill. You are not responsible to pay a provider for any amount owed by GCHP for any covered service.

If you were eligible with GCHP at the time services were provided, call the provider who sent you the bill and tell them that you were covered under GCHP and give them your GCHP ID number. Then ask the provider's office to bill GCHP. If you have already done this but are still getting a bill, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347. GCHP will need a copy of the bill.

GCHP cannot help you with bills that are more than one year old.

### Referrals

Your PCP will give you a referral to send you to a specialist if you need one. A specialist is a doctor who has extra education in one area of medicine. Your PCP will work with you to choose a specialist. Your PCP's office can help you set up a time to see the specialist.

Other services that may require a referral include in-office procedures, X-rays and lab work.

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

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

If you have trouble getting a standing referral or want a copy of the GCHP referral policy, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

You do not need a referral for:

- PCP visits.
- Ob/Gyn visits.
- Urgent or emergency care visits.
- Family planning (To learn more, call California Family Planning Information and Referral Service at 1-800-942-1054).
- HIV testing and counseling (only minors 12 years of age or older).
- Treatment for sexually transmitted infections (only minors 12 years of age or older).
- Individual therapy (counseling) services.

In addition, minors do not need a referral for:

- Outpatient mental health for:
  - » Sexual or physical abuse.
  - » When you may hurt yourself or others.

- Pregnancy care.
- Sexual assault care.
- Drug and alcohol abuse treatment.

Referrals are required for:

- Acupuncture.
- Chiropractic services.
- Podiatry services.

### **Pre-approval**

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

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or alleviates severe pain.

The following services always need pre-approval, even if you receive them from a provider in the GCHP network:

- Hospitalization
- Services outside of Ventura County
- Services outside of GCHP's network
- Outpatient surgery
- Long-term care
- Outpatient physical therapy and occupational therapy over 10 visits per calendar year
- Home Health
- Speech therapy
- Chiropractic services greater than two visits per month
- Genetic testing
- Outpatient diagnostic studies
- Pulmonary Rehabilitation
- Cardiac Rehabilitation
- Phototherapy
- Dental Anesthesia
- Non-Emergency Medical Transportation (NEMT)
- Specialized treatments

You never need pre-approval for emergency care, even if it is out of network. This includes having a baby.

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h) (2), GCHP will decide routine pre-approvals within five working days of when GCHP gets the information reasonably needed to decide.

For requests in which a provider indicates or GCHP determines that following the standard timeframe could seriously jeopardize your life or health or ability to attain, maintain, or regain maximum function, GCHP will make an expedited (fast) authorization decision. GCHP will give notice as quickly as your health condition requires and no later than 72 hours after receiving the request for services.

GCHP does **not** pay the reviewers to deny coverage or services. If GCHP does not approve the request, the Plan will send you a Notice of Action (NOA) letter. The NOA letter will tell you how to file an appeal if you do not agree with the decision.

GCHP will contact your provider if the Plan needs more information or more time to review your request.

### Second opinions

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

To get a second opinion, call your PCP. Your PCP can refer you to a network provider for a second opinion. You may also call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

GCHP will pay for a second opinion if you or your network provider asks for it and you get the second opinion from a network provider. You do not need permission from GCHP to get a second opinion from a network provider.

If there is no provider in the GCHP network to give you a second opinion, GCHP will authorize and pay for a second opinion from an out-of-network provider. GCHP will tell you within five business days if the provider you choose for a second opinion is approved. If you have a chronic illness or could lose your life, limb or major body part, GCHP will decide within 72 hours.

If GCHP denies your request for a second opinion, you may appeal. To learn more about appeals, go to page 42 in this handbook.

### Women's health specialists

You may go to a women's health specialist within the network for covered care necessary to provide women's routine and preventive health care services. You do not need a referral from your PCP to get these services. For help finding a women's health specialist, you can call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

### Timely access to care

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	24 hours
Urgent care appointments that do require prior authorization	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-physician)	10 business days
Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	15 business days
Telephone wait times during normal business hours	10 minutes

# 4. Benefits and services

## What your health plan covers

This section explains all of your covered services as a member of GCHP. Your covered services are free as long as they are medically necessary. Care is medically necessary if it is reasonable and necessary to protect life, keeps you from becoming seriously ill or disabled, or reduces pain from a diagnosed disease, illness or injury.

GCHP offers these types of services:

- Outpatient (ambulatory) services
- Emergency and urgent care services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory services
- Preventive and wellness services and chronic disease management
- Some mental health services
- Substance use disorder preventive services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-term care
- Disease management
- Care management
- Health education

Read each of the sections below to learn more about the services you can get.

## Medi-Cal benefits

### Outpatient (ambulatory) services

- **Allergy care**  
GCHP covers allergy testing and treatment, including allergy desensitization, hyposensitization, or immunotherapy.
- **Chiropractic services**  
GCHP covers two chiropractic services per month, limited to the treatment of the spine by manual manipulation.
- **Dialysis/hemodialysis services**  
GCHP covers dialysis treatments. GCHP also covers hemodialysis (chronic dialysis) services if your PCP and GCHP approve it.

- **Outpatient surgery**  
GCHP covers outpatient surgical procedures that are medically necessary. Outpatient surgical procedures may require approval from GCHP.
- **Anesthesiologist services**  
GCHP covers anesthesia services that are medically necessary when you receive outpatient care.
- **Physician services**  
GCHP covers physician services that are medically necessary.
- **Podiatry (foot) services**  
GCHP covers podiatry services that are medically necessary. Podiatry services may require approval from GCHP and/or your doctor. Podiatry services are limited to medical and surgical services to treat disorders of the feet, ankles, or tendons that insert into the foot, secondary to or complicating chronic medical diseases, or affect your ability to walk.
- **Treatment therapies**  
GCHP covers different treatment therapies, including, but not limited to:
  - Chemotherapy.
  - Radiation therapy.
  - Hyperbaric therapy.

## Emergency services

- **Inpatient and outpatient services needed to treat a medical emergency**  
GCHP covers all services that are needed to treat a medical emergency. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, anyone with an average knowledge of health and medicine could expect it to result in:
  - Serious risk to your health; or
  - Serious harm to bodily functions; or
  - Serious dysfunction of any bodily organ or part; or
  - In the case of a pregnant woman in active labor, meaning labor at a time when either of the following would occur:
    - » There is not enough time to safely transfer you to another hospital before delivery.
    - » The transfer may pose a threat to your health or safety or to that of your unborn child.
- **Emergency medical transportation services**  
GCHP covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life.
- **Emergency room services**  
GCHP covers emergency room services that are needed to treat a medical emergency. Remember, a medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, it could result in serious harm to your health or body.

## Hospice and palliative care

GCHP covers hospice care as well as palliative care, which reduces physical, emotional, social and spiritual discomforts for a member with a serious illness.

## Hospitalization

- **Anesthesiologist services**  
GCHP covers anesthesiologist services during hospital stays. An anesthesiologist is a provider who specializes in giving patients anesthesia. Anesthesia is a type of medicine used during some medical procedures.

- **Inpatient hospital services**  
GCHP covers inpatient hospital care when you are admitted to the hospital.
- **Surgical services**  
GCHP covers surgeries performed in a hospital.

## Maternity and newborn care

GCHP covers these maternity and newborn care services:

- Breastfeeding education
- Delivery and postpartum care
- Nurse midwife services
- Prenatal care
- Birthing center services

## Prescription drugs

### Covered drugs

Your provider can prescribe you drugs that are on the GCHP formulary. Drugs on the formulary are safe and effective. A group of doctors and pharmacists update this list.

- Updating this list helps to make sure that the drugs on it are safe and work.
- If your doctor thinks you need to take a drug that is not on this list, your doctor will need to call GCHP to ask for pre-approval before you get the drug.

To find out if a drug is on the formulary or to get a copy of the formulary, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You may also visit the GCHP website at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

You can also call GCHP Pharmacy Services at 1-855-297-2870; if you use a TTY, call 711.

Sometimes GCHP needs to approve a drug before a provider can prescribe it. GCHP will review and decide on these requests within 24 hours.

- A pharmacist or hospital emergency room may give you a 72-hour emergency supply if they think you need it. GCHP will pay for the emergency supply.
- If GCHP says no to the request, GCHP will send you a letter that lets you know why and what other drugs or treatments you can try.

### Pharmacies

If you are filling or refilling a prescription, you must get your prescribed drugs from a pharmacy that works with GCHP. You can find a list of pharmacies that work with GCHP in the Plan's Provider Directory at [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org). You can also find a pharmacy near you by calling 1-888-301-1228; if you use a TTY, call 1-888-310-7347. You can also call GCHP Pharmacy Services at 1-855-297-2870; if you use a TTY, call 711.

Once you choose a pharmacy, take your prescription to the pharmacy. Give the pharmacy your prescription with your GCHP ID card. Make sure the pharmacy knows about all medications you are taking and any allergies you have. If you have any questions about your prescription, make sure you ask the pharmacist.

## Rehabilitative and habilitative services and devices

The plan covers:

- **Acupuncture**  
GCHP covers acupuncture services to prevent, modify, or alleviate the perception of severe, persistent chronic pain resulting from a generally-recognized medical condition. These services require a referral from your PCP. Prior authorization is not required to receive acupuncture services as long as the provider is contracted with GCHP.
- **Behavioral health treatments**  
Behavioral health treatment (BHT) includes services and treatment programs, such as applied behavior analysis and evidence-based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning of an individual.

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

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

- **Cardiac rehabilitation**  
GCHP covers medically-necessary inpatient and outpatient cardiac rehabilitative services.
- **Durable medical equipment**  
GCHP covers the purchase or rental of medical supplies, equipment and other services that are medically necessary, with a prescription from a doctor.
- **Hearing aids**  
GCHP covers hearing aids if you are tested for hearing loss and receive a prescription from your doctor. GCHP may also cover hearing aid rentals, replacements and batteries for your first hearing aid.
- **Home health services**  
GCHP covers medically-necessary health services provided in your home, when prescribed by your doctor.
- **Medical supplies, equipment and appliances**  
GCHP covers medical supplies that are approved by a doctor, including implanted hearing devices.
- **Occupational therapy**  
GCHP covers medically-necessary occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services.
- **Orthotics/prostheses**  
GCHP covers orthotic and prosthetic appliances and services that are medically necessary and prescribed by your doctor.
- **Physical therapy**  
GCHP covers medically-necessary physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services, and application of topical medications.
- **Pulmonary rehabilitation**  
GCHP covers pulmonary rehabilitation that is medically necessary and prescribed by a doctor.
- **Skilled nursing facility services**  
GCHP covers skilled nursing facility services as medically necessary if you are disabled and need a high level of care. These services include room and board in a licensed facility with skilled nursing care on a 24-hour per day basis.

- **Speech therapy**

GCHP covers speech therapy that is medically necessary. You may have limitations on how many visits to a speech therapist you get every month.

## Laboratory services

GCHP covers outpatient and inpatient laboratory and x-ray services. Various advanced imaging procedures are covered based on medical necessity.

## Preventive and wellness services and chronic disease management

The plan covers:

- Vaccines recommended by the Advisory Committee for Immunization Practices (ACIP).
- Family planning services.
- Health Resources and Service Administration's Bright Futures recommendations.
- Preventive services for women recommended by the Institute of Medicine.
- Smoking cessation services.
- United States Preventive Services Task Force A and B recommended preventive services.

Family planning services are provided to members of childbearing age to enable them to determine the number and spacing of children. These services include all methods of birth control approved by the Food and Drug Administration (FDA). As a member, you pick a doctor who is located near you and will give you the services you need.

The plan's PCP and Ob/Gyn specialists are available for family planning services. For family planning services, you may also pick a doctor or clinic not connected with GCHP without having to get pre-approval from GCHP. The doctor you choose must be willing to accept Medi-Cal rates for those services. GCHP will pay that doctor or clinic for the family planning services you get.

## Mental health services

The plan covers:

- **Outpatient mental health services**
  - GCHP covers members for some mental health services. Your PCP could make a referral for additional mental health screening to a specialist within the GCHP network to determine your level of impairment. If your mental health screening results determine you are in mild or moderate distress or have impairment of mental, emotional, or behavioral functioning, GCHP can provide some mental health services. You do not need a referral from your PCP for mental health services. The Plan covers these mental health services:
    - » Outpatient mental health services for mild-to-moderate distress
    - » Individual counseling or therapy
  - For help finding more information on mental health services provided by GCHP, you can call Beacon Health Options at 1-855-765-9702; if you use a TTY, call 1-800-735-2929. Beacon Health Options is available Monday through Friday from 8:30 a.m. - 5 p.m.
  - If your mental health screening results determine you need specialty mental health services (SMHS), the PCP or Beacon Health Options will refer you to Ventura County Behavioral Health to receive an assessment and treatment.
- **Specialty mental health services (SMHS)**
  - Ventura County Behavioral Health provides specialty mental health services (SMHS) to Medi-Cal

beneficiaries who meet medical necessity criteria. SMHS may include the following outpatient, residential and inpatient services:

- » Outpatient services:
  - › Mental health services (assessments, plan development, therapy, rehabilitation, and collateral)
  - › Medication support services
  - › Day treatment intensive services
  - › Day rehabilitation services
  - › Crisis intervention services
  - › Crisis stabilization services
  - › Targeted case management services
  - › Therapeutic behavioral services
  - › Intensive care coordination (ICC)
  - › Intensive home-based services (IHBS)
  - › Therapeutic foster care (TFC)
- Residential services:
  - › Adult residential treatment services
  - › Crisis residential treatment services
- Inpatient services:
  - › Acute psychiatric inpatient hospital services
  - › Psychiatric inpatient hospital professional services
  - › Psychiatric health facility services
- For help finding more information on specialty mental health services provided by the county mental health plan, you can call the county. To locate all counties toll-free telephone numbers online, visit <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx#v>.
- To reach the Ventura County Behavioral Health agency 24 hours a day, seven days a week, call 1-866-998-2243.

## Substance use disorder services

Ventura County Behavioral Health services makes referrals for:

- Outpatient substance use disorder services, including residential treatment services

## Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services
  - These services are also called well-child visits. These visits include health screens, diagnosis, treatment and shots for children through the month of their 21<sup>st</sup> birthday. These services are provided through your PCP.
- Vision care

## Vision services

Vision care is provided through Vision Service Plan (VSP) providers. All members can have their eyes examined every two years. Members who have been diagnosed with diabetes are allowed an eye exam every year. When calling for the annual appointment, tell the provider you have diabetes.

The plan covers:

- Eyeglasses for members under the age of 21 who qualify, as determined by GCHP.
- Eyeglasses for pregnant women through postpartum if prescribed by your doctor.

- A routine eye exam once in 24 months.

The VSP phone number is 1-800-877-7195; if you use a TTY, call 1-800-428-4833.

### **Non-emergency medical transportation (NEMT)**

You are entitled to use non-emergency medical transportation (NEMT) when you physically or medically are not able to get to your medical appointment by car, bus, train or taxi, and the Plan pays for the care for your medical or physical condition. Before getting NEMT, you need to request the service through your doctor and they will prescribe the correct type of transportation to meet your medical condition.

NEMT is an ambulance, litter van, wheelchair van or air transport. NEMT is not a car, bus or taxi. GCHP allows the lowest cost NEMT for your medical needs when you need a ride to your appointment. That means, for example, if you are physically or medically able to be transported by a wheelchair van, GCHP will not pay for an ambulance. You are only entitled to air transport if your medical condition makes any form of ground transportation not possible.

NEMT can be used when:

- It is physically or medically needed as determined with a written authorization by a physician; or you are not able to physically or medically use a bus, taxi, car or van to get to your appointment.
- You need assistance from the driver to and from your residence, vehicle or place of treatment due to a physical or mental disability.
- It is approved in advance by GCHP with a written authorization by a physician.

To ask for approved NEMT services that your provider has prescribed, please call Ventura Transit Systems (VTS) at 1-855-628-7433 at least two business days (Monday through Friday) before your appointment. If you use a TTY, call 711. For urgent appointments, please call as soon as possible. Please have your member ID card ready when you call.

### ***Limits of NEMT***

There are no limits for receiving NEMT to or from medical appointments covered under GCHP when a provider has prescribed it for you and GCHP has provided authorization. If the appointment type is covered by Medi-Cal but not through GCHP, the Plan will help coordinate your transportation, if requested.

### ***What does not apply?***

NEMT will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi, or another easily-accessible method of transportation. Transportation will not be provided if the service is not covered by Medi-Cal. A list of covered services is in this Member Handbook.

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

There is no cost when transportation is authorized by GCHP.

### **Non-medical transportation (NMT)**

If you are unable to get to your medical appointment, you may use non-medical transportation (NMT) services for:

- Traveling to and from an appointment for a Medi-Cal covered service. You will need to attest that you are unable to get alternate transportation in order to get this benefit.

GCHP allows the lowest cost NMT type that meets your medical needs.

To request NMT services, please call Ventura Transit Systems (VTS) at 1-855-628-7433 at least two business days (Monday through Friday) before your appointment or as soon as you can when you have an urgent appointment. If you use a TTY, call 711. Please have your member ID card ready when you call.

### **Limits of NMT**

There are no limits for receiving NMT to or from medical appointments covered under Medi-Cal. If the appointment type is covered by Medi-Cal but not through GCHP, the Plan will provide your transportation.

### **What does not apply?**

NMT does not apply if:

- An ambulance, litter van, wheelchair van, or other form of NEMT is medically needed to get to a covered service.
- You need assistance from the driver to and from the residence, vehicle or place of treatment due to a physical or medical condition.
- The service is not covered by Medi-Cal.
- You arrange your own ride without asking GCHP's transportation vendor.

### **Cost to member**

There is no cost to the member.

## **Long-term care services and supports**

GCHP covers these benefits for members who qualify:

- Skilled nursing facility services (91+ days)
- Community Based Adult Services (CBAS)

## **Disease Management**

GCHP offers services to help you coordinate your chronic condition needs at no cost to you. If you have questions or concerns about your health or the health of your child, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

## **Care Management**

GCHP offers services to help you coordinate your health care needs at no cost to you. If you have questions or concerns about your health or the health of your child, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

## **Health Education**

GCHP offers educational services to help you manage your chronic condition at no cost to you. If you have questions or concerns about your health or the health of your child, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

## **Moral objection**

Some providers have a moral objection to some services. This means they have a right to not offer some covered services if they morally disagree. These services might include:

- Family planning services
- Abortion
- Physician-assisted death

If your provider has a moral objection, he or she will help you find another provider for the needed services. GCHP can also work with you to find a provider. If you need help getting a referral to a different provider, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

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

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

You should obtain more information before you select your doctor. Call your prospective doctor, medical group, or clinic, or Member Services at 1-888-301-1228 to ensure that you can obtain the health care services that you need. If you use a TTY, call 1-888-310-7347.

## What your health plan does not cover

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

Sometimes GCHP does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

#### ***Dental services***

Medi-Cal covers some dental services for Medi-Cal beneficiaries including:

- Exams and x-rays
- Cleanings
- Crowns
- Root canals
- Fillings
- Full and partial dentures

If you have questions or want to learn more about dental services, call Denti-Cal at 1-800-322-6384; if you use a TTY, call 1-800-735-2922. You may also visit the Denti-Cal website at [www.denti-cal.ca.gov](http://www.denti-cal.ca.gov).

### Services you cannot get through GCHP or Medi-Cal

There are some services that neither GCHP nor Medi-Cal will cover, including:

- California Children's Services (CCS)
- Cosmetic services
- Custodial care
- Experimental care
- Infertility testing and/or treatment
- Reversal of sterilization
- Care for conditions that state or local law requires to be treated in a public facility
- Conditions covered by Workers' Compensation
- Any services that are not considered to be medically necessary
- Non-emergency treatment in an out-of-area or out-of-network facility without prior authorization

Read each of the sections below to learn more. Or call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

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

CCS is a state program that treats children under 21 years of age with certain health conditions, diseases or chronic health problems and who meet the CCS program rules. If GCHP or your PCP believes your child has a CCS condition, he or she will be referred to the CCS program.

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

GCHP does not cover services provided by the CCS program. For CCS to cover these services, CCS must approve the provider, services and equipment.

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

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

The state pays for CCS services. If your child is not eligible for CCS program services, he or she will keep getting medically-necessary care from GCHP.

To learn more about CCS, call Ventura County CCS at 1-805-981-5281. You may also look for your local CCS office at: [www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx](http://www.dhcs.ca.gov/services/ccs/Pages/CountyOffices.aspx).

## Other programs and services for people with Medi-Cal

There are other programs and services for people with Medi-Cal, including:

- Organ and tissue donation.
- Multi-Purpose Senior Services Program (MSSP) – This program helps the elderly remain in their homes with the aid of social and case management services. For assistance, call 1-805-477-7300.
- Local Education Authority (LEA) Services – Assessments and treatment for eligible children needing help in a school environment. Contact your local school district office.
- Childhood Lead Poisoning Case Management Programs – For services, contact the Ventura County Child Health and Disability Prevention (CHDP) office at 1-805-981-5291.
- Services provided in a state or federal hospital.
- Alpha-Fetoprotein (AFP) Lab Services – Your doctor will refer you to the Genetics Disease Branch, if medically necessary.
- Mental Health Services – For a severe mental health problem that interferes with your ability to function, you can get help by calling Ventura County Behavioral Health at 1-866-998-2243. If you think you have a mental health emergency, please call 911 or go directly to the closest emergency room for help.
- Alcohol and Drug Program Services – For assistance, call 1-805-981-9200.
- Direct Observed Therapy (DOT) for Tuberculosis – Your doctor can test for tuberculosis. If you need care for tuberculosis, you will be referred to the Tuberculosis Specialty Clinic run by the county Public Health Department. For assistance, call 1-805-385-9451.
- Custodial Care Services – Your doctor can provide information on agencies that can help.
- Some HIV/AIDS Drugs – Your doctor can advise you of covered drugs.
- Some psychotherapeutic drugs – Your doctor can advise you of covered drugs.

Read each of the sections below to learn more about other programs and services for people with Medi-Cal.

### Organ and tissue donation

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

### Evaluation of new and existing technologies

GCHP requires a review for the medical appropriateness of all procedures not covered by Medi-Cal that are considered “new technology or experimental.” When a request for new technology is received, GCHP’s medical staff gathers information about the procedure and looks at the recommended use and safety of the procedure. All of the information collected is then forwarded to an appropriate specialist or a committee of specialists to review the material. They will advise GCHP about the use of the new technology. The specialist or the committee will also be asked to recommend whether the procedure should be available to all GCHP members. The recommendation of the specialist or the committee will be forwarded to GCHP’s chief medical officer or another designated physician who will decide if it will be approved or denied.

# 5. Rights and Responsibilities

As a member of GCHP, you have certain rights and responsibilities. This chapter will explain those rights and responsibilities. This chapter also includes legal notices that you have a right to as a member of GCHP.

## Your rights

GCHP members have these rights:

- To be treated with respect, giving due consideration to your right to privacy and the need to maintain confidentiality of your medical information.
- To be provided with information about the Plan and its services, including covered services.
- To be able to choose a primary care provider within the Plan's network.
- To participate in decision making regarding your own health care, including the right to refuse treatment.
- To voice grievances, either verbally or in writing, about the organization or the care received.
- To receive care coordination.
- To request an appeal of decisions to deny, defer, or limit services or benefits.
- To receive oral interpretation services for your language.
- To formulate advance directives.
- To have access to family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted infection services and emergency services outside the Plan's network pursuant to the federal law.
- To request a state hearing, including information on the circumstances under which an expedited hearing is possible.
- To have access to, and where legally appropriate, receive copies of, amend or correct your medical record.
- To access minor consent services.
- To receive written member informing materials in alternative formats (including braille, large-size print, and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with W & I Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 CFR §164.524 and 164.526.
- To have freedom to exercise these rights without adversely affecting how you are treated by the Plan, providers or the state.

## Your responsibilities

GCHP members have these responsibilities:

- Provide, to the extent possible, information that GCHP and its providers need in order to care for you.
- Follow instructions for care that you have agreed to with your doctor.
- Tell your doctor about your medical condition(s) and any medications you are taking.
- Talk to your doctor about things you can do to improve your overall health.
- Be on time to medical appointments.

- Call your doctor's office 24 hours in advance, or as soon as possible, when an appointment must be cancelled.
- Call your doctor for an appointment when you need medical care.
- Call your doctor for an appointment for routine check-ups.
- Only use the emergency room for true emergencies.
- Be cooperative with and courteous to your doctors and their staff.
- Provide your doctor with complete information about other health insurance coverage.

## Notice of Privacy Practices

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

### 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 prior authorizations for health services. The Plan uses this information and discloses it to others only for the following purposes:

- **Treatment:** GCHP uses your health information to coordinate your health care. The Plan discloses it to hospitals, clinics, physicians and other health care providers to enable them to provide health care services to you.
- **Payment:** GCHP uses and discloses your health information to make payments for the health care services you receive, including determining your eligibility for benefits, and your doctors' eligibility for payment. For example, we inform providers that you are a member of the Plan and tell them your eligible benefits.
- **Health care operations:** GCHP uses and discloses your health information as necessary to enable the operation of the Plan. For example, GCHP uses its members' claims information for internal financial accounting activities and for quality assurance purposes.

GCHP also discloses health information to its contractors and agents who assist in these functions, but the Plan obtains a confidentiality agreement from them before making such disclosures for payment or operational purposes. For example, companies that provide or maintain the Plan's computer services may have access to computerized health information in the course of providing their services.

### Why might we contact you?

GCHP may contact you to provide appointment reminders or information about treatment options that are available to you. The Plan may also contact you about other health-related services that may interest you.

### Can others involved in my care receive information about me?

Yes, with your permission, GCHP may release medical information to a friend or family member who is involved in your care or who is paying for your care, to the extent the Plan judges it necessary for their participation. This includes responding to telephone inquiries about eligibility and claim status.

### Can my health information ever be released without my permission?

Yes, GCHP may disclose health information without your authorization to government agencies, private individuals and organizations in a variety of circumstances in which the Plan is required or authorized by law to do so. GCHP may be required or allowed to make the following disclosures without your authorization:

- Disclosures that are required by state or federal law.
- Disclosures to public health authorities or to other persons in connection with public health activities.

- To government agencies authorized to receive reports of abuse or neglect of children or dependent adults, or domestic violence.
- To agencies that are responsible for overseeing the health care system for audits, inspections or investigations.
- For judicial and administrative 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 under the auspices of an Institutional Review Board or privacy board.
- To avert a serious threat to health or safety.
- To assist authorized federal officials in national security activities or for the provision of protective services to officials.
- If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release health information about you to the institution or official.
- To other agencies administering government health benefit programs, as authorized or required by law.
- To comply with Workers' Compensation laws.

### **Are there instances when my personal health information is not released?**

Your health information may be subject to restrictions that may limit or prevent some uses or disclosures. For example, there are special restrictions on the disclosure of health information relating to HIV/AIDS status, mental health treatment, developmental disabilities, and drug and alcohol abuse treatment. GCHP complies with these restrictions in its use of your health information.

GCHP will not permit other uses and disclosures of your health information without your written permission or authorization, which you may revoke at any time in the manner described in the Plan's authorization form.

### **Your Individual Rights**

What rights do I have as a GCHP member regarding my health information?

#### **As a GCHP member you have the right to:**

- Ask GCHP to restrict certain uses and disclosures of your health information. GCHP is not required to agree to any restrictions requested by its members unless the request is solely for a health care item or service for which you or a person other than GCHP has paid for the service(s) out of pocket.
- Protect your privacy. You have the right to receive confidential communications from GCHP at a particular phone number, P.O. Box, or some other address that you specify to the Plan.
- See and copy any of your health records that GCHP maintains. GCHP must receive your request in writing using the "Individual Request for Access to Personal Health Information Form" found on the Plan's website, or by calling Member Services. GCHP will respond to your request within 30 calendar days. If your records are stored in another location, please allow 60 calendar days for the Plan to respond to your request. GCHP may charge a fee to cover the cost of copying your records. Under certain circumstances, GCHP may deny your request. If your request is denied, the reason will be sent to you in writing. You have the right to appeal the denial.
- Request that GCHP amend your records if you feel they are wrong. GCHP may deny your request under certain circumstances. If your request is denied, you have the right to submit a statement for inclusion in the record.
- You have the right to receive a report of non-routine disclosures that GCHP has made of your health information, up to six years prior to the date of your request (but not earlier than April 14, 2003). GCHP does not maintain records of disclosures made: to you; with your authorization; for the purposes of health care

treatment, determining payment for health services, or conducting GCHP's operations; and certain other circumstances.

- If you received this notice electronically, you have the right to request a paper copy at any time.

### How do I exercise these rights?

As a GCHP member, you have the right to file a complaint with the state's privacy official. You must provide GCHP with specific, written information to support your complaint. You may also file a complaint with the secretary of the Department of Health and Human Services (HHS).

GCHP will not retaliate against you in any way for filing a complaint. Filing a complaint will not adversely affect the quality of health care services you receive as a GCHP member.

### 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. The Plan will need information from you in writing to support your complaint. You may also file a complaint with the HHS secretary. 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.

<p><b>Gold Coast Health Plan</b> Attn: Compliance Department 711 E. Daily Drive, Suite 106 Camarillo, CA 93010 Compliance Hotline: 1-866-672-2615 1-888-310-7347 – TTY</p>	<p><b>U.S. Department of Health and Human Services</b> Sylvia Mathews Burwell, Secretary Jocelyn Samuels, Director Office for Civil Rights 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, DC 20201 <a href="http://www.hhs.gov">www.hhs.gov</a></p>
<p><b>Department of Health Care Services</b> Privacy Officer – Cynthia Bosco c/o Legal Services Office 1501 Capitol Ave., MS-4721 Sacramento 95814 P.O. Box 997413 Sacramento, CA 95899-7413 1-916-445-4646</p>	<p><b>Region IX – San Francisco</b> Michael Leoz, Regional Manager Office for Civil Rights 90 7th Street, Suite 4-100 San Francisco, CA 94103 1-415-437-8310 – Main Call Center 1-415-437-8329 – Fax 1-800-537-7697 – TTY</p>

### Notice about laws

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

### Notice about Medi-Cal as a payer of last resort

Sometimes someone else has to pay first for the services GCHP provides you. For example, if you are in a car accident or if you are injured at work, insurance or Workers' Compensation has to pay first.

The state Department of Health Care Services (DHCS) has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer.

The Medi-Cal program complies with state and federal laws and regulations relating to the legal liability of third parties for health care services to beneficiaries. GCHP will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

### **Notice about estate recovery**

The state must seek repayment from the estate of a deceased GCHP member for:

- Services the member got on or after his or her 55th birthday.
- Any other payments for services the member got from providers not with GCHP.

To learn more about estate recovery, call 1-916-650-0590.

### **Notice of Action**

GCHP will send you a Notice of Action (NOA) letter any time GCHP denies, delays, terminates or modifies a request for health care services. If you disagree with the Plan's decision, you can always file an appeal with GCHP.

# 6. Reporting and solving problems

There are two kinds of problems that you may have with GCHP:

- A **complaint** (or **grievance**) is when you have a problem with GCHP or a provider or with the health care or treatment you got from a provider
- An **appeal** is when you don't agree with the Plan's decision not to cover or change your services

You should always contact GCHP first to let the Plan know about your problem. Call Member Services Monday through Friday from 8 a.m. – 5 p.m. (excluding holidays) at 1-888-301-1228. If you use a TTY, call 1-888-310-7347. This will not take away any of your legal rights. GCHP will also not discriminate or retaliate against you for complaining. Letting GCHP know about your problem will help the Plan improve care for all members.

If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the state Department of Managed Health Care (DMHC) at **1-888-HMO-2219**; if you use a TTY, call **1-877-688-9891**.

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

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. Call HSA at 1-888-472-4463; if you use a TTY, call 1-800-735-2922. If you are not sure who you can file your grievance with, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

## Complaints

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

- **By phone:** Call GCHP at 1-888-301-1228 Monday through Friday from 8 a.m. - 5 p.m. (excluding holidays). If you use a TTY, call 1-888-310-7347. Give your GCHP ID number, your name and the reason for your complaint.
- **By mail:** Call GCHP at 1-888-301-1228 and ask to have a form sent to you. If you use a TTY, call 1-888-310-7347. When you get the form, fill it out. Be sure to include your name, GCHP ID number and the reason for your complaint. Explain what happened and how the Plan can help you.

Mail the form to:  
 Gold Coast Health Plan  
 Attn: Grievance and Appeals  
 P.O. Box 9176  
 Oxnard, CA 93031

Your doctor's office will have complaint forms available.

- **Online:** Visit GCHP's website to obtain a form. Go to [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

If you need help filing your complaint, GCHP can help you. The Plan can give you free language services. Call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

Within five days of getting your complaint, GCHP will send you a letter letting you know it was received. Within 30 days, the Plan will send you another letter that tells you how your problem was resolved.

If you want the Plan to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call Member Services at 1-888-301-1228; if you use a TTY, call 1-888-310-7347. The Plan will make a decision within 72 hours of receiving your complaint.

## Appeals

An appeal is different from a complaint. An appeal is a request for GCHP to review and change a decision the Plan made about coverage for a requested service. If GCHP sent you a Notice of Action (NOA) letter telling you that the Plan is denying, delaying, changing or ending a service, and you do not agree with the decision, you can file an appeal. Your PCP can also file an appeal for you with your written permission.

You must file an appeal within 60 calendar days from the date on the NOA you received. If you are currently getting treatment and you want to continue getting treatment, then you must ask for an appeal within 10 calendar days from the date the NOA was delivered to you, or before the date GCHP says services will stop. When you request the appeal, please say that you want to continue receiving services.

You can file an appeal by phone or in writing:

- **By phone:** Call GCHP at 1-888-301-1228 Monday through Friday from 8 a.m. – 5 p.m. If you use a TTY, call 1-888-310-7347. Give your name, GCHP ID number and the service you are appealing.
- **By mail:** Call GCHP at 1-888-301-1228 and ask to have a form sent to you. If you use a TTY, call 1-888-310-7347. When you get the form, fill it out. Be sure to include your name, GCHP ID number and the service you are appealing.

Mail the form to:  
 Gold Coast Health Plan  
 Attn: Grievance and Appeals  
 P. O. Box 9176  
 Oxnard, CA 93031

Your doctor's office will have appeal forms available.

- **Online:** Visit GCHP's website to obtain a form. Go to [www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org).

If you need help filing your appeal, GCHP can help you. The Plan can give you free language services. Call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

Within five days of getting your appeal, GCHP will send you a letter letting you know it was received. Within 30 days, the Plan will tell you its appeal decision.

If you or your doctor wants GCHP to make a fast decision because the time it takes to resolve your appeal would put your life, health, or ability to function in danger, you can ask for an expedited (fast) review. To ask for an expedited review, call 1-888-301-1228; if you use a TTY, call 1-888-310-7347. The Plan will make a decision within 72 hours of receiving your appeal.

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

If you filed an appeal and received a letter from GCHP telling you that the Plan did not change its decision, or you never received a letter telling you of the decision and it has been past 30 days, you can:

- Ask for a state hearing from the state Department of Social Services (DSS), and a judge will review your case.

You will not have to pay for a state hearing.

## State Hearings

A state hearing is a meeting with people from DSS. A judge will help to resolve your problem. You can ask for a state hearing only if you have already filed an appeal with GCHP and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days.

You must ask for a state hearing within 120 days from the date on the notice telling you of the appeal decision. Your PCP can ask for a state hearing for you with your written permission and if he or she gets approval from DSS. You can also call DSS to ask the state to approve your PCP's request for a state hearing.

You can ask for a state hearing by phone or mail.

- **By phone:** Call the DSS Public Response Unit at 1-800-952-5253; if you use a TTY, call 1-800-952-8349.
- **By mail:** Fill out the form provided with your appeals resolution notice. Send it to:

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

If you need help asking for a state hearing, GCHP can help you. The Plan can give you free language services. Call 1-888-301-1228; if you use a TTY, call 1-888-310-7347.

At the hearing, you will give your side. GCHP will give its side. It could take up to 90 days for the judge to decide your case. GCHP must follow what the judge decides.

If you want DSS to make a fast decision because the time it takes to have a state hearing would put your life, health or ability to function fully in danger, you or your PCP can contact DSS and ask for an expedited (fast) state hearing. DSS must make a decision no later than three business days after it gets your request.

## Fraud, waste and abuse

If you suspect that a provider or a person who gets Medi-Cal has committed fraud, waste or abuse, it is your right to report it.

Provider fraud, waste and abuse includes:

- Falsifying medical records.
- Prescribing more medication than is medically necessary.
- Giving more health care services than are medically necessary.
- Billing for services that were not given.
- Billing for professional services when the professional did not perform the service.

Fraud, waste and abuse by a person who gets benefits includes:

- Lending, selling or giving a GCHP ID card or Medi-Cal Benefits Identification Card (BIC) to someone else.
- Getting similar or the same treatments or medicines from more than one provider.
- Going to an emergency room when it is not an emergency.
- Using someone else's Social Security number or health plan ID number.

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

Send your report to:

Gold Coast Health Plan  
Attn: Compliance Officer – Fraud Investigation  
711 E. Daily Drive, Suite 106  
Camarillo, CA 93010

You can also make a report by:

- Calling the toll-free hotline, available 24 hours a day, seven days a week, at 1-866-672-2615.
- Use GCHP's fraud, waste or abuse website at <https://gchp.alertline.com>.

# 7. Important numbers and words to know

## Important phone numbers

- GCHP's Member Services Department: 1-888-301-1228; if you use a TTY, call 1-888-310-7347
- OptumRx, GCHP's pharmacy benefit manager: 1-855-297-2870
- Beacon Health Options, behavioral health services: 1-855-765-9702
- Vision Service Plan (VSP), vision services: 1-800-877-7195
- Human Services Agency (HSA) – 1-888-472-4463
- Social Security Administration/Medicare: 1-800-772-1213

## Words to know

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

**Acute:** A medical condition that is sudden, requires fast medical attention and does not last a long time.

### Administrative Member:

The following are considered Administrative Members:

- Share of Cost (SOC): A member who has Medi-Cal with an SOC requirement.
- Long-Term Care (LTC): A member who is residing in a skilled- or intermediate-care nursing facility and has been assigned an LTC aid code.
- Out of Area: A member who lives outside of GCHP's service area but whose Medi-Cal case remains in Ventura County.
- Other Health Coverage: A member who has other health insurance that is primary to his/her Medi-Cal coverage. This includes members with both Medi-Cal and Medicare as well as those with both Medi-Cal and commercial insurance. Medi-Cal is the payer of last resort, therefore, GCHP members with other health coverage must access care through their primary insurance.
- Hospice: If the Medi-Cal enrollment file indicates a Hospice Restricted Services code.
- BCCTP: A member who has been assigned a Breast and Cervical Cancer Treatment Program aid code.

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

**Beacon Health Options:** GCHP's behavioral health services provider.

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

**California Children's Services (CCS):** A program that provides services for children up to age 21 with certain diseases and health problems.

**Care manager:** Registered nurses or social workers who can help you understand major health problems and arrange care with your providers.

**Child Health and Disability Prevention (CHDP):** A public health program that reimburses public and private health care providers for early health assessments to detect or prevent diseases and disabilities in children and youth. The program helps children and youth who qualify have access to regular health care. Your PCP can provide CHDP services.

**Chronic condition:** A disease or other medical problem that cannot be completely cured or that gets worse over time or that must be treated so you do not get worse.

**Clinic:** A clinic is a facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), American Indian Health Clinic or other primary care facility.

**Community-based adult services (CBAS):** Outpatient, facility-based services for skilled nursing care, social services, therapies, personal care, family and caregiver training and support, nutrition services, transportation, and other services for members who qualify.

**Complaint:** A member's verbal or written expression of dissatisfaction about GCHP, a provider, or the quality of care or quality of services provided. A complaint is the same as a grievance.

**Continuity of care:** The ability of a plan member to keep getting Medi-Cal services from their existing provider for up to 12 months without a break in service, if the provider and GCHP agree.

**Copayment:** A payment you make, generally at the time of service, in addition to the insurer's payment. You may have copayments if you have other health insurance.

**County Organized Health System (COHS):** A local agency created by a county board of supervisors to contract with the Medi-Cal program. Enrolled recipients choose their health care provider from among all COHS providers.

**Coverage (covered services):** The health care services provided to members of GCHP, subject to the terms, conditions, limitations and exclusions of the Medi-Cal contract and as listed in this EOC and any amendments.

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

**Disenroll:** To stop using GCHP because you no longer qualify for Medi-Cal or have moved to a new county.

**Durable medical equipment (DME):** Equipment that is medically necessary and ordered by your doctor or other provider. GCHP decides whether to rent or buy DME. Rental costs must not be more than the cost to buy. Repair of medical equipment is covered.

**Early and periodic screening, diagnosis and treatment (EPSDT):** A federal program to help find and prevent the health problems of Medi-Cal children from birth to 21 years of age. In California, this program is called the Child Health and Disability Prevention (CHDP) program.

**Emergency medical condition:** A medical or psychiatric (mental) condition with such severe symptoms, such as active labor (see definition above) or severe pain, that someone with a reasonable layperson's knowledge of health and medicine could reasonably believe that not getting immediate medical care could:

- Place your health or the health of your unborn baby in serious danger.
- Cause impairment to a body function.
- Cause a body part or organ to not work right.

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

**Emergency room care:** An exam performed by a doctor (or staff under direction of a doctor as allowed by law) to find out if an emergency medical condition exists; medically-necessary services needed to make you clinically stable within the capabilities of the facility.

**Enrollee:** A person who is a member of a health plan and receives services through the plan.

**Excluded services:** Services not covered by GCHP; non-covered services.

**Family planning services:** Services to prevent or delay pregnancy.

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

**Fee-For-Service (FFS):** Fee paid by the state to a provider for services prior to enrollment in GCHP.

**Follow-up care:** Regular doctor care to check a patient's progress after a hospitalization or during a course of treatment.

**Formulary:** A list of drugs or items that meet certain criteria and are approved for members.

**Fraud:** An intentional act to deceive or misrepresent by a person who knows the deception could result in some unauthorized benefit for the person or someone else.

**Grievance:** A member's verbal or written expression of dissatisfaction about GCHP, a provider, or the quality of care or services provided. A complaint is the same as a grievance.

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

**Health care providers:** Doctors and specialists such as surgeons, doctors who treat cancer, or doctors who treat special parts of the body and who work with GCHP or are in the GCHP network. GCHP network providers must have a license to practice in California and give you a service GCHP covers.

You usually need a referral from your PCP to see a specialist. Your PCP must get pre-approval from GCHP before you get care from an out-of-network or out-of-county specialist. You do not need a referral from your PCP for some types of service, such as family planning, emergency care, Ob/Gyn care or sensitive services.

Types of health care providers:

- Audiologist is a provider who tests hearing.
- Certified nurse-midwife is a nurse who cares for you during pregnancy and childbirth.
- Family practitioner is a doctor who treats common medical issues for people of all ages.
- General practitioner is a doctor who treats common medical issues.
- Internist is a doctor with special training in internal medicine, including diseases.
- Licensed vocational nurse is a licensed nurse who works with your doctor.
- A counselor is a person who helps you with family problems.
- Medical assistant or certified medical assistant is a non-licensed person who helps your doctors give you medical care.
- Mid-level practitioner is a name used for health care providers, such as nurse-midwives, physician's assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician's assistant is a person who works in a clinic or doctor's office who diagnoses, treats and cares for you, within limits.
- Obstetrician/gynecologist (Ob/Gyn) is a doctor who takes care of a woman's health, including during pregnancy and birth.
- Occupational therapist is a provider who helps you regain daily skills and activities after an illness or injury.
- Pediatrician is a doctor who treats children from birth through the teen years.
- Physical therapist is a provider who helps you build your body's strength after an illness or injury.
- Podiatrist is a doctor who takes care of your feet.
- Psychologist is a person who treats mental health issues but does not prescribe drugs.
- Registered nurse is a nurse with more training than a licensed vocational nurse and who has a license to do certain tasks with your doctor.
- Respiratory therapist is a provider who helps you with your breathing.
- Speech pathologist is a provider who helps you with your speech.

**Health insurance:** Insurance coverage that pays for medical and surgical expenses by paying the care provider directly.

**Home health care:** Skilled nursing care and other services given at home.

**Home health care providers:** Providers who give you skilled nursing care and other services at home.

**Hospice:** Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than six months).

**Hospital:** A place where you get inpatient and outpatient care from doctors and nurses.

**Hospitalization:** Admission to a hospital for treatment as an inpatient.

**Hospital outpatient care:** Medical or surgical care performed at a hospital without admission as an inpatient.

**Human Services Agency (HSA):** The agency that provides many services for the residents of Ventura County. These services include Medi-Cal, other health care resources, and assistance with food, housing and employment.

**Inpatient care:** When you have to stay the night in a hospital or other place for the medical care you need.

**Long-term care:** Care in a nursing home to support the medical and social needs of people living with chronic health problems that affect their ability to perform everyday activities.

**Managed care plan:** A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. GCHP is a managed care plan.

**Medical home:** A model of care that will provide better health care quality, improve self-management by members of their own care and reduce avoidable costs over time.

**Medically necessary (or medical necessity):** Reasonable and necessary types of service to protect life; keep the patient from getting seriously ill or disabled; or reduce severe pain through the diagnosis or treatment of disease, illness or injury.

**Medicare:** The federal health insurance program for people 65 years of age or older, certain younger people with disabilities, and people with end-stage renal disease (permanent kidney failure that requires dialysis or a transplant, sometimes called ESRD).

**Member:** Any eligible Medi-Cal beneficiary enrolled with GCHP who is entitled to receive covered services.

**Mental health services provider:** Licensed individuals who provide mental health and behavioral health services to patients.

**Network:** A group of doctors, clinics, hospitals and other providers contracted with GCHP to provide care.

**Network provider (or in-network provider):** See “Participating provider” below.

**Non-covered service:** A service that GCHP does not cover.

**Non-emergency medical transportation (NEMT):** Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. GCHP pays for the lowest-cost NEMT for your medical needs when you need a ride to your appointment. NEMT must be prescribed by a licensed physician, dentist, podiatrist, or mental health or substance use disorder provider.

**Non-formulary drug:** A drug not listed in the drug formulary.

**Non-medical transportation (NMT):** Transportation requested when unable to travel to and from an appointment for a Medi-Cal covered service.

**Non-participating provider:** A provider not in the GCHP network.

**Orthotic device:** A device used as a support or brace affixed externally to the body to support or correct an acutely injured or diseased body part and that is medically necessary for the medical recovery of the member.

**Out-of-area services:** Services while a member is anywhere outside of the service area.

**Out-of-network provider:** A provider who is not part of the GCHP network.

**Outpatient care:** When you do not have to stay the night in a hospital or other place for the medical care you need.

**Outpatient mental health services:** Outpatient services for members with mild-to-moderate mental health conditions including:

- Individual or group mental health evaluation and treatment (psychotherapy).
- Psychological testing when clinically indicated to evaluate a mental health condition.
- Outpatient services for the purposes of monitoring medication therapy.
- Psychiatric consultation.
- Outpatient laboratory, supplies and supplements.

**Palliative Care:** Care to reduce physical, emotional, social and spiritual discomforts for a member with a serious illness.

**Participating hospital:** A licensed hospital that has a contract with GCHP to offer services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by GCHP's utilization review and quality assurance policies or GCHP's contract with the hospital.

**Participating provider (or participating doctor):** A doctor, hospital or other licensed health care professional or licensed health facility, including sub-acute facilities that have a contract with GCHP to offer covered services to members at the time a member receives care.

**Physician services:** Services given by a person licensed under state law to practice medicine or osteopathy, not including services offered by doctors while you are admitted in a hospital that are charged in the hospital bill.

**Plan:** See managed care plan.

**Post-stabilization services:** Services you receive after an emergency medical condition is stabilized.

**Pre-approval (or prior-authorization):** Your PCP must get approval from GCHP before you get certain services. GCHP will only approve the services you need. GCHP will not approve services by non-participating providers if the Plan believes you can get comparable or more appropriate services through GCHP providers. A referral is not an approval. You must get approval from GCHP.

**Preferred drug list (PDL):** A chosen list of drugs approved by GCHP from which your doctor may order for you. Also called a formulary.

**Premium:** An amount paid for coverage of an additional health insurance plan (not Medi-Cal); cost for coverage.

**Prescription drug coverage:** Coverage for medications prescribed by a provider.

**Prescription drugs:** A drug that legally requires an order from a licensed provider to be dispensed, unlike over-the-counter (OTC) drugs that do not require a prescription.

**Primary care:** See routine care.

**Primary care provider (PCP):** The licensed provider, clinic or doctor you have for most of your health care. Your PCP helps you get the care you need. Some care needs to be approved first, unless:

- You have an emergency.
- You need Ob/Gyn care.

- You need sensitive services.
- You need family planning care.

Your PCP can be a:

- General practitioner.
- Doctor of internal medicine.
- Pediatrician.
- Family practitioner.
- FQHC or RHC.
- Nurse practitioner.
- Physician assistant.
- Clinic.

**Prior authorization (pre-approval):** A formal process requiring a health care provider to get approval to provide specific services or procedures.

**Prosthetic device:** An artificial device attached to the body to replace a missing body part.

**Provider Directory:** A list of providers in the GCHP network.

**Psychiatric emergency medical condition:** A mental disorder where the symptoms are serious or severe enough to cause an immediate danger to yourself or others or you are immediately unable to provide for or use food, shelter or clothing due to the mental disorder.

Psychiatric emergency services may include moving a member to a psychiatric unit inside a general hospital or to an acute psychiatric hospital. This move is done to avoid or lessen a psychiatric emergency medical condition. In addition, the treating provider believes the move would not result in making the member's condition worse.

**Public health services:** Health services targeted at the population as a whole. These include, among others, health situation analysis, health surveillance, health promotion, prevention services, infectious disease control, environmental protection and sanitation, disaster preparedness and response, and occupational health.

**Qualified provider:** Doctor qualified in the area of practice appropriate to treat your condition.

**Reconstructive surgery:** Surgery when there is a problem with a part of your body. This problem could be caused by a birth defect, disease or injury. It is medically necessary to make that part look or work better.

**Referral:** When your PCP says you can get care from another provider. Some covered care and services require a referral and pre-approval. You do not need a referral from your PCP for these services:

- Emergency care
- Ob/Gyn care from providers in the GCHP network
  - The prevention or treatment of pregnancy, including birth control, emergency contraceptive services, pregnancy tests, prenatal care, abortion and abortion-related procedures.

- Sensitive services
  - The screening, prevention, testing, diagnosis, and treatment of sexually transmitted infections (STIs).
  - The diagnosis and treatment of sexual assault or rape, including the collection of medical evidence with regard to the alleged rape or sexual assault.
  - The screening, prevention, testing, diagnosis, and treatment of the human immunodeficiency virus (HIV).
- Family planning care
- Outpatient professional behavioral health services

**Routine care:** Medically-necessary services and preventive care, well-child visits, or care such as routine follow-up care. The goal of routine care is to prevent health problems.

**Rural Health Clinic (RHC):** A health center in an area that does not have many health care providers. You can get primary and preventive care at an RHC.

**Sensitive services:** Medically-necessary services for family planning, sexually transmitted infections (STIs), HIV/AIDS, sexual assault and abortions.

**Serious illness:** A disease or condition that must be treated and could result in death.

**Service area:** The geographic area GCHP serves. This is the County of Ventura.

**Share of Cost (SOC):** The dollar amount some members may be required to pay each month to providers for their medical care. The amount depends on the member's income and is determined by your county Medi-Cal eligibility worker. When a member meets his/her SOC, he/she becomes eligible for GCHP and is considered an Administrative member.

**Skilled nursing care:** Covered services provided by licensed nurses, technicians and/or therapists during a stay in a Skilled Nursing Facility or in a member's home.

**Skilled nursing facility:** A place that gives 24-hour nursing care that only trained health professionals may give.

**Specialist (or specialty physician):** A doctor who treats certain types of health care problems. For example, an orthopedic surgeon treats broken bones, an allergist treats allergies, and a cardiologist treats heart problems. In most cases, you will need a referral from your PCP to see a specialist.

**Specialty mental health services:**

- Outpatient services:
  - Mental health services (assessments, plan development, therapy, rehabilitation, and collateral)
  - Medication support services
  - Day treatment intensive services
  - Day rehabilitation services
  - Crisis intervention services
  - Crisis stabilization services
  - Targeted case management services
  - Therapeutic behavioral services
  - Intensive care coordination (ICC)

- Intensive home-based services (IHBS)
- Therapeutic foster care (TFC)
- Residential services:
  - Adult residential treatment services
  - Crisis residential treatment services
- Inpatient services:
  - Acute psychiatric inpatient hospital services
  - Psychiatric inpatient hospital professional services
  - Psychiatric health facility services

**Terminal illness:** A medical condition that cannot be reversed and will most likely cause death within one year or less if the disease follows its natural course.

**Triage (or screening):** The evaluation of your health by a doctor or nurse who is trained to screen for the purpose of determining the urgency of your need for care.

**Urgent care (or urgent services):** Services provided to treat a non-emergency illness, injury or condition that requires medical care. You can get urgent care from an out-of-network provider if network providers are temporarily not available or accessible.

**Vision Service Plan (VSP):** GCHP's vision services provider.



**Integrity**  
**Respect**  
**Collaboration**  
**Trust**  
**Accountability**



**Gold Coast  
Health Plan**<sup>SM</sup>  
A Public Entity

For questions and Gold Coast Health Plan information,  
please call 1-888-301-1228  
[www.goldcoasthealthplan.org](http://www.goldcoasthealthplan.org)

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