



Santa Clara Family
Health Plan™

MEDI-CAL

Member Handbook

What you need to know about your benefits

2020

Combined Evidence of Coverage (EOC) and Disclosure Form

Customer Service: **1-800-260-2055** TTY: **711**

Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is free.

www.scfhp.com



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Other languages and formats

Other languages

You can get this Member Handbook and other plan materials for free in other languages. Call Customer Service at 1-800-260-2055 (TTY 711). The call is toll free. Read this Member Handbook to learn more about health care language assistance services, such as interpreter and translation services.

Other formats

You can get this information for free in other auxiliary formats, such as braille, 18-point font large print and audio. Call Customer Service at 1-800-260-2055 (TTY 711). 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, 7 days a week, or to get this handbook in a different language, call



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Customer Service at 1-800-260-2055 (TTY 711). The call is toll free.

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-260-2055. (TTY: 1-800-735-2929 or 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-260-2055 (رقم الهاتف النصي: 1-800-735-2929 أو 711).

Հայերեն (Armenian): ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-800-260-2055 (TTY (հեռատիպ)՝ 1-800-735-2929 կամ 711)։

中文 (Chinese): 注意：如果您说中文，将为您提供免费的语言服务。请致电 1-800-260-2055。（TTY：1-800-735-2929 或 711）。

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਭਾਸ਼ਾ ਬੋਲਦੇ ਹਾਂ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹਨ। 1-800-260-2055 (TTY: 1-800-735-2929 ਜ 711) ਤੇ ਕਾਲ ਕਰੋ।

हिंदी (Hindi): ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-260-2055 (TTY: 1-800-735-2929 या 711) 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 1-800-260-2055 (TTY: 1-800-735-2929 los sis 711).

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。1-800-260-2055 (TTY: 1-800-735-2929または711)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. 1-800-260-2055 (TTY: 1-800-735-2929 또는 711)번으로 전화해 주십시오.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Other languages and formats

ພາສາລາວ (Lao): ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໃຫ້ໂທຫາເບີ 1-800-260-2055. (TTY: 1-800-735-2929 ຫຼື 711).

ខ្មែរ (Mon-Khmer, Cambodian): ប្រមយកចិត្តទុកដាក់: ប្រសិនបើលោកអ្នកនិយាយភាសាខ្មែរ នោះលោកអ្នកអាចស្វែងរកសេវាជំនួយផ្នែកភាសា បានដោយឥតគិតថ្លៃ។ សូមទូរស័ព្ទទៅលេខ 1-800-260-2055។ (TTY: 1-800-735-2929 ឬ 711)។

فارسی (Persian, Farsi):

توجه: اگر به زبان فارسی صحبت می کنید، کمک در زمینه زبان به صورت رایگان در اختیارتان قرار خواهد گرفت. با 1-800-260-2055 (TTY 1-800-735-2929 یا 711) تماس بگیرید.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-260-2055 (телетайп: 1-800-735-2929 или 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-260-2055 (TTY: 1-800-735-2929 o 711).

Tagalog – Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-260-2055 (TTY: 1-800-735-2929 o 711).

ภาษาไทย (Thai): เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-800-260-2055 (TTY: 1-800-735-2929 หรือ 711).

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 1-800-260-2055 (TTY: 1-800-735-2929 hoặc 711).



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Notice of non-discrimination

Discrimination is against the law. Santa Clara Family Health Plan (SCFHP) follows state and federal civil rights laws. SCFHP does not unlawfully discriminate, exclude people or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation.

SCFHP provides:

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

If you need these services, call SCFHP Customer Service at 1-800-260-2055 (TTY 711). We are open Monday through Friday, 8:30 a.m. to 5:00 p.m.

If you believe that SCFHP has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation, you can file a grievance with the SCFHP Grievance and Appeals Department. You can file a grievance in person, in writing, by phone or by email:



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Notice of non-discrimination

Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
6201 San Ignacio Avenue
San Jose, CA 95119
Phone: 1-800-260-2055 (TTY 711)
Fax: 1-408-374-1962
Online: www.scfhp.com

If you need help filing a grievance, SCFHP Customer Service can help you.

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

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
1-916-440-7370 (TTY 711 California State Relay)
Email: CivilRights@dhcs.ca.gov

You can get complaint forms at http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

If you believe you have been discriminated against on the bases of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights in writing, by phone or online:

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 Portal: https://ocrportal.hhs.gov/ocr/cp/wizard_cp.jsf

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.



Call Customer Service at 1-800-260-2055 (TTY 711).
Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.
Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Welcome to SCFHP!

Thank you for joining Santa Clara Family Health Plan (SCFHP). SCFHP is a health plan for people who have Medi-Cal. SCFHP works with the State of California to help you get the health care you need. SCFHP also contracts with Kaiser Permanente (Kaiser) so members who were previously with Kaiser are able to maintain their primary care provider. Kaiser is not accepting new patients. Members in Kaiser will receive an additional member handbook or combined evidence of coverage and disclosure form from Kaiser. Members should also refer to the Kaiser provider and pharmacy directory for a list of network providers.

For information about choosing Kaiser, see page 31.

Member Handbook

This Member Handbook tells you about your coverage under SCFHP. 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 SCFHP. 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 SCFHP rules and policies and based on the contract between SCFHP and 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 Customer Service.

Call Customer Service at 1-800-260-2055 (TTY 711) to ask for a copy of the contract between SCFHP and DHCS. You may also ask for another copy of the Member Handbook at no cost to you or visit the SCFHP website at www.scfhp.com to view the Member Handbook. You may also request, at no cost, a copy of the SCFHP non-proprietary clinical and administrative policies and procedures, or how to access this information on the SCFHP website.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Contact us

SCFHP is here to help. If you have questions, call Customer Service at 1-800-260-2055 (TTY 711). SCFHP is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

You can also visit online at any time at www.scfhp.com.

Thank you,

Santa Clara Family Health Plan
6201 San Ignacio Ave
San Jose, CA 95119



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

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1. Getting started as a member

How to get help

Santa Clara Family Health Plan (SCFHP) wants you to be happy with your health care. If you have any questions or concerns about your care, SCFHP wants to hear from you!

Customer Service

SCFHP Customer Service is here to help you. SCFHP can:

- Answer questions about your health plan and covered services
- Help you choose or change 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
- Help you schedule transportation to medical appointments

If you need help, call Customer Service at 1-800-260-2055 (TTY 711). SCFHP is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

You can also visit online at any time at www.scfhp.com.

Who can become a member

You qualify for SCFHP because you qualify for Medi-Cal and live in Santa Clara County. For information on Medi-Cal eligibility, contact the County Social Services Department at 1-877-962-3633, Monday through Friday, 8:00 a.m. to 5:00 p.m. TTY users should call 1-408-758-3822. Or visit www.sccgov.org/sites/ssa/daas/Pages/daas.aspx. You may also qualify for Medi-Cal through Social Security. To contact the Social Security Administration, call 1-800-772-1213, Monday through Friday, 7:00 a.m. to 7:00 p.m. TTY users should call 1-800-325-0778.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

For questions about enrollment, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov.

Transitional Medi-Cal

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

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

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

Identification (ID) cards

As a member of SCFHP, you will get an SCFHP ID card. You must show your SCFHP 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 SCFHP ID card to show you what yours will look like:



Front



Back

If you have a primary care provider (PCP), your ID card includes your PCP’s name, phone number, and network name. You can also find the SCFHP Customer Service and 24/7 Nurse Advice Line phone numbers on the front of your ID card.

If you do not get your SCFHP ID card within a few weeks of enrolling, or if your card is damaged, lost or stolen, call Customer Service right away. SCFHP will send you a new



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

card for free. Call Customer Service at 1-800-260-2055 (TTY 711). You can also request an ID card online at www.member.scfhp.com.

Ways to get involved as a member

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

Consumer Advisory Committee

SCFHP has a group called Consumer Advisory Committee. This group is made up of representatives that include, but are not limited to, members of SCFHP, parents or legal guardians of SCFHP members, advocates and providers who work for community organizations that serve SCFHP members, and health care professionals who care for SCFHP members. Joining this group is voluntary. The group talks about how to improve SCFHP policies and is responsible for:

- Representing consumers and advocates in advising SCFHP on matters relating to the protection of enrollee rights, interests, and access to quality health care and services
- Assisting SCFHP in promoting SCFHP's mission through education, advocacy, collaboration, and feedback. The CAC acts as a source of information and advice for SCFHP

If you would like to be a part of this group, call Customer Service at 1-800-260-2055 (TTY 711).

Other ways to get involved

SCFHP also surveys our members to get feedback from you about how we are doing. We encourage you to participate. We use your input to improve our services to you.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

2. About your health plan

Health plan overview

Santa Clara Family Health Plan (SCFHP) Medi-Cal plan is a health plan for people who have Medi-Cal in Santa Clara County. SCFHP works with the State of California to help you get the health care you need.

You may talk with one of the SCFHP Customer Service representatives to learn more about the health plan and how to make it work for you. Call Customer Service at 1-800-260-2055 (TTY 711).

When your coverage starts and ends

When you enroll in SCFHP, you should receive an SCFHP member ID card within two weeks of enrollment. Please show this card every time you go for any service under the SCFHP.

You may ask to end your SCFHP coverage and choose another health plan at any time. Your new coverage will be effective the first of the following month. For help choosing a new plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077). Or visit www.healthcareoptions.dhcs.ca.gov. You can also ask to end your Medi-Cal.

Sometimes SCFHP can no longer serve you. SCFHP must end your coverage if:

- You move out of the county or are in prison
- You no longer have Medi-Cal
- You qualify for certain waiver programs
- You need a major organ transplant (excluding kidneys and corneal transplants)
- SCFHP's contract with the California Department of Health Care Services (DHCS) ends



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Indian Health Services

If you are an American Indian, you have the right to get health care services at Indian health service facilities. You may also stay with or disenroll from SCFHP while getting health care services from these locations. American Indians have a right to not enroll in a Medi-Cal managed care plan or may leave their health plans and return to regular (fee-for-service) Medi-Cal at any time and for any reason.

To find out more, please call Indian Health Services at 1-916-930-3927 or visit the Indian Health Services website at www.ihs.gov.

How your plan works

SCFHP Medi-Cal plan is a health plan contracted with DHCS. SCFHP Medi-Cal plan 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. SCFHP works with doctors, hospitals, pharmacies and other health care providers in the SCFHP service area to give health care to you, the member.

Customer Service will tell you how SCFHP works, how to get the care you need, how to schedule provider appointments, and how to find out if you qualify for transportation services.

To learn more, call Customer Service at 1-800-260-2055 (TTY 711). You can also find member service information online at www.scfhp.com.

Changing health plans

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

It takes until the following month to process your request to leave SCFHP. To find out when Health Care Options has approved your request, call 1-800-430-4263 (TTY 1-800-430-7077).

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



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

You may ask to leave SCFHP in person at your local county health and human services office. Find your local office at www.dhcs.ca.gov/services/medical/Pages/CountyOffices.aspx. Or call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

College students who move to a new county

If you move to a new county in California to attend college, SCFHP will cover emergency 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 your local county social services office 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. If SCFHP does not operate in the new county, you will have to change your health plan to the available options in the new county. For questions and to prevent any delay in enrolling in the new health plan, call Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).

OR

- 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 services in the new county. For routine or preventive health care, you would need to use the SCFHP regular network of providers located in the head of the household's county of residence.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Continuity of care

If you now go to providers who are not in an SCFHP network, in certain cases you may get continuity of care and be able to go to them for up to 12 months. If your providers do not join an SCFHP network by the end of 12 months, you will need to switch to providers in an SCFHP network. You may continue such care with the same provider for up to 12 months under the following conditions:

- You ask SCFHP to help you by calling Customer Service; and
- You have an ongoing relationship with the non-plan provider, prior to enrollment with SCFHP; and
- The non-plan provider agrees to SCFHP's requirements; and
- The non-plan provider meets SCFHP's applicable professional standards and has no disqualifying quality-of-care issues.

Additionally, SCFHP may cover your medical care with a non-plan provider for specific conditions when medically necessary. These conditions are:

- An acute condition: SCFHP will help you continue getting care for a covered service until you no longer have the acute condition.
- Serious chronic condition: SCFHP will help you continue getting care for a covered service for as long as it takes for your treatment of the serious chronic condition to be complete. After your treatment is completed, SCFHP will transfer your care to an in-plan provider.

SCFHP will help you:

- Get a surgery or other medical procedure from the non-plan provider as long as it is a covered service, medically necessary, and has already been approved as part of a documented treatment plan.
- Continue getting care that is a covered service for a newborn child between birth and 36 months, for up to 12 months from the effective date of coverage.
- Continue getting care that is a covered service for a pregnancy, including postpartum (6 weeks after delivery) care.
- Continue getting care that is a covered service for the duration of a terminal illness.
- Continue getting care that is a covered service for a maternal mental health condition for up to 12 months from the diagnosis or from the end of pregnancy, whichever occurs later.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Call SCFHP Customer Service at 1-800-260-2055 (TTY 711) if you need assistance with this process.

Note: Continuity of care protections do not extend to these providers: durable medical equipment, transportation, other ancillary services, or carved-out services.

Providers who leave SCFHP

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

SCFHP provides continuity of care services if:

- You ask SCFHP to help you by calling Customer Service and
- You have an ongoing relationship with the non-plan provider, prior to enrollment with SCFHP and
- The non-plan provider agrees to SCFHP's requirements and
- The non-plan provider meets SCFHP's applicable professional standards and has no disqualifying quality-of-care issues

Additionally, SCFHP may cover your medical care with a non-plan provider for specific conditions when medically necessary. These conditions are:

- An acute condition: SCFHP will help you continue getting care for a covered service until you no longer have the acute condition.
- Serious chronic condition: SCFHP will help you continue getting care for a covered service for as long as it takes for your treatment of the serious chronic condition to be complete. After your treatment is completed, SCFHP will transfer your care to an in-plan provider.

SCFHP will help you:

- Get a surgery or other medical procedure from the non-plan provider as long as it is a covered service, medically necessary, and has already been approved as part of a documented treatment plan.
- Continue getting care that is a covered service for a newborn child between birth and 36 months, for up to 12 months from the effective date of coverage.
- Continue getting care that is a covered service for a pregnancy, including postpartum (6 weeks after delivery) care.
- Continue getting care that is a covered service for the duration of a terminal illness.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- Continue getting care that is a covered service for a maternal mental health condition for up to 12 months from the diagnosis or from the end of pregnancy, whichever occurs later.

SCFHP may also transfer care to a plan provider to make sure your care is not interrupted. Call SCFHP Customer Service at 1-800-260-2055 (TTY 1-800-735-2929 or 711) if you need assistance with this process.

SCFHP does **not** provide continuity of care services if:

- You do not meet the conditions above.
- The provider and SCFHP cannot agree on payment or other terms for providing care. In this case, if you still want the services, then you will be responsible for paying the provider.
- The services provided are for durable medical equipment, transportation, other ancillary services, or carved-out services.

To learn more about continuity of care and eligibility qualifications, call Customer Service.

Costs

Member costs

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

For members with a share of cost

You may have to pay a share of cost each month. 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 SCFHP for that month. You will not be covered by SCFHP 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 your PCP and other providers in your network. If you do not have a PCP, call SCFHP Customer Service.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

How a provider gets paid

SCFHP pays providers in these ways:

- Capitation payments
 - SCFHP pays some providers a set amount of money every month for each SCFHP member. This is called a capitation payment. SCFHP and providers work together to decide on the payment amount.
- Fee-for-service payments
 - Some providers give care to SCFHP members and then send SCFHP a bill for the services they provided. This is called a fee-for-service payment. SCFHP and providers work together to decide how much each service costs.
- Per diem
 - This is a set rate SCFHP pays to some participating hospitals per day.
- Per case
 - This is a set rate SCFHP pays to some hospitals per admission.

To learn more about how SCFHP pays providers, call Customer Service at 1-800-260-2055 (TTY 711).

SCFHP has programs to offer financial incentives to providers to increase the quality and efficiency of care provided to our members.

Asking SCFHP to pay a bill

If you get a bill for a covered service, call Customer Service right away at 1-800-260-2055 (TTY 711).

If you pay for a service that you think SCFHP should cover, you can file a claim. Tell SCFHP in writing why you had to pay. SCFHP will review your claim to decide if you can get money back.

If you pay for a service that you think SCFHP should cover, you can submit the following information in writing:

- A copy of the bill,
- Proof of payment, if you paid it,
- The member's name and address,
- The member identification number on the member ID card,



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- The name and address of each provider paid,
- The date and reason for the bill, and
- A letter asking SCFHP to refund the money you paid or asking us to tell the provider to stop billing you

Send all of the above information to:

Customer Service Department
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

You need to send this information within 90 calendar days of the date of service. If you have paid the bill, the proof of payment must be acceptable to SCFHP.

If you are not able to send your request within 90 calendar days of the date of service, then when you send your written request for refund, include an explanation and/or other proof that you tried, in good faith, to send us the request within the 90 calendar days. SCFHP will review your claim to see if you can get money back.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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 SCFHP ID card and Medi-Cal BIC card with you. Never let anyone else use your SCFHP ID card or BIC card.

New members must choose a primary care provider (PCP) in one of the SCFHP networks. A SCFHP network is a group of doctors, hospitals and other providers who work with SCFHP. You must choose a PCP within 30 days from the time you join SCFHP. If you do not choose a PCP, SCFHP will choose one for you.

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

If you have a doctor you want to keep, or you want to find a new PCP, you can find a provider using our search tool on the SCFHP website at www.scfhp.com. You can also look in the Provider Directory. It has a list of all PCPs contracted with SCFHP. The Provider Directory has other information to help you choose a PCP. If you need a Provider Directory, call Customer Service at 1-800-260-2055 (TTY 711). You can also find the Provider Directory on the SCFHP website at www.scfhp.com.

If you cannot get the care you need from a participating provider in your PCP's network, your PCP must ask SCFHP or your network 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)

SCFHP recommends that, as a new member, you visit your new PCP within the first 120 days for an initial health assessment (IHA). The purpose of the IHA is to help your PCP learn your health care history and needs. Your PCP may ask you some questions about



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

your health history or may ask you to complete a questionnaire. Your PCP will also tell you about counseling and health education classes that may help you.

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

Take your BIC card and your SCFHP 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. SCFHP 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 in this handbook.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Urgent care

Urgent care is **not** for an emergency or life-threatening condition. It is for services you need to prevent serious damage to your health from a sudden illness, injury or complication of a condition you already have. Urgent care appointments require care within 48 hours. If you are outside SCFHP's service area, urgent care services may be covered. Urgent care needs could be a cold, sore throat, fever, ear pain, sprained muscle or maternity services.

For urgent care, call your PCP. If you cannot reach your PCP, call Customer Service at 1-800-260-2055 (TTY 711). Or you can call the 24/7 Nurse Advice Line at 1-877-509-0294.

The Nurse Advice Line can:

- Answer questions about a health concern, and instruct you on self-care at home if appropriate.
- Advise you about whether you should get medical care, and how and where to get care. For example, if you are not sure if your condition is an emergency medical condition, they can help you decide if you need emergency services or urgent care. They can also tell you how and where to get that care.
- Tell you what to do if you need care and a health care provider's office is closed.

If you need urgent care out of the area, go to the nearest urgent care facility. You do not need pre-approval (prior authorization). If you need mental health urgent care, call the Santa Clara County Mental Health Services toll-free telephone number at 1-800-704-0900 that is available 24 hours a day, 7 days a week. To find all counties' toll-free telephone numbers online, visit <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

Emergency care

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

Emergency care is for life-threatening medical conditions. This care 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:



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- 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 your medical condition is an emergency, call your PCP. You may also call the 24/7 Nurse Advice Line at 1-877-509-0294.

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

If you need emergency transportation, call **911**. You do not need to ask your PCP or SCFHP 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 SCFHP or your network.

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

Sensitive care

Minor consent services

If you are under 18 years old, you can go to a doctor without consent from your parents or guardian for these types of care:

- Outpatient mental health (only minors 12 years or older) for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy
- Family planning/birth control (except sterilization)



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- Sexual assault
- HIV/AIDS prevention/testing/treatment (only minors 12 years or older)
- Sexually transmitted infections prevention/testing/treatment (only minors 12 years or older)
- Drug and alcohol abuse treatment (only minors 12 years or older)

The doctor or clinic does not have to be part of an SCFHP network and you do not need a referral from your PCP to get these services. For help finding a doctor or clinic giving these services, or for help getting to these services, you can call Customer Service at 1-800-260-2055 (TTY 711). You may also call the 24/7 Nurse Advice Line at 1-877-509-0294.

Minors can talk to a representative in private about their health concerns by calling the 24/7 Nurse Advice Line at 1-877-509-0294.

Adult sensitive services

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

- Family planning
- HIV/AIDS testing
- Sexually transmitted infections

The doctor or clinic does not have to be part of an SCFHP network. Your PCP does not have to refer you for these types of service. For help finding a doctor or clinic giving these services, you can call Customer Service at 1-800-260-2055 (TTY 711). You may also call the 24/7 Nurse Advice Line at 1-877-509-0294.

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 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.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

You have the right to learn about changes to advance directive laws. SCFHP will tell you about changes to the state law no longer 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 go to your PCP for care when you are sick. Be sure to call your PCP before you get non-emergency medical care. Your PCP will refer (send) you to specialists if you need them.

To get help with your health questions, you can also call our 24/7 Nurse Advice Line at 1-877-509-0294.

If you need urgent care, call your PCP. Urgent care is care you need within 48 hours but is not an emergency. It includes care for such things as cold, sore throat, fever, ear pain or sprained muscle.

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

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. If your provider has a moral objection, he or she will help you find another provider for the needed services. SCFHP can also work with you to find a provider.

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

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

You should get more information before you enroll. Call the new doctor, medical group, independent practice association or clinic that you want. Or call SCFHP Customer Service at 1-800-260-2055 to make sure you can get the health care services you need.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Provider Directory

The SCFHP Provider Directory lists providers that participate in SCFHP networks. A network is a group of providers that work with SCFHP.

The SCFHP Provider Directory lists hospitals, pharmacies, PCPs, specialists, nurse practitioners, nurse midwives, physician assistants, family planning providers, Community Clinics and Federally Qualified Health Centers (FQHCs), outpatient mental health providers, long-term services and supports (LTSS), urgent care clinics, durable medical equipment providers, laboratories, and vision care providers.

The Provider Directory has SCFHP provider names, addresses, phone numbers, business hours and languages spoken. It tells if the provider is taking new patients. It also gives the level of physical accessibility for the building, such as parking, ramps, stairs with handrails, and restrooms with wide doors and grab bars.

You can find the online Provider Directory at www.scfhp.com.

If you need a printed Provider Directory, call Customer Service at 1-800-260-2055 (TTY 711).

Provider network

A provider network is a group of doctors, hospitals and other providers that work with SCFHP. You will get your covered services through an SCFHP network. For information on Kaiser providers, see page 31.

If your network provider, 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 Customer Service at 1-800-260-2055 (TTY 711). Go to 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. SCFHP can also work with you to find a provider.

In network

You will use providers in your SCFHP 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 your SCFHP network.

To get a Provider Directory of network providers, call Customer Service at 1-800-260-2055 (TTY 711). You can also find the Provider Directory online at www.scfhp.com.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

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

Out-of-network or Out-of-service area

Out-of-network providers are those that are not part of the SCFHP network you have chosen or been assigned to. Except for emergency care, you may have to pay for care from providers who are out of your network. If you need covered health care services, you may be able to get them out of your network at no cost to you as long as they are medically necessary, not available in your network, and you have any required referral or authorization.

If you need help with out-of-network services, call Customer Service at 1-800-260-2055 (TTY 711).

If you are outside of the SCFHP service area and need care that is **not** an emergency or urgent, call your PCP right away. Or call Customer Service at 1-800-260-2055 (TTY 711). The SCFHP service area is Santa Clara County.

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

If you have questions about out-of-network or out-of-service area care, call Customer Service at 1-800-260-2055 (TTY 711). If the office is closed and you want help from a representative, call the 24/7 Nurse Advice Line at 1-877-509-0294.

Your Provider Network

When you choose a PCP, you are also choosing to use the specialists and the hospital(s) with whom the doctor works. We call this a “network.” SCFHP has the following networks:

- Independent physicians who work directly with SCFHP
- Kaiser Permanente (see page 31)
- Palo Alto Medical Foundation
- Physicians Medical Group of San Jose
- Premier Care of Northern California
- VHP Network and their affiliated clinics and Community Clinics



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Doctors

You will choose your doctor or a primary care provider (PCP) from the SCFHP Provider Directory. The doctor you choose must be a participating provider. This means the provider is in an SCFHP network. To get a copy of the SCFHP Provider Directory, call Customer Service at 1-800-260-2055 (TTY 711). Or find it online at www.scfhp.com.

You should also call if you want to check to be sure the PCP you want is taking new patients. If you had a doctor before you were a member of SCFHP, you may be able to keep that doctor for a limited time. This is called continuity of care. You can read more about continuity of care in this handbook. To learn more, call Customer Service at 1-800-260-2055 (TTY 711).

If you need a specialist, your PCP will refer you to a specialist in your SCFHP network.

Remember, if you do not choose a PCP, SCFHP will choose one for you. You know your health care needs best, so it is best if you choose. If you are in both Medicare and Medi-Cal, you do not have to choose a PCP and SCFHP will not choose one for you.

If you want to change your PCP, you must choose a PCP from the SCFHP Provider Directory. Be sure the PCP is taking new patients. To change your PCP, call Customer Service at 1-800-260-2055 (TTY 711).

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 your network. The hospitals in SCFHP networks 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 SCFHP. Depending on your age and sex, you may choose a general practitioner, obstetrics/gynecology (OB/GYN), family practitioner, internist or pediatrician as your primary care provider (PCP). A nurse practitioner (NP), physician assistant (PA) or certified nurse midwife may also act as your PCP. If you choose an NP, PA or certified nurse midwife, you may be assigned a doctor to oversee your care.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

You can also choose a Federally Qualified Health Center (FQHC) or other community clinic as your PCP. Depending on the type of the provider, you may be able to choose one PCP for your entire family who are members of SCFHP.

If you do not choose a PCP within 30 days of enrollment, SCFHP will assign you to a PCP. Note that if you are enrolled in both Medi-Cal and Medicare, you do not need to choose a PCP and SCFHP will not choose a PCP for you, as Medicare is the primary payer. If you are assigned to a PCP and want to change, call Customer Service at 1-800-260-2055 (TTY 711). The change happens the first day of the next month.

Your PCP will:

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

You can look in the Provider Directory to find a PCP in SCFHP networks. The Provider Directory has a list of FQHCs that work with SCFHP.

You can find the SCFHP Provider Directory online at www.scfhp.com. Or you can request a Provider Directory to be mailed to you by calling Customer Service at 1-800-260-2055 (TTY 711). You can also call to find out if the PCP you want is taking new patients.

Note: PCPs in Kaiser and Palo Alto Medical Foundation networks are not taking new patients. You may be able to still choose these providers if you:

- Have been a Kaiser member within six months, or
- Received care from a Palo Alto Medical Foundation PCP within 24 months, or
- Have an immediate family member living in the same household who is receiving care from Kaiser or Palo Alto Medical Foundation

Choice of doctors and other providers

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

It is best to stay with one PCP so 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 an SCFHP provider network and is taking new patients.

Providers in SCFHP's Kaiser network and Palo Alto Medical Foundation network are not accepting new patients. You may be able to select a PCP in these networks if you meet



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

certain requirements. See the requirements in the section above.

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

To select Kaiser, you must call SCFHP Customer Service at 1-800-260-2055 (TTY 711). Even if you selected Kaiser when you enrolled in Medi-Cal and completed your choice packet, you will need to call SCFHP Customer Service. Please note that if your selection of Kaiser is approved, the change is effective on the first day of the following month. If your choice of Kaiser is **not** approved, we cannot guarantee that services provided by Kaiser will be covered, even if Kaiser agrees to see you for an appointment.

If you selected a Palo Alto Medical Foundation PCP when you enrolled in Medi-Cal and completed your choice packet, we will check to see if you meet the criteria. If you do, your Palo Alto Medical Foundation coverage will start the first day of the following month. You will get an SCFHP ID card in the mail with your PCP's information on it. You can also call SCFHP Customer Service at 1-800-260-2055 (TTY 711) to request a Palo Alto Medical Foundation PCP. Please note that if your selection is approved by Palo Alto Medical Foundation, the change is effective on the first day of the following month. If your choice of Palo Alto Medical Foundation is **not** approved, we cannot guarantee that services provided by Palo Alto Medical Foundation will be covered, even if Palo Alto Medical Foundation agrees to see you for an appointment.

To change your PCP, login to the mySCFHP member portal or call Customer Service at 1-800-260-2055 (TTY 711).

SCFHP may ask you to change your PCP if the PCP is not taking new patients, has left the SCFHP network, or does not give care to patients your age. SCFHP 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 SCFHP needs to change your PCP, SCFHP will tell you in writing.

If you change PCPs, you will get a new SCFHP member ID card in the mail. It will have the name of your new PCP. Call Customer Service if you have questions about getting a new ID card.

Appointments

When you need health care:

- Call your PCP
- Have your SCFHP ID number ready on the call
- Leave a message with your name and phone number if the office is closed



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- Take your BIC card and SCFHP ID card to your appointment
- Ask for transportation to your appointment, if needed
- Ask for language assistance or interpretation services, if needed
- 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 Customer Service at 1-800-260-2055 (TTY 711). Tell SCFHP 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 SCFHP for any covered service. Except for emergency care or urgent care, you may have to pay for care from providers who are not in your network. If you need covered health care services, you may be able to get them at an out-of-network provider at no cost to you, as long as they are medically necessary and not available in your network.

If you get a bill or are asked to pay a co-pay that you think you did not have to pay, you will need to tell SCFHP in writing why you had to pay for the item or service. SCFHP will read your claim and decide if you can get money back. For questions, call Customer Service at 1-800-260-2055 (TTY 711). See the section above on “Asking SCFHP to pay a bill.”

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 go to the specialist.

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



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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 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 go to the same specialist more than once without getting a referral each time.

If you have trouble getting a standing referral or want a copy of the SCFHP referral policy, call Customer Service at 1-800-260-2055 (TTY 711).

You do not need a referral for:

- PCP visits
- OB/GYN visits
- Urgent or emergency care visits
- Adult sensitive services, such as sexual assault care
- Family planning services (to learn more, call California Family Planning Information and Referral Service at 1-800-942-1054)
- HIV testing and counseling (only minors 12 years or older)
- Treatment for sexually transmitted infections (only minors 12 years or older)
- Acupuncture
- Chiropractic services (when provided by FQHCs and RHCs)
- Podiatry services (when provided by FQHCs and RHCs)
- Eligible dental services
- Initial mental health assessment

Minors also do not need a referral for:

- Outpatient mental health services for:
 - Sexual or physical abuse
 - When you may hurt yourself or others
- Pregnancy care
- Sexual assault care
- Drug and alcohol abuse treatment

Pre-approval

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



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medically necessary or needed. If your PCP is in one of the following networks, your network will make the decision about whether to approve medical care: Kaiser, Physicians Medical Group, Premier Care, and VHP.

Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

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

- Non-emergency medical transportation
- Hospitalization, if not an emergency
- Services out of the SCFHP service area
- Outpatient surgery
- Long-term care at a nursing facility
- Specialized treatments, imaging, testing, and procedures

For some services, you need pre-approval (prior authorization). Under Health and Safety Code Section 1367.01(h)(2), SCFHP or your network will decide routine pre-approvals within 5 working days of when SCFHP or your network gets the information reasonably needed to decide.

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

SCFHP does **not** pay the reviewers to deny coverage or services. If SCFHP or your network does not approve the request, SCFHP or your network 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.

SCFHP or your network will contact you if SCFHP or your network needs more information or more time to review your request.

You never need pre-approval for emergency care, even if it is out of the network. This includes labor and delivery if you are pregnant.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Second opinions

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

If you want to get a second opinion, you can choose an in-network provider of your choice. For help choosing a provider, call 1-800-260-2055 (TTY 711).

SCFHP 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 SCFHP to get a second opinion from a network provider.

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

If SCFHP or your network denies your request for a second opinion, you may appeal. To learn more about appeals, go to page 82 in this handbook.

Women's health specialists

You may go to a women's health specialist within your 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. You can find a women's health specialist using our search tool on the SCFHP website at www.scfhp.com. For help finding a women's health specialist, you can call Customer Service at 1-800-260-2055 (TTY 711). You may also call the 24/7 Nurse Advice Line at 1-877-509-0294.

Timely access to care

You have the right to appointments within the following time frames. If you have trouble getting an appointment within these time frames, please contact Customer Service at 1-800-260-2055 (TTY 711).



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Appointment Type	Must Get Appointment Within
Urgent care appointments that do not require pre-approval (prior authorization)	48 hours
Urgent care appointment that do require pre-approval (prior authorization)	96 hours
Non-urgent primary care appointments	10 business days
Non-urgent specialist	15 business days
Non-urgent mental health provider (non-doctor)	10 business days
Non-urgent appointment 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
Triage – 24/7 services	24/7 services – No more than 30 minutes
Initial pre-natal care	10 business days

Travel time and distance to care

SCFHP must follow travel time and distance standards for your care. Those standards helps to make sure you are able to get care without having to travel too long or too far from where you live. Travel time and distance standards are different depending on the county you live in.

If SCFHP is not able to provide care to you within these travel time and distance standards, a different standard called an alternative access standard may be used. To see SCFHP's time and distance standards for where you live, please visit www.scfhp.com or call 1-800-260-2055 (TTY 711).



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

If you need care from a specialist and that provider is located far from where you live, you can call Customer Service at 1-800-260-2055 (TTY 711) to get help finding care with a specialist located closer to you. If SCFHP cannot find care for you with a closer specialist, you can request SCFHP arrange transportation for you to see a specialist even if that specialist is located far from where you live. It is considered far if you cannot get to that specialist within the SCFHP'S travel time and distance standards for your county, regardless of any alternative access standard SCFHP may use for your ZIP Code.



Call Customer Service at 1-800-260-2055 (TTY 711).

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4. Benefits and services

What your health plan covers

This section explains all of your covered services as a member of Santa Clara Family Health Plan (SCFHP). Your covered services are free as long as they are medically necessary and provided by an in-network provider. Your health plan may cover medically necessary services from an out-of-network provider. But you must ask SCFHP or your network for this. Care is medically necessary if it is reasonable and necessary to protect your life, keeps you from becoming seriously ill or disabled, or reduces severe pain from a diagnosed disease, illness or injury.

SCFHP offers these types of services:

- Outpatient (ambulatory) services
- Emergency services
- Hospice and palliative care
- Hospitalization
- Maternity and newborn care
- Prescription drugs
- Rehabilitative and habilitative services and devices
- Laboratory and radiology services, such as X-rays
- Preventive and wellness services and chronic disease management
- Mental health services
- Substance use disorder treatment services
- Pediatric services
- Vision services
- Non-emergency medical transportation (NEMT)
- Non-medical transportation (NMT)
- Long-term services and supports (LTSS)

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



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Medi-Cal benefits

Outpatient (ambulatory) services

- **Adult Immunizations**

You can get adult immunizations (shots) from a network pharmacy or network provider without pre-approval. SCFHP covers those shots recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC).

- **Allergy care**

SCFHP covers allergy testing and treatment, including allergy desensitization, hyposensitization or immunotherapy.

- **Anesthesiologist services**

SCFHP covers anesthesia services that are medically necessary when you receive outpatient care.

- **Chiropractic services**

SCFHP covers chiropractic services, limited to the treatment of the spine by manual manipulation. Chiropractic services are limited to two services per month in combination with acupuncture, audiology, occupational therapy and speech therapy services. SCFHP may pre-approve other services as medically necessary.

The following members are eligible for chiropractic services:

- Children under age 21;
- Pregnant women through the end of the month that includes 60-days following the end of a pregnancy;
- Residents in a skilled nursing facility, intermediate care facility, or subacute care facility; or
- All members when services are provided at hospital outpatient departments, FQHC or RHC



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- ***Dialysis/hemodialysis services***

SCFHP covers dialysis treatments. SCFHP also covers hemodialysis (chronic dialysis) services.

- ***Outpatient surgery***

SCFHP covers outpatient surgical procedures. Those needed for diagnostic purposes, procedures considered to be elective, and specified outpatient medical procedures require pre-approval (prior authorization).

- ***Physician services***

SCFHP covers physician services that are medically necessary.

- ***Podiatry (foot) services***

SCFHP covers podiatry services as medically necessary for diagnosis and medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

- ***Treatment therapies***

SCFHP covers different treatment therapies, including:

- Chemotherapy
- Radiation therapy

Mental health services

- ***Outpatient mental health services***

- SCFHP covers an initial mental health assessment without requiring pre-approval (prior authorization). You may get a mental health assessment at any time from a licensed mental health provider in your SCFHP network without a referral.
- Your PCP or mental health provider will make a referral for additional mental health screening to a specialist within your SCFHP 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



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behavioral functioning, SCFHP can provide mental health services for you. SCFHP covers these mental health services:

- Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Development of cognitive skills to improve attention, memory and problem solving
 - Outpatient services for the purposes of monitoring medication therapy
 - Outpatient laboratory, medications, supplies and supplements
 - Psychiatric consultation
- For help finding more information on mental health services provided by SCFHP, call Customer Service at 1-800-260-2055 (TTY 711).
 - If your mental health screening results determine you may have a higher level of impairment and need specialty mental health services (SMHS), your PCP or your mental health provider will refer you to the county mental health plan to receive an assessment. To learn more, read “*What your health plan does not cover*” on page 57.

Emergency services

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

SCFHP covers all services that are needed to treat a medical emergency that happens in the U.S. or requires you to be in a hospital in Canada or Mexico. A medical emergency is a medical condition with severe pain or serious injury. The condition is so serious that, if it does not get immediate medical attention, 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.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- The transfer may pose a threat to your health or safety or to that of your unborn child.
- ***Emergency transportation services***

SCFHP covers ambulance services to help you get to the nearest place of care in emergency situations. This means that your condition is serious enough that other ways of getting to a place of care could risk your health or life. No services are covered outside the U.S., except for emergency services that require you to be in the hospital in Canada or Mexico.

Hospice and palliative care

SCFHP covers hospice care and palliative care for children and adults, which help reduce physical, emotional, social and spiritual discomforts.

Hospice care is a benefit that services terminally ill members. It is intervention that focuses mainly on pain and symptom management rather than on a cure to prolong life.

Hospice care includes:

- Nursing services
- Physical, occupational or speech services
- Medical social services
- Home health aide and homemaker services
- Medical supplies and appliances
- Drugs and biological services
- Counselling services
- Continuous nursing services on a 24-hour basis during periods of crisis and as necessary to maintain the terminally ill member at home
- Inpatient respite care for up to five consecutive days at a time in a hospital, skilled nursing facility or hospice facility
- Short-term inpatient care for pain control or symptom management in a hospital, skilled nursing facility or hospice facility

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



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Hospitalization

- **Anesthesiologist services**

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

- **Inpatient hospital services**

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

- **Surgical services**

SCFHP covers medically necessary surgeries performed in a hospital.

Maternity and newborn care

SCFHP covers these maternity and newborn care services:

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

Prescription drugs

Covered drugs

Your provider can prescribe you drugs that are on the SCFHP Drug Formulary, subject to exclusions and limitations. The SCFHP Drug Formulary is sometimes called a formulary. Drugs on the Drug Formulary are safe and effective for their prescribed use. A group of doctors and pharmacists update this list.

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

To find out if a drug is on the SCFHP Drug Formulary or to get a copy of the Drug



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Formulary, call Customer Service at 1-800-260-2055 (TTY 711). You may also find the Drug Formulary at www.scfhp.com.

Sometimes SCFHP needs to approve a drug before a provider can prescribe it. SCFHP will review and decide 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. SCFHP will pay for the emergency supply.
- If SCFHP says no to the request, SCFHP 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 SCFHP. You can find a list of pharmacies that work with SCFHP in the SCFHP Provider and Pharmacy Directory at www.scfhp.com. You can also find a pharmacy near you by calling Customer Service at 1-800-260-2055 (TTY 711). Members in SCFHP's Kaiser network must use Kaiser pharmacies (see page 31).

Once you choose a pharmacy, take your prescription to the pharmacy. Your provider may also send it to the pharmacy for you. Give the pharmacy your prescription with your SCFHP 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.

Mail-Order Pharmacies

For certain kinds of drugs, you can use the plan's network mail-order services. Generally, the drugs available through mail-order are drugs that you take on a regular basis for a chronic or long-term medical condition.

Our plan's mail-order service allows you to order up to a 90-day supply of the drug.

- Filling prescriptions by mail

To get order forms and information about filling your prescriptions by mail, call SCFHP Customer Service or go to www.medimpactdirect.com.

Usually, a mail-order prescription will get to you within 10 calendar days. However, sometimes your mail-order may be delayed. If delivery is delayed, you may contact your PCP for an emergency prescription and take the prescription to any network pharmacy. The pharmacy may contact SCFHP to get an emergency override due to the delay in the mail-order process.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

So the pharmacy can reach you to confirm your order before shipping, please make sure to let the pharmacy know the best ways to contact you. Call MedImpact Direct Customer Service to update your contact information at 1-855-873-8739, Monday through Friday, 5 a.m. to 5 p.m. and Saturday 6 a.m. to 2 p.m. TTY users should call 711.

Rehabilitative and habilitative (therapy) services and devices

The plan covers:

- **Acupuncture**

SCFHP covers acupuncture services to prevent, modify or alleviate the perception of severe, persistent chronic pain resulting from a generally recognized medical condition. Outpatient acupuncture services (with or without electric stimulation of needles) are limited to two services per month, in combination with audiology, chiropractic, occupational therapy and speech therapy services. SCFHP may pre-approve (prior authorization) additional services as medically necessary.

- **Audiology (hearing)**

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

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

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



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- ***Cancer clinical trials***

SCFHP covers a clinical trial if it is related to the prevention, detection or treatment of cancer or other life-threatening conditions and if the study is conducted by the U.S. Food and Drug Administration (FDA), Centers for Disease Control and Prevention (CDC) or Centers for Medicare and Medicaid Services (CMS). Studies must be approved by the National Institutes of Health, the FDA, the Department of Defense or the Veterans Administration.

- ***Cardiac rehabilitation***

SCFHP covers inpatient and outpatient cardiac rehabilitative services.

- ***Cosmetic Surgery***

SCFHP does **not** cover cosmetic surgery to change the shape of normal structures of the body in order to improve appearance.

- ***Durable medical equipment (DME)***

SCFHP covers the purchase or rental of medical supplies, equipment and other services with a prescription from a doctor. Prescribed DME items may be covered as medically necessary to preserve bodily functions essential to activities of daily living or to prevent major physical disability. SCFHP does not cover comfort, convenience or luxury equipment, features and supplies. Coverage is limited to the lowest cost DME that meets your medical needs, and is:

- Medical equipment safe for use in the home;
- Used for a medical purpose;
- Not useful to a person unless the person is sick or injured;
- For repeat use;
- Medically necessary; and
- Within Medi-Cal frequency allowances.

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



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- ***Enteral and parenteral nutrition***

These methods of delivering nutrition to the body are used when a medical condition prevents you from eating food normally. SCFHP covers enteral and parenteral nutrition products when medically necessary.

- ***Hearing aids***

SCFHP covers hearing aids if you are tested for hearing loss and have a prescription from your doctor. Prior authorization may be required. SCFHP may also cover hearing aid rentals, replacements and batteries for your first hearing aid.

- ***Home health services***

SCFHP covers health services provided in your home, when prescribed by your doctor and found to be medically necessary.

- ***Medical supplies, equipment and appliances***

SCFHP covers medical supplies that are prescribed by a doctor.

- ***Occupational therapy***

SCFHP covers occupational therapy services, including occupational therapy evaluation, treatment planning, treatment, instruction and consultative services. Occupational therapy services are limited to two services per month in combination with acupuncture, audiology, chiropractic and speech therapy services. SCFHP may pre-approve (prior authorization) additional services as medically necessary.

- ***Orthotics/prostheses***

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



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- ***Ostomy and urological supplies***

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

- ***Physical therapy***

SCFHP covers physical therapy services, including physical therapy evaluation, treatment planning, treatment, instruction, consultative services and application of topical medications.

- ***Pulmonary rehabilitation***

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

- ***Reconstructive Services***

SCFHP covers surgery to correct or repair abnormal structures of the body to improve or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

- ***Skilled nursing facility services***

SCFHP covers skilled nursing facility services as medically necessary if you 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***

SCFHP covers speech therapy that is medically necessary. Speech therapy services are limited to two services per month, in combination with acupuncture, audiology, chiropractic and occupational therapy. SCFHP may pre-approve (prior authorization) additional services as medically necessary.

- ***Transgender Services***

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



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Laboratory and radiology services

SCFHP covers outpatient and inpatient laboratory and X-ray services when medically necessary. Various advanced imaging procedures are covered based on medical necessity.

Preventive and wellness services and chronic disease management

The plan covers:

- Advisory Committee for Immunization Practices recommended vaccines
- Diabetes self-management, including:
 - Blood glucose monitors and blood glucose testing strips
 - Insulin, insulin pumps, lancet and puncture devices, insulin syringes, and pen delivery systems
 - Ketone urine testing strips
 - Podiatric (related to feet) devices to prevent or treat diabetes-related complications
 - Visual aids, excluding eyewear (eyeglasses), to assist the visually impaired with the proper monitoring of blood glucose and dosing of insulin
 - Diabetes outpatient self-management training and education
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
- Family planning services
- Health education classes and materials on topics such as:
 - Stopping smoking or chewing tobacco
 - Nutrition and weight management
 - Self-management for chronic disease conditions like asthma or diabetes
 - Pregnancy and new baby
 - Parenting
 - Programs for children (Healthy Living day camp, Asthma camp, and swim lessons)
 - Preventive care
 - Stress management
 - Anger management
- Health Resources and Service Administration's Bright Futures recommendations



Call Customer Service at 1-800-260-2055 (TTY 711).

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- 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 some methods of birth control approved by the FDA. SCFHP's PCP and OB/GYN specialists are available for family planning services.

For family planning services, you may also choose a doctor or clinic not connected with SCFHP without having to get pre-approval from SCFHP or your network. Services from an out-of-network provider not related to family planning may not be covered. To learn more, call Customer Service at 1-800-260-2055 (TTY 711).

Diabetes Prevention Program

The Diabetes Prevention Program (DPP) is an evidence-based lifestyle change program. It is designed to prevent or delay the onset of type 2 diabetes among individuals diagnosed with prediabetes. The program lasts one year. It can last for a second year for members who qualify. The program-approved lifestyle supports and techniques include, but are not limited to:

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

Members must meet program eligibility requirements to join DPP. Call SCFHP to learn more about the program and eligibility.

Substance use disorder services

The plan covers:

- Alcohol misuse screenings and behavioral health counseling interventions for alcohol misuse



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Pediatric services

The plan covers:

- Early and periodic screening, diagnostic and treatment (EPSDT) services.
 - If you or your child are under 21 years old, SCFHP covers well-child visits. Well-child visits are a comprehensive set of preventive, screening, diagnostic, and treatment services.
 - SCFHP will make appointments and provide transportation to help children get the care they need.
 - Preventive care can be regular health check-ups and screenings to help your doctor find problems early. Regular check-ups help your doctor look for any problems with your medical, dental, vision, hearing, mental health, and any substance use disorders. SCFHP covers screening services (including lead blood level assessment) any time there is a need for them, even if it is not during your regular check-up. Also, preventive care can be shots you or your child need. SCFHP must make sure that all enrolled children get needed shots at the time of any health care visit.
 - When a problem physical or mental health issue is found during a check-up or screening, there may be care that can fix or help the problem. If the care is medically necessary and SCFHP is responsible for paying for the care, then SCFHP covers the care at no cost to you. These services include:
 - Doctor, nurse practitioner, and hospital care
 - Shots to keep you healthy
 - Physical, speech/language, and occupational therapies
 - Home health services, which could be medical equipment, supplies, and appliances
 - Treatment for vision and hearing, which could be eyeglasses and hearing aids
 - Behavioral Health Treatment for autism spectrum disorders and other developmental disabilities
 - Case management, targeted case management, and health education
 - Reconstructive surgery, which is surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or create a normal appearance.



Call Customer Service at 1-800-260-2055 (TTY 711).

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- Any other necessary health care, assessment, treatment or service to help fix physical or mental illnesses or conditions.
- If the care is medically necessary and SCFHP is not responsible for paying for the care, then SCFHP will help you get the right care you need. These services include:
 - Treatment and rehabilitative services for mental health and substance use disorders
 - Treatment for dental issues, which could be orthodontics
 - Private duty nursing services

Vision services

The plan covers:

- Routine eye exam once every 24 months; SCFHP may pre-approve (prior authorization) additional services as medically necessary.
- Eyeglasses (frames and lens) once every 24 months; contact lens when required for medical conditions such as aphakia, aniridia and keratoconus.

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, dental, mental health and substance use disorder appointment by car, bus, train or taxi, and the plan pays for treatment of 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. Your doctor must fill out a Physician Certification Statement (PCS) form to request the type of transportation you need. This form is available to you or your doctor:

- Online at www.scfhp.com.
- By calling SCFHP Customer Service at 1-800-260-2055. TTY/TDD users should call 1-800-735-2929 or 711.
- By faxing a request to 1-408-874-1957 or 1-408-376-3548.

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



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

NEMT must be used when:

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

To ask for NEMT services that your doctor has prescribed, please call SCFHP Customer Service at 1-800-260-2055 (TTY 711) at least 5 business days (Monday-Friday) before your appointment. You can also request NEMT on the mySCFHP member portal at www.member.scfhp.com. 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, dental, mental health and substance use disorder appointments covered under SCFHP when a provider has prescribed it for you. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule your transportation.

What does not apply?

Non-emergency medical transportation will not be provided if your physical and medical condition allows you to get to your medical appointment by car, bus, taxi or other 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 SCFHP.

Non-medical transportation (NMT)

You can use non-medical transportation (NMT) when you are:

- Traveling to and from an appointment for a Medi-Cal service.
- Picking up prescriptions and medical supplies.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

SCFHP allows you to use a car, taxi, bus or other public/private way of getting to your medical appointment for Medi-Cal-covered services. SCFHP provides mileage reimbursement when transportation is in a private vehicle arranged by the member and not through a transportation broker, bus passes, taxi vouchers or train tickets.

Before getting approval for mileage reimbursement, you must state to SCFHP by phone, by email or in person that you tried to get all other reasonable transportation choices and could not get one. SCFHP allows the lowest cost NMT type that meets your medical needs.

To request NMT services, call SCFHP Customer Service at 1-800-260-2055 (TTY 711) at least 3 business days (Monday-Friday) before your appointment or call as soon as you can when you have an urgent appointment. You can also request NMT on the mySCFHP member portal at www.member.scfhp.com. Please have your member ID card ready when you call.

Limits of NMT

There are no limits for receiving NMT to or from medical, dental, mental health and substance use disorder appointments. If the appointment type is covered by Medi-Cal but not through the health plan, your health plan will provide for or help you schedule 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.

Cost to member

There is no cost for non-medical transportation.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Using Non-Medical Transportation

When you use non-medical transportation, you should plan for the following:

- Be ready for your ride: Your ride is scheduled to arrive up to 60 minutes before your scheduled appointment. For example, if your appointment is at 10 a.m., you should be ready no later than 9 a.m.
- Group rides: In most instances, this is a ride-sharing transportation service.
- Curb-to-curb service: In most instances, this is curb-to-curb service, not door-to-door.
- Drivers cannot carry your items.
- Companion or personal care attendant: If needed, one other person may accompany you. When you call SCFHP Customer Service to schedule transportation, let us know that someone will be accompanying you.
- Your ride's arrival time: This may be after the time you were told to be ready, due to scheduling, traffic, or other reasons. It is important for you to always be ready to be picked up at the prearranged, scheduled time. This will help you to be on time for your appointment. SCFHP cannot send another car if you miss your ride.

Long-term services and supports (LTSS)

SCFHP covers these LTSS benefits for members who qualify:

- Long-term care in a nursing facility, including skilled nursing facility services as approved by SCFHP or your network.
- Home and Community Based Services as approved by SCFHP or your network, including:
 - Community Based Adult Services (CBAS): Outpatient, facility based service program that delivers skilled nursing care, social services, occupational and speech therapies, personal care, family/caregiver training and support, nutrition services, transportation, and other services if you meet applicable eligibility criteria.
 - In-Home Supportive Services (IHSS): IHSS is a program available to eligible Medi-Cal beneficiaries. It is not a benefit covered by SCFHP. If you are disabled, or blind, or over 65 years of age and unable to live at home safely without help, you may qualify for IHSS benefits. You do not qualify if you live in a nursing or community care facility. The IHSS provider can help with meal preparation, laundry, personal care services, grocery shopping or errands, transportation to medical



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appointments, household and yard cleaning and protective supervision. SCFHP can help you apply for IHSS.

- Multipurpose Senior Services Program (MSSP): A California-specific program that provides Home and Community-Based Services (HCBS) to frail elderly clients who are certifiable for placement in a nursing facility but who wish to remain in the community. Medi-Cal eligible individuals who are 65 years or older with disabilities can qualify for this program. This program is an alternative to nursing facility placement. MSSP is comprehensive care management that may include: Adult Day Care, transportation, housing modifications such as physical adaptations and assistive devices, chore and personal care assistance, protective supervision, and other types of services.

Coordinated Care Initiative (CCI) benefits

This is a list of minimum Coordinated Care Initiative (CCI) benefits. For details on CCI benefits, please go to the Coordinated Care Initiative (CCI) section of this handbook.

The plan covers:

- A network of providers working together for you
- A personal care coordinator who will make sure you get the care and support you need
- A customized review of your health needs and care plan
- One health insurance card
- A nurse advice line to call 24 hours a day, 7 days a week

What your health plan does not cover

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

Sometimes SCFHP does not cover services, but you can still get them through FFS Medi-Cal. This section lists these services. To learn more, call Customer Service at 1-800-260-2055 (TTY 711).



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Specialty mental health services

County mental health plans provide specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity rules. SMHS may include these 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

To learn more about specialty mental health services the county mental health plan provides, you can call the county. To find all counties' toll-free telephone numbers online, visit <http://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx>.

Substance use disorder services

The county provides the appropriate level of care for substance use services based on medical necessity. These include perinatal services, withdrawal management, outpatient treatment, recovery services, and residential treatment.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Dental services

Medi-Cal covers some dental services, including:

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

If you have questions or want to learn more about dental services, call Denti-Cal at 1-800-322-6384 (TTY 1-800-735-2922). You may also visit the Denti-Cal website at denti-cal.ca.gov.

Major Organ Transplants

SCFHP does not cover organ transplants, except for kidney and corneal transplants. Medi-Cal regulations require that you leave (disenroll from) SCFHP and return to FFS Medi-Cal if an organ transplant is needed.

Outpatient Prescription Drugs (HIV, AIDS, Substance Use Disorder, Hemophilia, and Certain Psychiatric Conditions)

Some drugs used to treat human immunodeficiency virus (HIV) infection, acquired immune deficiency syndrome (AIDS), substance use disorder, hemophilia, and some psychiatric conditions are covered under FFS Medi-Cal, subject to limitations. You must get the drugs from an FFS Medi-Cal pharmacy in order for them to be covered.

Voluntary Inpatient Detoxification

Inpatient voluntary detoxification may be provided by a general acute care hospital and covered by FFS Medi-Cal.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Services you cannot get through SCFHP or Medi-Cal

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

- California Children’s Services (CCS): See the section below, “California Children’s Services (CCS).”
- Case management for childhood lead poisoning: You can get these services from the Santa Clara County Department of Public Health, 1-408-792-5551.
- Cosmetic surgery: Surgery or other cosmetic services that are performed to alter or reshape normal structures of the body in order to improve appearance.
- Cosmetic drugs: Drugs or medications for cosmetic purposes or that are not medically necessary and appropriate for the member’s condition.
- Cosmetic laser treatments: Laser treatments for cosmetic purposes of skin lightening, dermabrasion, or tattoo removal that are not medically necessary.
- Dental appliances: Dental appliances, such as braces.
- Directly observed therapy (DOT): DOT for tuberculosis and alcohol and drug addiction rehabilitation. If you have tuberculosis (TB) and your SCFHP provider believes you may not be able to correctly take the medications you need to treat your TB, the provider may refer you to the Santa Clara County Public Health Department for DOT. DOT is the method by which some people with TB receive their medication, where a public health worker visits or contacts them daily to monitor their symptoms and watch them take their anti-tuberculosis medications.
- Durable medical equipment (DME): SCFHP does not cover the following:
 - Comfort or convenience items, such as overbed tables and bathroom lifts.
 - Deluxe equipment.
 - Devices that are not medical in nature, such as sauna baths and elevators.
 - Changes to your home or car, such as non-portable ramps.
 - Household or furniture items.
 - Exercise equipment.
 - Wigs.
 - Medical alert devices, such as wristbands or telephone alert systems.
 - Disposable supplies, except bags and urinary catheters and supplies that are consistent with Medi-Cal guidelines.
 - Experimental or research equipment.
 - More than one piece of equipment that serves the same function.



Call Customer Service at 1-800-260-2055 (TTY 711).

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- INR home monitoring and supplies, diathermy machines, and electronic speech aids.
- Hygiene items unless Medi-Cal criteria have been met.
- Emergency facility use for non-emergency medical conditions: SCFHP will not pay for coverage if you use a hospital or clinic emergency room for an illness that is not an emergency.
- Experimental and investigational services: Experimental and/or investigational treatments, therapies, procedures, medications, devices, or supplies are services that are not seen as safe and effective by generally accepted medical standards to treat a condition and/or have not been approved by the government to treat a condition. These services are not covered, except as stated in this paragraph. If you have a life-threatening or seriously debilitating condition, an exception applies. SCFHP will cover the service for members who have a life-threatening or seriously debilitating condition if standard therapies:
 - Have not been effective; or
 - Would not be medically appropriate; or
 - Are less beneficial than the proposed experimental or investigational therapy.
- Foot care: Routine foot care, including toenail trimming and callus and/or corn paring or excision.
- Hair loss or growth treatment: Services to make hair grow or for hair loss.
- Hearing aids loaners during repair periods.
- Infertility treatment: Services that help someone get pregnant. Diagnosis or treatment of infertility is not covered unless provided along with covered gynecological services. Treatments of medical conditions of the reproductive system are covered and are not excluded.
- Medical device: SCFHP covers some, but not all, medical devices. Prescriptions that are classified as medical devices by the FDA are not a covered benefit by SCFHP. SCFHP does not cover topical agents classified by the FDA as medical devices that have no prescription strength active ingredients. For example, barrier creams are not a covered benefit.
- Mental health services for relational problems: This includes counseling for couples or families for conditions listed as relational problems, as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM V).
- Obesity: Surgery for morbid obesity, unless determined to be medically



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necessary.

- Orthodontics: Conventional or surgical straightening of teeth.
- Over-the-counter contraceptives: Contraceptive devices and supplies that you can get without a prescription.
- Pediatric day health care.
- Personal items: Personal comfort items or items and services for convenience, such as television, private rooms, health club memberships and/or similar items.
- Prescriptions that are not approved by the Food and Drug Administration (FDA): Prescriptions, drugs or devices that are not covered by SCFHP that are not approved by the FDA will be deemed to be experimental/investigational in nature. The FDA is the U.S. government agency that decides if a drug or medical device is properly labeled and safe to use.
- Private duty nursing not approved by SCFHP.
- Prosthetics and orthotics that are:
 - Not physician-prescribed
 - Non-standard or not custom fitted
 - Not approved by SCFHP
 - Over-the-counter items
 - Corrective shoes, shoe inserts, arch supports (except for therapeutic footwear for diabetics), corsets, elastic stockings, and garter belts
 - More than one device that serves the same purpose for the same part of the body
- Targeted Case Management (TCM) services: Services identified by the targeted case management program, including medical, social, and educational services, are not covered by SCFHP, except through early and periodic screening, diagnostic and treatment (EPSDT) services.
- Temporomandibular Joint Dysfunction (TMJ) treatment: Appliance therapy for the treatment of TMJ.
- Vasectomy and tubal ligation reversal: Surgery to reverse a vasectomy or a tubal ligation.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

This is not a complete list. Services that are not listed as a covered benefit and are not covered by Medi-Cal are not covered by SCFHP. These excluded services include those published in the California Department of Health Care Services' TAR (Treatment Authorization Request) and Non-Benefit List.

Read below for more information about California Children's Services (CCS). For more information on excluded services, call SCFHP Customer Service at 1-800-260-2055 (TTY 711).

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 SCFHP or your PCP believes your child has a CCS condition, he or she will be referred to the CCS county program to be assessed for eligibility.

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. SCFHP will continue to cover the types of service that do not have to do with the CCS condition such as physicals, vaccines and well-child checkups.

SCFHP 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



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- 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 SCFHP.

To learn more about CCS, call SCFHP Customer Service at 1-800-260-2055 (TTY 711).

Other programs and services for people with Medi-Cal

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

- Coordinated Care Initiative (CCI)
- In-Home Supportive Services (IHSS)
- Organ and tissue donation
- Diabetes Prevention Program (DPP)
- Health Homes Program (HHP)
- Women, Infants & Children

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

Coordinated Care Initiative (CCI)

The California Coordinated Care Initiative (CCI) works to improve care coordination for dual eligibles (people who qualify for both Medi-Cal and Medicare). CCI has two main parts:

Cal MediConnect

The Cal MediConnect program aims to improve care coordination for dual eligibles. It lets them enroll in a single plan to manage all of their benefits, instead of having separate Medi-Cal and Medicare plans. It also aims for high-quality care that helps people stay healthy and in their homes for as long as possible.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Managed long-term services and supports (MLTSS)

All Medi-Cal beneficiaries, including dual eligibles, must join a Medi-Cal managed care health plan to receive their Medi-Cal benefits, including LTSS and Medicare wrap-around benefits.

To learn more about CCI, call Customer Service at 1-800-260-2055 (TTY 711).

If you have both Medi-Cal and Medicare and want to enroll in Cal MediConnect, call SCFHP Medicare Outreach at 1-888-202-3353, Monday through Friday, 8 a.m. to 8 p.m. (TTY 711).

In-Home Supportive Services

If you are disabled, or blind, or over 65 years of age and unable to live at home safely without help, you may qualify for IHSS benefits. You do not qualify if you live in a nursing or community care facility. The IHSS provider can help with meal preparation, laundry, personal care services, grocery shopping or errands, transportation to medical appointments, household and yard cleaning and protective supervision. For help applying for IHSS, call SCFHP Customer Service at 1-800-260-2055 (TTY 1-800-735-2929 or 711). You can contact IHSS directly by calling Santa Clara County Social Services Agency at 1-408-792-1600, Monday through Friday, 8 a.m. to 5 p.m.

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 United States Department of Health and Human Services website at organdonor.gov.

Health Homes Program

SCFHP covers Health Homes Program (HHP) services for members with certain chronic health conditions. These services are to help coordinate physical health services, behavioral health services, and community-based long-term services and supports (LTSS) for members with chronic conditions.

You may be contacted if you qualify for the program. You can also call SCFHP, or talk to your doctor or clinic staff, to find out if you can receive HHP services.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

You may qualify for HHP if:

- You have certain chronic health conditions. You can call SCFHP to find out the conditions that qualify, and you meet one of the following:
 - You have three or more of the HHP eligible chronic conditions
 - You stayed in the hospital in the last year
 - You visited the emergency department three or more times in the last year; or
 - You do not have a place to live.

You do not qualify to receive HHP services if:

- You receive hospice services; or
- You have been residing in a skilled nursing facility for longer than the month of admission and the following month.

Covered HHP services

HHP will give you a care coordinator and care team that will work with you and your health care providers, such as your doctors, specialists, pharmacists, case managers and others, to coordinate your care. SCFHP provides HHP services, which include:

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Individual and family support services
- Referral to community and social supports

Cost to member

There is no cost to the member for HHP services.

Women, Infants & Children (WIC)

WIC helps families get healthy food and a lot more. WIC helps families by providing nutrition education, breastfeeding support, vouchers for healthy foods, and referrals to healthcare and other community services. WIC serves babies and children up to age 5, pregnant women, and new mothers. Dads, grandparents, foster parents of young children, and working families are welcome at WIC, too. To apply, call the Santa Clara County WIC Program at 408-792-5101.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Care coordination

SCFHP 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 SCFHP Case Management at 1-877-590-8999, Monday through Friday, 8:30 a.m. to 5:00 p.m. (TTY 711).

Evaluation of new and existing technologies

Each year, SCFHP looks for changes and advances in health care that may improve your care. We study new treatments, medicines, procedures, and devices. We refer to this as “new technology.”

To consider the use of any new technology, we look at related scientific reports and other information from the government and medical specialists. We also consider value, how well it works, and safety standards. After careful review, we then decide if the new technology should be covered as a health benefit. Members and providers may submit requests directly to SCFHP to review new technology.



Call Customer Service at 1-800-260-2055 (TTY 711).

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5. Rights and responsibilities

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

Your rights

SCFHP members have these rights:

- To receive needed and appropriate medical care, including preventive health services and health education.
- 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 SCFHP's networks.
- 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 their language.
- To receive free legal help at your local legal aid office or other groups.
- To formulate advance directives.
- To request a State Hearing, including information on the circumstances under which an expedited hearing is possible.
- To disenroll upon request. Members that can request expedited disenrollment include, but are not limited to, those receiving services under the Foster Care or Adoption Assistance Programs and those with special health care needs.
- To access Minor Consent Services.



Call Customer Service at 1-800-260-2055 (TTY 711).

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- To receive written member-informing materials in alternative formats (such as braille, large-size print and audio format) upon request and in a timely fashion appropriate for the format being requested and in accordance with Welfare & Institutions Code Section 14182 (b)(12).
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand.
- To have access to and receive a copy of your medical records, and request that they be amended or corrected, as specified in 45 Code of Federal Regulations §164.524 and 164.526.
- Freedom to exercise these rights without adversely affecting how you are treated by SCFHP, your providers or the State.
- To have access to family planning services, Freestanding Birth Centers, Federally Qualified Health Centers, Indian Health Service Facilities, midwifery services, Rural Health Centers, sexually transmitted disease services and Emergency Services outside SCFHP's networks pursuant to the federal law.
- To take part in establishing SCFHP's public policy, by attending and/or joining the SCFHP Consumer Advisory Committee and attending any SCFHP Governing Board meeting.

Your responsibilities

SCFHP members have these responsibilities:

- To carefully read all SCFHP materials as soon as you enroll so you understand how to use SCFHP's services.
- To carry your SCFHP ID card with you at all times and show it to all providers and pharmacies when getting services.
- To ask questions when you do not understand something about your coverage or medical care.
- To follow the rules of SCFHP membership as explained in this Member Handbook.
- To be responsible for your and your children's health.
- To talk to your health care provider so you can develop a strong relationship based on trust and cooperation.
- To call your health care provider when you need routine or urgent health care.
- To report unexpected changes in your health to your PCP.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- To ask questions about your medical condition. Make sure you understand the answers, and what you are supposed to do.
- To follow the treatment plan you and your health care provider create together, and know what might happen if you do not follow the treatment plan.
- To make and be on time for medical appointments. Let your health care provider know at least 24 hours before your scheduled appointment if you need to cancel.
- To tell SCFHP about any changes in: address; phone number; family status, such as marriage, divorce, etc.; and changes in any other health care coverage you might have. Tell SCFHP about these changes as soon as you know them or within 10 days of these changes.
- To call or write SCFHP as soon as possible if you feel you were improperly billed or if the bill is wrong.
- To treat all SCFHP personnel and health care providers with respect and courtesy.
- To submit requests for claims reimbursement for covered services within the required time period.
- To be honest in your dealings with SCFHP and its plan providers. Do not commit fraud or theft or do anything that threatens the property of SCFHP or the property or safety of any of its representatives, plan providers, plan providers' employees, or agents.
- To report wrongdoing. You are responsible for reporting health care fraud or wrongdoing to SCFHP. You can do this without giving your name by calling the SCFHP Compliance Hotline at 1-408-874-1450, go to www.scfhp.com, or you can call the California Department of Health Care Services (DHCS) Medi-Cal Fraud and Abuse Hotline toll-free at 1-800-822-6222.

Notice of privacy practices

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



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Effective: January 1, 2016

A Message for Santa Clara Family Health Plan Members

- **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**
- In this notice we use the terms “we,” “us,” and “our” to describe Santa Clara Family Health Plan.
- Santa Clara Family Health Plan (SCFHP) is required by state and federal law to protect your health information. We also require all contracting providers and vendors to protect your health information. We must give you this notice that tells how we may use and share your information. It also tells you what your rights are.

Your Information is Personal and Private

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

What is “Protected Health Information”?

- Your protected health information (“PHI”) is health information that contains identifiers, such as your name, Social Security number, or other information that reveals who you are. For example, your medical record is PHI because it includes your name and other identifiers.
- Our staff follows policies and procedures that protect your health information given to us in oral, written or electronic ways. Our staff goes through training which covers the internal ways members’ oral, written and electronic PHI may be used or disclosed across the organization. All our staff with access to your health information is trained on privacy and information security laws. Staff has access only to the amount of information they need to do their job.
- Our employees also follow internal practices, policies and procedure to protect any conversations about your health information. For example, employees are not allowed to speak about your information in the elevator or hallways. Employees must also protect any written or electronic documents containing your health information across the organization.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

Changes to Notice of Privacy Practices

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

How We May Use and Share Information about You

- Your information may be used or shared by us only for treatment, payment and health care operations. Some of the information we use and share is:
 - Your name,
 - Address,
 - Personal facts,
 - Medical care given to you,
 - The cost of your medical care, and
 - Your medical history.
- Some actions we take when we act as your health plan include:
 - Checking whether you are covered,
 - Approving, giving, and paying for services,
 - Investigating or prosecuting cases (like fraud),
 - Checking the quality of care you receive,
 - Making sure you get all the care you need.
- Some examples of why we would share your information with others involved in your health care are:



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

- **For treatment:** You may need medical treatment that needs to be approved ahead of time. We will share information with health care providers, hospitals, and others in order to get you the care you need.
- **For payment:** We use your PHI to pay for health care claims sent to us for your medical care. When we do this, we share information with the health care providers, clinics, and others who bill us for your care. And we may forward bills to other health plans or organizations for payment.
- **For health care operations:** We may use information in your health record to check the quality of the health care you receive. We may also use this information in audits, programs to stop fraud and abuse, planning and general administration.
- **For business associates:** We may use or disclose your PHI to an outside company that assists us in operating our health system.

Other Uses for your Health Information

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

- We may give out medical information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections and licensure or disciplinary actions. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- You or your physician, hospital, and other health care providers may not agree if we decide not to pay for your care. We may use your health information to review these decisions.
- We may share your health information with groups that check how our health plan is providing services.
- We may share information with persons involved in your health care, or with your personal representative.
- We must share your health information with the federal government when it is checking on how we are meeting privacy rules.
- We may share your health information with organizations that obtain, bank or transplant organs or tissue donations.
- We may share your health information about a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representatives.
- We may use and share your health information for certain kinds of research.



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

When Written Permission is Needed

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

What Are Your Privacy Rights?

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

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

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

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

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



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

Important

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

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

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

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

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

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

You can also find this notice on our website at: www.scfhp.com.

Privacy Breach

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

Personal Information means a member's first name or first initial, and last name, in combination with any one or more of the following data elements, when either the name or the data elements are not encrypted: 1) Social Security number; 2) driver's license number or California identification card number; 3) credit or debit card number, or account number, in combination with any required security code, access code, or password that would permit access to an individual's financial account; 4) medical information; or 5) health insurance information. Personal information does not include publicly available information that is lawfully made available to the general public from



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

federal, state, or local government records. Medical Information means any information regarding a member's medical history, mental or physical condition, or medical treatment or diagnosis by a health care professional. Health Insurance Information means a member's health insurance policy number or subscriber identification number, any unique identifier used by a health insurer to identify the member, or any information in a member's application and claims history, including any appeals records.

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

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

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



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

How Do You Contact Us to Use Your Rights?

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

Attn: Compliance and Privacy Officer
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
Toll-free: 1-800-260-2055
Fax: 1-408-874-1970
TTY: 1-800-735-2929 or 711

Complaints

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

Attn: Compliance and Privacy Officer
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
Toll free: 1-800-260-2055
Fax: 1-408-874-1970
TTY: 1-800-735-2929 or 711

OR you may contact the agencies below:

Privacy Office Hotline/Office of HIPAA Compliance (OHC)
Phone: 1-916-445-4646
TTY/TDD: 1-866-866-0602
Fax: 1-916-440-7680
Email: Privacyofficer@dhcs.ca.gov

Attention: Regional Manager

Office for Civil Rights
U.S. Department of Health and Human Services
90 7th Street, Suite 4-100



Call Customer Service at 1-800-260-2055 (TTY 711).

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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

San Francisco, CA 94103
Customer Response Center: 1-800-368-1019
Fax: 1-202-619-3818
TDD: 1-800-537-7697
Email: ocrmail@hhs.gov

Use Your Rights Without Fear

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

Questions

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

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 SCFHP 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.

DHCS has the right and responsibility to collect for covered Medi-Cal services for which Medi-Cal is not the first payer. If you are injured, and someone else is liable for your injury, you or your legal representative must notify DHCS within 30 days of filing a legal action or a claim. Submit your notification online:

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



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

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. SCFHP will take all reasonable measures to ensure that the Medi-Cal program is the payer of last resort.

You must apply for and keep other health coverage (OHC) that is available to you for free or is state-paid coverage. If you do not apply for or keep no-cost or state-paid OHC, your Medi-Cal benefits and/or eligibility will be denied or stopped. If you do not report changes to your OHC promptly, and because of this, receive Medi-Cal benefits that you are not eligible for, you may have to repay DHCS.

Notice about estate recovery

The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members from payments made, including managed care premiums, nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed.

To learn more about the estate recovery, call the DHCS Estate Recovery Program at 1-916-650-0490. Or get legal advice.

Notice of Action

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



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

6. Reporting and solving problems

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

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

You can use the SCFHP grievance and appeal process to let us know about your problem. This does not take away any of your legal rights and remedies. We will not discriminate or retaliate against you for complaining to us. Letting us know about your problem will help us improve care for all members.

You should always contact SCFHP first to let us know about your problem. Call us Monday through Friday, 8:30 a.m. to 5:00 p.m. at 1-800-260-2055 (TTY 711) to tell us about your problem. For information on filing a grievance, see page 81.

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

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

You can also file a grievance with your county eligibility office about your Medi-Cal eligibility. If you are not sure who you can file your grievance with, call Customer Service at 1-800-260-2055 (TTY 711).

To report incorrect information about your additional health insurance, please call Medi-Cal Monday through Friday, between 8:00 a.m. and 5:00 p.m. at 1-800-541-5555.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Complaints

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

- **By phone:** Call SCFHP at 1-800-260-2055 (TTY 711) Monday through Friday, 8:30 a.m. to 5:00 p.m. Give your health plan ID number, your name and the reason for your complaint.
- **By mail:** Call SCFHP at 1-800-260-2055 (TTY 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the reason for your complaint. Tell us what happened and how we can help you.

Mail the form to:

Grievance and Appeals Department
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158

Your doctor's office will have complaint forms available.

- **Online:** Visit the SCFHP website. Go to www.scfhp.com.

If you need help filing your complaint, we can help you. We can give you free language services. Call Customer Service at 1-800-260-2055 (TTY 711).

Within 5 days of getting your complaint, we will send you a letter letting you know we received it. Within 30 days, we will send you another letter that tells you how we resolved your problem. If you call SCFHP about a grievance that is not about health care coverage, medical necessity, or experimental or investigational treatment, and your grievance is resolved by the end of the next business day, you may not receive a letter.

If you want us 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 us at 1-800-260-2055 (TTY 711). We will make a decision within 72 hours of receiving your complaint.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

Appeals

An appeal is different from a complaint. An appeal is a request for SCFHP to review and change a decision we made about coverage for a requested service. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing or ending a service, and you do not agree with our decision, you can 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 SCFHP says services will stop. When you request the appeal, please tell us that you want to continue receiving services.

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

- **By phone:** Call SCFHP at 1-800-260-2055 (TTY 711) Monday through Friday, 8:30 a.m. to 5:00 p.m. Give your name, health plan ID number and the service you are appealing.
- **By mail:** Call SCFHP at 1-800-260-2055 (TTY 711) and ask to have a form sent to you. When you get the form, fill it out. Be sure to include your name, health plan ID number and the service you are appealing.

Mail the form to:

Grievance and Appeals Department
 Santa Clara Family Health Plan
 PO Box 18880

San Jose, CA 95158 Your doctor's office will have appeal forms available.

- **Online:** Visit the SCFHP website. Go to www.scfhp.com.

If you need help filing your appeal, we can help you. We can give you free language services. Call Customer Service at 1-800-260-2055 (TTY 711).

Within 5 days of getting your appeal, we will send you a letter letting you know we received it. Within 30 days, we will tell you our appeal decision.

If you or your doctor wants us 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 Customer Service at 1-800-260-2055 (TTY 711). We will make a decision within 72 hours of receiving your appeal.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

If you filed an appeal and received a letter from SCFHP telling you we did not change our decision, or you never received a letter telling you of our decision and it has been past 30 days, you can:

- Ask for a **State Hearing** from Department of Social Services, and a judge will review your case.
- Ask for an **Independent Medical Review (IMR)** from DMHC, and an outside reviewer who is not part of SCFHP will review your case.

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

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

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

Independent Medical Reviews (IMR)

An IMR is when an outside reviewer who is not related to your health plan reviews your case. If you want an IMR, you must first file an appeal with SCFHP. If you do not hear from your health plan within 30 calendar days, or if you are unhappy with your health plan's decision, then you may then request an IMR. You must ask for an IMR within 6 months from the date on the notice telling you of the appeal decision. You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger.

Here is how to ask for an IMR. The term “grievance” is for “complaints” and “appeals.” The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-260-2055 (TTY 711)** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan



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related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

State Hearings

A State Hearing is a meeting with people from the 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 SCFHP and you are still not happy with the decision or if you have not received a decision on your appeal after 30 days, and you have not requested an IMR.

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 (TTY 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, we can help you. We can give you free language services. Call Customer Service at 1-800-260-2055 (TTY 711).

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

If you want the 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 the DSS and ask for an expedited (fast) State Hearing. DSS must make a decision no later than 3 business days after it gets your complete case file from SCFHP.



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

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:

Attn: Compliance Officer
Santa Clara Family Health Plan
PO Box 18880
San Jose, CA 95158
Phone: 1-408-874-1450
Email: reportfraud@scfhp.com



Call Customer Service at 1-800-260-2055 (TTY 711).

Santa Clara Family Health Plan is here Monday through Friday, 8:30 a.m. to 5:00 p.m. The call is toll free.

Or call the California Relay Line at 711. Visit online at www.scfhp.com.

7. Important numbers and words to know

Important phone numbers

- Santa Clara Family Health Plan (SCFHP) Customer Service at 1-800-260-2055 (TTY 711).
 - 24/7 Nurse Advice Line: 1-877-509-0294
 - County Social Services: 1-408-792-1600. Monday through Friday, 8 a.m. to 5 p.m.
-

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.

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

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

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

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

Certified Nurse Midwife (CNM): An individual licensed as a Registered Nurse and certified as a nurse midwife by the California Board of Registered Nursing. A certified nurse midwife is permitted to attend cases of normal childbirth.



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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 disease 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 facility that members can select as a primary care provider (PCP). It can be either a Federally Qualified Health Center (FQHC), community clinic, Rural Health Clinic (RHC), Indian Health Service Facility 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 SCFHP, 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, if the provider and SCFHP agree.

Coordination of Benefits (COB): The process of determining which insurance coverage (Medi-Cal, Medicare, commercial insurance or other) has primary treatment and payment responsibilities for members with more than one type of health insurance coverage.

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.

Copayment: A payment you make, generally at the time of service, in addition to the insurer's payment.

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

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

Disenroll: To stop using this health plan because you no longer qualify or change to a



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new health plan. You must sign a form that says you no longer want to use this health plan or call HCO and disenroll by phone.

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

Durable medical equipment (DME): Equipment that is medically necessary and ordered by your doctor or other provider. SCFHP 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): EPSDT services are a benefit for Medi-Cal members under the age of 21 to help keep them healthy. Members must get the right health check-ups for their age and appropriate screenings to find health problems and treat illnesses early.

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

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

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

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

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

Excluded services: Services not covered by SCFHP; 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): This means you are not enrolled in a managed care health plan. Under FFS, your doctor must accept "straight" Medi-Cal and bill Medi-Cal directly



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for the services you got.

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.

Freestanding Birth Centers (FBCs): Health facilities where childbirth is planned to occur away from the pregnant woman's residence that are licensed or otherwise approved by the state to provide prenatal labor and delivery or postpartum care and other ambulatory services that are included in the plan. These facilities are not hospitals.

Grievance: A member's verbal or written expression of dissatisfaction about SCFHP, 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 Options (HCO): The program that can enroll you in or disenroll you from the health plan.

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

You usually need a referral from your PCP to go to a specialist. Your PCP may need to get pre-approval from SCFHP or your network before you get care from the specialist.

You do **not** need a referral from your PCP for some types of service, such as family planning, emergency care, OB/GYN care or sensitive services.

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.



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7 | Important numbers and words to know

- 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 assistants or nurse practitioners.
- Nurse anesthetist is a nurse who gives you anesthesia.
- Nurse practitioner or physician 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 repaying the insured for expenses from illness or injury or paying the care provider directly.

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

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

Hospice: Care to reduce physical, emotional, social and spiritual discomforts for a member with a terminal illness (not expected to live for more than 6 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.



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Or call the California Relay Line at 711. Visit online at www.scfhp.com.

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

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 facility for longer than the month of admission.

Managed care plan: A Medi-Cal plan that uses only certain doctors, specialists, clinics, pharmacies and hospitals for Medi-Cal recipients enrolled in that plan. SCFHP 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): Medically necessary care are important services that are reasonable and protect life. This care is needed to keep patients from getting seriously ill or disabled. This care reduces severe pain by treating the disease, illness or injury. For members under the age of 21, Medi-Cal services includes care that is medically necessary to fix or help a physical or mental illness or condition, including substance use disorders, as set forth in Section 1396d(r) of Title 42 of the United States Code.

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

Member: Any eligible Medi-Cal member enrolled with SCFHP who is entitled to receive covered services.

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

Midwifery services: Prenatal, intrapartum, and postpartum care, including family planning care for the mother and immediate care for the newborn, provided by certified nurse midwives (CNM) and licensed midwives (LM).

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

Network provider (or in-network provider): Go to “Participating provider.”

Non-covered service: A service that SCFHP does not cover.



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Non-emergency medical transportation (NEMT): Transportation when you cannot get to a covered medical appointment by car, bus, train or taxi. SCFHP pays for the lowest cost NEMT for your medical needs when you need a ride to your appointment.

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

Non-medical transportation: Transportation when traveling to and from an appointment for a Medi-Cal covered service authorized by your provider.

Non-participating provider: A provider not in an SCFHP network.

Other health coverage (OHC): Other health coverage (OHC) refers to private health insurance. Services may include medical, dental, vision, pharmacy and/or Medicare supplemental plans (Part C & D).

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

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

Out-of-network provider: A provider who is not part of your SCFHP 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 SCFHP to provide services to members at the time a member receives care. The covered services that some participating hospitals may offer to members are limited by SCFHP's utilization review and quality assurance policies or SCFHP's contract with the hospital.



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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 SCFHP 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: Go to “Managed care plan.”

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

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

Premium: An amount paid for coverage; 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.

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

Primary care: Go to “Routine care.”

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

- 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
- Internist



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- Pediatrician
- Family practitioner
- OB/GYN
- 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 SCFHP networks.

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

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

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

Reconstructive surgery: Surgery to correct or repair abnormal structures of the body to improve function or create a normal appearance to the extent possible. Abnormal structures of the body are those caused by a congenital defect, developmental abnormalities, trauma, infection, tumors, or disease.

Referral: When your PCP says you can get care from another provider. Some covered care services require a referral and pre-approval.

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.



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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 SCFHP serves. This includes the county of Santa Clara.

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

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

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

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



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- 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.



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